Glendale Court (Teignmouth) Limited

Glendale Court

Inspection report

Glendale Court
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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

Glendale Court is a residential care home in Teignmouth that provides personal care for up to 37 older people and is operated by Glendale Court (Teignmouth) Limited . There were 34 people living there at the time of our inspection.

One of the registered providers also held the position of the home's registered manager. 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.

The inspection took place on 17 and 20 October 2016 and was unannounced. This was the home's first inspection since a change of provider registration to Glendale Court (Teignmouth) Limited, although the owners of the service had remained unchanged.

The home was clean and well maintained with no unpleasant odours in any of the bedrooms or communal areas. It was homely and warm throughout with plenty of space for people to use, including lounges, dining rooms and conservatories. The garden area was well maintained and accessible to people using wheelchairs. It included seating areas and raised beds for people to be able to assist with gardening if this was an activity they enjoyed.

People spoke highly of the care they received. They told us the staff were always caring and friendly. Comments included "the staff are excellent" and, "the girls couldn't be kinder". One person referred to night staff as "night staff night angels". The atmosphere in the home was warm and welcoming and we heard pleasant conversations and laughter between people and staff throughout the inspection. Visitors came and went all day and were made welcome by staff. One relative who was visiting said, "It's a brilliant place. Managers, staff, everything. I cannot fault anything. I feel part of their family, totally involved. It really is gold standard care".

People told us they felt safe at Glendale: one person said, "It's absolutely safe. They've been marvellous here. I can't fault them". Another said the attention of staff made them feel "Very safe, very good". Staff had received training in safeguarding adults and there was clear information available on what to do in case of a

concern. Staff understood about people's rights to make decisions and felt confident that if they had any concerns these would be acted upon. Robust recruitment procedures were in place to ensure suitable staff were employed.

People said there were always enough staff on duty to meet their needs. We saw staff had the time they needed to provide care in an unhurried manner and had time to spend talking with people. People told us they had confidence in the staff and spoke positively about the care they received. One person said "I'm being very well looked after. It's wonderful here" and another said "staff are very good. They know me very well".

Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Where risks were identified there were detailed measures in place to reduce these where possible. Where necessary staff had consulted with healthcare professionals for guidance on how to support people safely. Care files included a summary of people's care needs and more detailed information where specific care needs had been identified. Care plans were regularly reviewed to make sure they accurately reflected people's changing needs and to ensure staff had up to date guidance about how to provide care.

People told us they liked the food and had a good choice available to them. One person said "Yes, there is a good choice of food…I can't fault it. If you say you don't like anything they'll get you something different. They all listen to what you say". Another commented, "The food is marvellous". People confirmed they were able to continue with their interests and hobbies and were free to come and go from the home as they pleased. The registered manager told us they encouraged people to try new activities and to have a fulfilling life.

We observed medicines being administered and this was done safely and unhurriedly. Medicines were stored safely and only senior staff and the registered manager and deputy manager had responsibility for checking stocks, reordering and returning medicines to the pharmacy.

Documentation within people's records did not follow the clear guidance set out in the Mental Capacity Act (MCA) Code of Practice regarding how people's mental capacity should be assessed. Standard templates were used to assess people's mental capacity and these were not specific or detailed in relation to the individual person or the decision that was being considered. However, when we spoke with staff and the registered manager we found they had a good understanding of the principles of the MCA and how to make sure people had their legal rights protected. This meant there was no negative impact for people. We spoke with the registered manager about this. They gave assurance they would seek further training and review records to ensure processes used for assessing and recording people's capacity and best interest decisions were in line with legal guidance. On the second day of the inspection we saw additional training had been booked and work had started on reviewing records.

People benefitted from strong working partnerships between local healthcare professionals and the service. Health and social care professionals were confident that the service cared for people competently and was well led. They said the service had a strong and effective working partnership with the local GP surgery and community nursing service. One community nurse told us people living at Glendale "thrived" and they knew any advice they gave would be closely followed by the manager, deputy and staff.

People, relatives, staff and healthcare professionals all expressed a high level of confidence in the leadership of the home and integrity of the registered manager. Comments included "It's so well run here. I can't think of anything I would change or would improve it" and "Everything about the home is excellent" and "They

have a good person in charge here".

