

HC-One No.1 Limited

The Glen Care Home

Inspection report

Shapway Lane
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Shepton Mallet
Somerset
BA4 6JS

Tel: 01749830369

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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

The Glen Care Home is a residential care home providing personal and nursing care to 34 people aged 65 and over at the time of the inspection. The care home accommodates 52 people across three separate wings, each of which has separate adapted facilities.

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

People told us they felt safe and were happy with the service they received. They said staff were kind and they were treated well. Relatives we spoke to were also satisfied with the service. One told us, "I can't fault them, [Person] feels safe here. The staff are kind and hardworking."

Risks to people's safety were assessed however, more detailed guidance needed to be documented in some care plans. People received their prescribed medicines and medicines were managed safely. The service was clean and hygienic. COVID-19 government guidance was followed by staff. Infection control was well managed, and the home was clean and free from hazards. Staff assessed people's needs before they started using the service. People had been involved in the care planning process, and in identifying their support needs in partnership with staff.

The provider followed safe recruitment processes to ensure the right people were employed. Staff received an induction and ongoing training. There were enough staff to keep people safe.

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 assessed any risks to people's health and wellbeing, and these were mitigated.

People and their relatives were happy with the way the service was managed and told us the manager was very approachable. People's views and opinions of the service were sought and acted on. The manager and staff team were committed to providing people with high-quality care. Staff reported good teamwork and found the manager supportive and open to ideas. The provider had systems in place to monitor the quality of the service.

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 for this service was Good (published 05 May 2018).

Why we inspected

This was a planned inspection based on the previous rating.

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.

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 ●

The Glen Care 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 was carried out by one inspector and a specialist advisor who was a nurse.

Service and service type

The Glen Care home 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

We gave a short period of notice of the inspection because we wanted to ensure the safety of people, staff and the inspector in light of the COVID-19 pandemic.

Inspection activity started on 12 November and ended on 26 November 2021. We visited the location on 12 November 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. 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 seven people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, nurses, catering team, activities coordinator and care workers. We have included their views and feedback in the main body of the report. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. These included 12 people's care and 34 medication records, five staff recruitment files and training and supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed. We reviewed how the provider and the registered manager completed their quality assurance checks

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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

- People and their relatives explained how staff-maintained people's safety. A relative told us, "Without a doubt [Person] is safe". A person told us, "The staff are extremely vigilant, I am safer here than when I was at home. They check on me, that is reassuring."
- People were protected from potential abuse by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "I have had safeguarding training and have had a refresher course on-line."
- The provider had safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "If I see a mark or a bruise, I will tell the senior or if I hear staff shouting at a resident, I will report it, that's verbal abuse." Another staff said, "I will report to the manager but if she does not do anything about it, I would contact Safeguarding at the council, CQC or the police."
- We found all identified safeguarding incidents had been reported and investigated appropriately.

Assessing risk, safety monitoring and management

- Individual risk assessments were in place however, clearer guidance for staff to support people safely needed to be documented. For example, comfort levels for pressure relieving mattresses were not documented to reduce the risk of pressure ulcers.
- Management of risks was closely monitored and regularly reviewed and it was clear peoples relatives had been involved in the review process.
- The provider assessed risk for both people and the environment, we found risk assessments contained information to keep people safe. For example, we saw assessments to manage the risk of choking and there were clear instructions for staff to follow.
- Staff we spoke with knew how to safely manage risks to keep people safe.
- The service had a programme of daily, weekly and monthly checks in place to keep the premises, people, visitors and staff safe. This included fire safety checks, water checks, servicing and maintenance of all equipment.

Staffing and recruitment

- Recruitment procedures were robust to ensure staff were suitably checked before being employed.
- Staffing levels were maintained to ensure consistent support for people. The provider told us, "Despite the nationwide issues with staffing, we have managed to maintain our staff."
- People told us they knew and liked the staff who cared for them. One person said, "They are lovely the lot of them" and another said, "There is always someone if you need them." During the inspection we observed

staff checking on people in their rooms. A member of staff said, "We work well together, we are not rushed off our feet".

