

The Glen Private Nursing Home Limited

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Inspection report

224 Abbeydale Road South
Dore
Sheffield
South Yorkshire
S17 3LA

Tel: 01142365580

Website: www.glennursinghome.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

The Glen is a care home that provides accommodation for people who require personal or nursing care. The home can accommodate up to 19 people. At the time of this inspection there were 17 people using the service.

People's experience of using this service:

- People told us they felt safe at The Glen and they were consistently treated with kindness, dignity and respect. People knew who to report any concerns to and were happy with the support they received from staff. People's care records contained guidance for staff about how to support people safely and minimise risks to people. Staff were trained in their responsibilities for safeguarding adults and knew what action to take if they witnessed or suspected any abuse.
- The service had systems in place to ensure people received their medicines as prescribed. Staff supported people to maintain their health by making appropriate referrals to community health professionals and acting on any advice they were given;
- There were enough staff on shift to keep people safe and we observed staff respond to people in a timely manner throughout the day. Staff told us they thought there were enough staff to meet people's needs.
- People received personalised support from staff who knew them well. People's likes, dislikes and social histories were recorded in their care records. This helped staff care for them in a personalised way.
- Staff were competent, knowledgeable and skilled. They received regular training, supervisions and appraisals which supported them to conduct their roles effectively;
- 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.
- People were happy with the food provided at The Glen. The service catered for people's special dietary requirements and staff monitored food and fluid intake levels of people who were assessed to be at risk.
- A range of activities were provided for people living at The Glen which considered people's interests and wishes.
- The provider had an effective complaints procedure in place. Information about how to complain was displayed in the entrance to the home. People and their relatives knew how to complain if they needed to.
- The provider and registered manager understood the regulatory requirements and monitored the quality and safety of the service on a regular basis;
- Staff told us they enjoyed their jobs, their morale was positive and they told us the staff team worked very well together.
- For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection:

The service is an established care home and has been operating for many years. In May 2018 a new provider purchased the service and were registered with the Care Quality Commission (CQC.) This is the first inspection of the service under the new registered provider.

Why we inspected:

This was a planned inspection following the registration of new providers.

Follow up:

We will continue to monitor this service. We plan to complete a further inspection in line with our re-inspection schedule for those services rated good.

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 Private 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by one adult social care inspector.

Service and service type:

The Glen is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The Glen provides accommodation and personal or nursing care for up to 19 older people with a range of support needs, including people living with dementia. The home is an adapted building over two floors.

The service had a manager registered with CQC. This means the registered manager and provider are both 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 this inspection we reviewed information we held about the service. The registered manager had completed a Provider Information Return (PIR). The PIR 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 contacted social care commissioners who help arrange and monitor the care of people living at The Glen. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received from these organisations to plan our inspection.

During this inspection we spoke with eight people living at The Glen and six of their relatives and friends. We spoke with 12 members of staff which included two directors, the registered manager, the deputy manager, three care workers, a team leader, the cook, assistant cook, housekeeper and activities worker.

We looked at two people's care records and selected documents from one other care record. We checked 14 medication administration records and three staff files, which included recruitment checks, supervisions and appraisals. We also looked at other records relating to the management of the service, such as quality assurance audits.

We spent time observing the daily life in the service and we looked around the building to check the home was safe and clean.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

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

- Systems were in place to safeguard people from abuse.
- People were supported to raise any concerns with staff. People told us they felt safe. Comments included, "I feel very safe here" and "I am well looked after, so of course I feel safe."
- Staff had been trained in their responsibilities for safeguarding adults. They knew what action to take if they witnessed or suspected abuse and they were confident the registered manager would address any concerns they raised.

Assessing risk, safety monitoring and management:

- Systems were in place to identify and reduce risks to people.
- People's care records included assessments of specific risks posed to them, such as risks arising from mobility, nutrition, skin integrity and falls. Care records contained appropriate guidance for staff about how to support people to reduce the risk of avoidable harm.
- Risk assessments were reviewed each month or more frequently if a person's needs changed. This supported staff to take appropriate action to reduce risks as risk levels changed.
- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained.

Staffing and recruitment:

- There were enough staff on shift to keep people safe. The registered manager used a dependency tool to calculate the number of staff required to meet people's needs. The dependency levels were recalculated at appropriate intervals, to check there were enough staff on each shift.
- During this inspection, we saw staff were available to meet people's needs in a timely manner. There were four care workers and one qualified nurse caring for 17 people. We saw staff responded promptly when people required support.
- Staff told us they felt there were enough staff to meet people's needs. Residents and relatives raised no concerns about staffing levels. People told us, "They [staff] are always available, you don't need to ring the buzzer really, because staff are always there" and "Very attentive."
- The provider completed appropriate pre-employment checks for new staff, to check they were suitable to work at the service. This included obtaining references from previous employers and completing a check with the Disclosure and Barring Service (DBS). A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions.

Using medicines safely:

- Medicines were obtained, stored, administered and disposed of safely by staff.
- The provider had a policy in place regarding the safe management of medicines. This provided guidance to

staff to help ensure people received their medicines safely.