- Relatives we spoke with, unanimously said staffing levels were good. One relative said, "There does seem to be plenty of staff to go around".

Using medicines safely

- People told us they received their medicines when they needed them. One person told us, "I get my medication on time, they cream my legs every morning". Another person said, "I have never missed a day, the nurse brings them in a pot, and I take them".
- Medicine Administration Records (MAR) noted all medicines were administered correctly and medicine count records accurately recorded the total of each medicine in stock.
- People's care plans detailed how they preferred to take their medicines including clear protocols for medicines given 'as and when' needed.
- The provider had procedures to ensure medicines were stored and managed appropriately and people received their medicines as prescribed. All staff trained in medicines were aware of and demonstrated they understood the procedures in place.
- Staff who administered medicines had been specifically trained to do so and the registered manager completed regular competency checks to ensure procedures were followed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.

Learning lessons when things go wrong

- We found accident and incident records were completed and monitored by the registered manager to reduce the likelihood of reoccurrence. However, improvements could be made to the analysis of incidents to identify any trends or themes.

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.

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

- People's needs were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs were discussed prior to using the service. These included religion and sexuality.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.
- The provider used best practice tools to assess and monitor people's needs. However, more guidance was required around catheter care. We raised this with the Registered Manager and nurse and they immediately corrected this. We found no evidence during this inspection that people were at risk of harm from this concern.

Supporting people to live healthier lives, access healthcare services and support

- People received support to stay well and access medical services as required.
- People had access to a variety of medical and health related services, such as general practitioners, speech and language therapists, podiatrists and dieticians. Information from appointments or assessments had been documented in people's care records.
- Oral care was provided in line with people's needs and wishes.

Staff support: induction, training, skills and experience

- People and relatives said they felt staff were suitably trained and experienced to support them. Comments included, "Exceptional", "Well trained" and "They do their job extremely well".
 - The service ensured staff received training updates and they were suitably skilled to meet people's needs. Collectively they had the skills and confidence to carry out their roles and responsibilities effectively. Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain professional qualifications.
 - The service had a small, committed group of staff. Staff worked well as a team and there was a continuous theme of supporting and supervising each other. Staff received supervision regularly and felt they were supported by the provider and registered manager.

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

- The design and decoration of the premises was suitably adapted for the people who lived there. We saw appropriate dementia friendly signs, to promote orientation and independence for those living with dementia, were used throughout the home. For example, signs to individual bedrooms, toilets and

bathrooms.

- The premises provided people with choices about where they spent their time.
- People's rooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.

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

- People received a healthy balanced, nutritious diet. The chef was accommodating and respected choice and preferences at mealtimes.
- People enjoyed freshly prepared meals and told us they were enjoyable and there was plenty to choose from. Hot and cold drinks, cakes, biscuits and fruit were available throughout the day and night.
- "People who had assessed risks regarding their eating and drinking were monitored. For example, one person was at risk of choking and required supervision. To ensure their safety and independence the person had been provided with a small spoon to slow down the eating process. However, one person who required a food guard, did not have this documented in their care plan. We also observed people were drinking from beakers and there was no apparent reason why. We raised this with the registered manager, and this was dealt with during the inspection.

Staff working with other agencies to provide consistent, effective, timely care;

- Where required staff monitored people's health and worked well with external professionals to ensure people's health care needs were met.
- Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs.

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

- People were consulted and supported to make choices for themselves. Where people could not easily communicate verbally, staff understood individual ways to support them to make choices.
- Staff understood the principles of the MCA ensuring that people had their rights and freedoms respected and care and support was provided in the least restrictive way.
- Records showed where assessments demonstrated a person was unable to make a specific decision a best interest decision had been made with the involvement of the person, family and appropriate health professionals. Examples included use of bed rails and providing personal care.
- DoLS had been requested appropriately for 19 people. Records demonstrated that any conditions were being met, monitored and reviewed with people and their social worker.
- We observed staff providing choices to people, listening and respecting their decisions.

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 partner in their care

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind and caring. One person said, "I never thought I would be in a care home, but if I had to be anywhere, it would have to be here. I can't imagine being anywhere else." A relative said, "The staff are caring and respectful, I have never heard them speak to anyone out of tone".
- Staff had developed positive relationships with people. We observed staff engage in conversation meaningful to individuals. Staff were happy and chatty. One staff told us, we get to sit down and talk to them, so they know about us like we know about them. Its good, they are like my family now."
- We observed staff being attentive and responsive to people's needs. One person said, "They have the patience of saints, they sit through my stories which I tell them over and over again. But they always listen attentively.
- The service received compliments. A compliment from a relative read, "With all our thanks to all the wonderful staff for looking after [Person] so well,"

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

- People were fully involved with planning their care and given copies of their agreed plans. One person told us, "They talk to me about everything and my daughter is always involved".
- The service held residents' meetings. The registered manager told us; meetings had not been regular over the last year. However, they had carried out key working sessions to enable people to express their views. Minutes from those meetings showed information was shared and discussed and people were encouraged to give their feedback about the service. This included the quality of care, catering, activities and planned changes around the premises.
- People could spend time how they wanted to. Staff encouraged people to sit where they liked and helped them make everyday decisions to maintain their choices and independence. We heard one person telling staff they wanted to have a lay-in their bed and wished to get up at a later time that morning. The staff acknowledged this then returned an hour later when the person was ready.

Respecting and promoting people's privacy, dignity and independence

- We observed staff being very discrete when taking people from communal areas to the toilet. It was all done very quietly and quickly.
- There was a very calm, friendly, and sociable atmosphere in the communal areas of The Glen Care Home. Residents greeted one another when they came into the lounge. They seemed to know one another well. Staff were very attentive – used first names – and interacted well with everyone. They made sure no one was left out and isolated.

- People were supported and treated with dignity and respect; and involved as partners in their care. One person said, "They always tell me what they are doing. They take their time with me; I can be slow at times". A relative told us they felt confident in the care and support their relative received. They said, "Staff are always with her to support her when she is walking. They don't put her on the wheelchair unless she needs it".

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 meet people's needs, preferences, interests and give them choice and control. At our last inspection care plans did not consistently provide information specific to people's needs. There was no guidance for staff about how to respond if the person had a seizure. Care plans lacked information about the management of specialised feeding equipment and risks associated with its use.

At this inspection, we found the required improvements had been made.

- People had individual care plans that provided staff with up to date information about their needs and abilities, associated risks, preferences for support and background history. However, we found a prepopulated care plan on supporting a person with Parkinson's disease. The use of prepopulated care plans can increase the risk of not personalising provision. We found no evidence of harm at this inspection.
- People were supported by an established staff team who knew them and their individual needs well.
- The provider recognised people's diversity and supported their individual needs. People's personal relationships, beliefs, likes and wishes were recorded in their care plans. Plans considered protected equality characteristics such as age, disability, ethnicity and gender. People's cultural choices were respected and people who practiced their faith told us they were supported to do so.
- People's needs were reviewed every month or sooner if necessary. Care plans were updated when their needs changed. One person told us, "I have care plan reviews - I have a Keyworker and if I complain they will listen." Another told us, "I am included in my care plan and I go to residents' meetings."
- Staff completed daily records and shared information at each shift change to keep up to date with any changes concerning people's care and support. This helped ensure any new concerns or issues relating to people's welfare were recorded and passed on.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise concerns or complaints with the provider.
- The provider investigated and responded to complaints appropriately and in line with their policy.
- Learning was shared with staff at handover to improve the service people received.