- People were receiving their medicines as prescribed by their GP, and staff kept accurate records about what medicines they had administered to people and when.
- Staff were trained in medicines management and their competency to administer medicines safely had been checked. We observed staff were patient and respectful when they supported people to take their medicines.
- Some people were prescribed medicines to be taken as and when required, known as PRN medicines. PRN protocols were in place in people's care records to provide important information to staff. We advised the registered manager that PRN protocols would be more accessible to staff if placed with Medicines Administration Records (MAR). Further PRN protocols were completed and placed with people's MAR during our inspection. This helped to ensure these medicines were administered appropriately and at safe intervals.

Preventing and controlling infection:

- The Glen was clean and there was an effective infection control system in place. The system was regularly audited to check it was effective and being implemented correctly.
- Staff followed cleaning schedules and had access to personal protective equipment (PPE) such as gloves and aprons. We observed staff using PPE appropriately during our inspection.

Learning lessons when things go wrong:

- The provider had a system in place to learn from any accidents or incidents. This reduced the risk of them reoccurring. The provider was keen to learn from these events.
- The registered manager analysed accident and incident records to identify any trends and common causes.

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.

Good: 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 moved into The Glen to check the service was suitable for them. A detailed care plan was then written for each person which guided staff in how to care for them.
- People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences.

Staff support: induction, training, skills and experience:

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- Staff completed training in a range of different areas to ensure they had the right skills, knowledge and experience to deliver effective care. Staff told us they were happy with the training they completed.
- Staff received regular supervision to review their competence and discuss areas of good practice or any improvements that were needed. The registered manager completed annual appraisals for all staff. Staff told us they felt supported by the registered manager and they felt able to raise any concerns or questions with them.

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

- People were supported to maintain a balanced and varied diet to promote their health and respect their personal preferences. People chose from a variety of meal and drink options each day; we observed staff asking people what they would like for their lunch and tea during the morning of the inspection.
- Where people required a special diet because of medical or cultural reasons, this was catered for. The cook was knowledgeable about people's dietary requirements and people's care records contained clear information about their dietary needs and preferences.
- People and their relatives were positive about the food options. Comments included, "The food is very good. They will get you what you want" and "We always have a choice and can have different to the menu if we want."
- The registered manager maintained oversight of people at risk of malnutrition or dehydration. Staff recorded the food and fluid intake of people assessed to be at nutritional risk. Where people were not consuming a sufficient amount of food and fluid, this was closely monitored and advice sought from relevant community health professionals.
- We observed part of the lunchtime meal service during this inspection. The dining area was welcoming; tables were nicely set with tablecloths, cutlery, glasses and flowers. The food looked appetising and appealing. We observed some people needed help with eating and this was provided discreetly and respectfully.

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 organisations to deliver effective care and support to people. Staff sought advice from community health professionals such as GP's and the falls prevention team. This supported staff to achieve good outcomes for people and helped people maintain their health.
- People were positive about the support they received to maintain their health. Comments included, "My health is much better because of the care I get" and "I've put on weight since I came here." A relative told us, "[Family member] looks so much better. Their health is looked after."

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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to authorisations and when they were due to expire. The registered manager also made sure the service complied with any conditions attached to authorisations. They had a good understanding of MCA procedures and the DoLS framework.
- People's care records contained assessments of people's capacity to make various important decisions. Where people were assessed to lack capacity, best interest decisions were made and recorded in their care plan. Capacity assessments were decision specific, in accordance with the principles of the MCA.
- Staff received training in the MCA and DoLS. During the inspection we observed staff asking people for consent before they delivered care.

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

- The premises had sufficient amenities such as bathrooms and communal areas to ensure people could receive the support they required. Technology and equipment was used effectively to meet people's care and support needs.
- The registered provider had made improvements to the premises. Parts of the home had been redecorated, a new sluice, call system and assisted bath had been provided to better meet people's needs.
- The premises had some pictorial and written signage displayed in the corridors to help people to navigate to the toilets and bathrooms. People had been supported to personalise their own rooms with items that were familiar to them.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring and they felt well treated by staff. Comments included, "I feel lucky to live here. The staff are lovely, very kind. They can't do enough for you," "They [staff] are marvellous. I can't say a bad word against them" and "Lovely caring people." Relatives made positive comments about the caring attitude of staff. Comments included, "I genuinely believe the staff want to care for [family member] the best they can. It is so reassuring" and "[Family member] is very happy here. The staff are very kind, really caring people. We have no worries or complaints at all. I think they must pick staff for their attitude, they are all so nice and positive."
- Staff treated people as individuals and their choices and preferences were respected. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- The service welcomed people's relatives and friends into the home to support people to maintain important relationships. We observed staff at all levels had developed relationships with people's families. One relative told us, "We are always made to feel welcome. The staff are very good, so caring."
- All staff told us they would recommend The Glen to family and friends. Staff felt the service provided a good quality of care and people were well treated by a staff team who cared for them. All staff told us they enjoyed their jobs and this was evident from our observations during the inspection.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People receiving support and their relatives were invited to take part in reviews of their care. This gave them the opportunity to have input into the development of their care plans and to explain their needs, wishes and choices so they could be recorded and acted upon.
- Where people struggled to communicate verbally, the service accessed communication tools such as audio tapes, picture boards and large print. This supported people to remain involved with decisions about their care as far as possible.
- The registered manager was aware of the need to consider arranging the support of an advocate if people did not have any family or friends to support them. An advocate is a person who would support and speak up for a person who does not have any family members or friends who can act on their behalf.