End of life care and support

- People's care plans included their wishes, views and thoughts about end of life care. This helped to make sure people received care and support which met their individual wishes and beliefs at the end of their life.
- The service supported people and their families at this sensitive time. Staff had undertaken training which gave them the skills and knowledge to provide compassionate care for people.
- People were supported to remain at the service, if they chose to, in familiar surroundings, supported by

their family and staff who knew them well.

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.

- Most people using the service were able to communicate verbally with staff. They could also read and understand information given to them by the service.
- Where people's communication abilities were limited, they had communication care plans in place to support staff to know how best to interact with them.

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

- There was a new activities coordinator who was putting together activities to engage in a COVID-19 safe environment. They told us staff spent time with residents every afternoon and engaged in activities with those who were cared for in their room. People were given a weekly programme in their rooms and there was one on display on a notice board.
- People were supported to maintain contact with relatives during the COVID-19 pandemic, for example using electronic devices and phone calls.

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 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

- Systems in place contributed to the smooth, effective operation of the service whilst still retaining its person-centred nature. We observed a good, cohesive group of staff who worked well as a team.
- The ethos of a person-centred approach to care and treating people as individuals was consistent amongst all staff. The provider was proud of their service, empowered staff at all levels and told us it was important they felt valued. Staff spoke with us about the provider. Comments included, "I feel very supported", "I can go to her with any issue and I feel confident in her, she has really supported me, I was a carer but now I am of a senior position because of her support" and "She is dedicated and hardworking, she always puts the residents first."
- The registered manager led by example and was 'caring, kind and respected'. People and staff spoke well about her and their overall satisfaction of the whole service provision. Comments included, "She mucks in, she is not too precious with herself. She knows the ropes she has been in the system for a very long time."
- Monthly audits were carried out for health and safety, infection control, the environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required

Continuous learning and improving care

- Feedback from people, relatives and staff was encouraged through meetings, telephone updates during COVID-19 lockdown and face-to-face engagement when relatives visited the service. Feedback was used to support continuous improvement.
- The registered manager spent time working with staff on the floor to identify areas that may need improvement.
- The registered manager ensured they always kept up to date with changing guidance. The management team ensured staff were adhering to current guidance and best practice by carrying out spot checks. They also ensured policies had been updated to reflect these changes.
- Staff had completed training and they have access to continued learning so that they had the skills to meet people's needs.

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

- The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the day-to-day running of the home.

- Staff understood their and others roles in achieving personalised support. They understood what was expected of them, were motivated, hardworking and enthusiastic.
- Other systems to promote excellence included exceptional support for staff to enable them to fulfil their roles and also achieve a good work life balance. Support included regular team meetings, regular supervision, appraisal and training, where the focus was people.
- Staff told us they were encouraged and supported to raise issues or suggest improvement. One example of this had been the activities coordinator liaising with the local school to host a covid-19 safe Nativity activity. This involved setting a stage outside with speakers transmitting the sound inside where people would be sat. This will allow the resident to enjoy the carol events at a safe distance.

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

- Records showed the registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service. Notifications about significant events were completed and sent to CQC as required.
- A relative told us, "Any questions or queries we have had were always answered. Staff very attentive and caring." A second relative commented, "They let us know even the smallest detail, like when mum has had a fall or she isn't herself, we are kept in the loop."

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

- The registered manager confirmed an annual satisfaction survey will be issued to provide people with the opportunity to express a view about the quality of the service provided.
- People's views were sought daily when receiving support.
- We found there were regular meetings for staff and their views were encouraged. Staff told us they felt valued and their views were respected. One staff member told us, "This is the best team I have ever worked with. We are thanked for our work and asked for suggestions to improve things."
- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as regular phone calls with the management.

Working in partnership with others

- The service engaged with other agencies and professionals to support care provision and meet people's needs. This included local authorities, GPs, community nursing teams and other health professionals.
- The registered manager and care manager attend forums run by the local authority. This enabled them to meet other managers and keep up to date with best practice.
- The service had effective links with the wider community and showed the provider worked with others to ensure people received good quality care and support.