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

- Staff were respectful of people's privacy and treated people with dignity and respect. For example, staff knocked on doors before they entered bedrooms or toilet areas. The provider had an effective policy in

place regarding privacy and dignity, which supported the staffs' practice in this area.

- People's care records were locked away safely and securely so only people who needed to read them could access them.
- People were encouraged to maintain their independence. Their care records explained what they could do for themselves and what they needed staff to support them with. Our observations during the inspection showed staff promoted people's independence and they provided appropriate encouragement to people to complete tasks for themselves.

Is the service responsive?

Our findings

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

Good: 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:

- People's care records were person-centred and accurately described what support they needed from staff. Care plans provided detail about each area of support people required, such as support with nutrition and hydration, mobility and medication. They described how staff should care for each person, to promote their physical and mental wellbeing.
- People's care plans were reviewed monthly or sooner, if a person's needs changed. This helped to make sure people consistently received the correct level of care and support.
- Care records clearly documented people's likes, dislikes and social histories. This supported staff to get to know people well and provide a personalised service.
- The service identified, recorded and shared relevant information about people's communication needs, as required by the Accessible Information Standard. The Accessible Information Standard aims to make sure that people with a disability, impairment or sensory loss are given information in a way they can understand. People's communication needs were assessed when they moved into the home and were kept under review. This helped to make sure people were provided with information in the right format so they could remain actively involved in making decisions about their care.
- The Glen provided a range of activities for people living in the home. People took part in these according to their personal preference. There were two activity coordinators employed at the home who arranged and supported people to take part in group activities such as keep fit, baking, and crafts. The activity programmed was developed based on people's preferences. The activity coordinators also supported people on a one-to-one basis where people preferred this.
- During the inspection we observed periods of time where people were engaged with staff in conversation or where they were taking part in activities arranged by the activity coordinator.

Improving care quality in response to complaints or concerns:

- The provider had an appropriate complaints policy and procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with. Information about how to complain was displayed in the entrance to the service.
- People knew who to speak to if they had any concerns or if they had a problem. People told us, "I have no worries or concerns at all. I could talk to staff and they would sort any worries I had." People's relatives also knew who to complain to. One person's relative told us, "You only have to say something and its done, they are very good. [Family member] is really well looked after, very caring staff. We've no worries, but could go to the managers' if we had. I would recommend this home."
- We checked the service's complaint records and found one minor complaint had been received within the last year. This had been appropriately recorded, investigated and responded to, in accordance with the provider's procedure.

End of life care and support:

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death.
- Where appropriate, people had care plans in place which described how they wanted to be cared for at the end of their life. These plans described the care and support people wanted to receive from staff, the level of involvement people wanted from their families and any cultural or religious guidance they wanted staff to adhere to.
- Staff worked closely with the community palliative care team when people were at the end of their life. This supported staff to ensure people received any specialist support and medicines they needed to remain comfortable and pain-free.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The provider, registered manager and staff were all keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the home. Staff told us they felt everyone was well looked after and they were all keen to provide high quality care. All staff said they would be happy for a family member to live at The Glen.
- The registered manager knew the people living at The Glen well. We saw people responded positively to the registered manager throughout the day. They were visible throughout the home and available to people living in the home, their relatives and staff.
- The provider maintained an overview of the service by requiring the registered manager to provide them with regular information about different aspects of the service. This supported the provider to identify any areas for improvement and support changes to the service to ensure it provided high-quality care and support.

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

- We received positive feedback from staff about the way the home was run. They told us the registered manager was approachable, supportive and proactive at dealing with any issues that arose. Comments included, "The manager is very approachable" and "They [registered manager] are part of the team." Staff and relatives of people living at The Glen spoke positively about the new providers and said improvements had been made, such as the provision of a new assisted bath. We saw two directors were available in the home and they were greeted warmly by staff and people living there.
- Staff morale was positive and staff told us they enjoyed their jobs. Staff at all levels were clear about their roles and responsibilities.
- Staff worked effectively as a team. Staff told us they could rely on each other, commenting "With it being small we have a more positive connection with each other, service users and staff. We work as a team" and "It's a really nice place to work. The staff are friendly and the management are approachable. We are professional in our behaviour. We are a good team."
- The registered manager and senior staff monitored the quality of the service and took action when issues were identified. Each month they completed a wide range of audits and checks on the service. This ensured the home was safe and well managed.

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

- People and their relatives told us they were regularly asked their views about the service.
- People and their relatives completed surveys which asked for their views of the service. The results were analysed by the registered manager and used to continuously improve the service. Action plans were created where necessary.

Working in partnership with others:

- The service worked collaboratively with a range of different health services and professionals to help make sure people received the right support. Staff also worked with professionals from the local council and clinical commissioning group who commissioned the care of some people living in the service.