Staff confirmed there were clear lines of responsibility within the management structure and they knew who they needed to go to, to get the help and support they required. They described themselves as a happy and motivated team, benefitting from the strong leadership and support of the registered manager. Comments included, "I can't fault [name of manager]. She's the best manager I could wish for. She's very hands on and she'll help on the floor anytime, morning, noon or night. And she cares about us staff too".

The registered manager and deputy manager were passionate about providing high quality care for people. The culture of the home was that people were at the heart of the service and their views about how the service was run were regularly sought. There was a policy in place for dealing with any concerns or complaints and this was made available to people and their families. People and relatives were all confident they could speak with the registered manager if they had any concerns or wished to make a complaint. However, they had not needed to as they were very happy with the care and support they received.

There were thorough systems in place for managing information relating to the running of the home. This helped monitor the quality of care and drive improvement. The registered providers undertook regular health and safety audits to ensure people's safety and that the environment was well maintained and suited to the people living in the home. There was an ongoing programme of improvement and investment in the home. At the time we inspected surveillance cameras were about to be installed to increase security around the outside and grounds of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe:

People were protected from the risk of abuse through the provision of safeguarding policies, procedures and staff training

People were supported by sufficient numbers of safely recruited and well trained staff.

Risks were identified and managed in ways that enabled people to remain as safe possible.

People were protected from the risks associated with medicines.

Is the service effective?

Good

The service was effective:

People received care from staff who were well trained and had the skills they needed to meet their responsibilities.

People's legal rights were protected because the registered manager and staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards. However, documentation within people's records did not follow the clear guidance set out in the Mental Capacity Act Code of Practice. The registered manager was taking steps to address this.

People's nutritional needs were assessed to make sure they received a diet that met their needs and wishes.

People were supported to have access to health professionals including GP's, district nurses and physiotherapists to help them have their health needs met.

Is the service caring?

Good

The service was caring:

People's needs were met by staff with a caring and warm

attitude.

People lived in a home that was relaxed and welcoming and were supported to receive visitors whenever they liked.

People's right to privacy and dignity was respected.

People were encouraged and supported to maintain their independence.

Is the service responsive?

Good

The service was responsive:

People were supported to engage in activities of their choice.

People received personalised care that was responsive to their needs.

People told us their choices were respected.

People and relatives felt able to speak out if they had a concern and that their complaint would be taken seriously and dealt with.

Is the service well-led?

Good

The service was well-led.

People benefited from a service that had a strong leadership through the registered manager and deputy manager and a staff team who were open and approachable.

People's views were sought and taken into account in how the service was run.

People benefited from a service that had monitoring systems in place to ensure the quality of the service and drive improvement.

Glendale Court

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 was 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.

The inspection took place on 17 and 20 October 2016 and was unannounced. The inspection team comprised of one social care inspectors and an Expert by Experience on the first day and one social care inspector on the second day. 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 we reviewed information we held about the service. This included feedback from health and social care professionals and notifications made to the Care Quality Commission. A notification is information about important events which the service is required to send us by law. The registered manager had completed a Provider Information Return (PIR) which we received before the inspection. This was a form that asked the registered provider to give some key information about the home, what it does well and any improvements they plan to make.

We looked around the premises, spent time with people in their rooms and in the lounge and dining room, and observed how staff interacted with people throughout the day. We met with 15 people using the service and seven relatives who were visiting. We spent time with people over the lunchtime meal. We observed the staff handover meeting between the morning and afternoon staff. We spoke with eight staff members, including the registered manager and deputy manager. We also looked in detail at three sets of records relating to people's individual care needs; three staff recruitment files; staff training, supervision and appraisal records and records relating to the management of the home, including quality audits. We looked at the way in which medicines were recorded, stored and administered to people. We gained feedback from two health and social care professionals who regularly visited the home.

Good

Our findings

People told us they felt safe living at Glendale Court and would talk to staff if they had any concerns. One person commented "It's absolutely safe. They've been marvelous here. I can't fault them." Another said the attention of staff made them feel "Very safe, very good."

People were protected by staff who knew how to recognise signs of possible abuse. Staff had received training in safeguarding adults. There was clear information available on the action they should take if they had a concern over someone's safety and welfare. Staff understood how and to whom any concerns about abuse should be reported, including what action to take when the registered providers were not at the home. Emergency telephone numbers were provided including those of the Care Quality Commission (CQC) and how to refer to the local authority's safeguarding team. Staff had total confidence that any concerns they raised would be taken seriously by the manager of the home. One staff member commented "We are encouraged to raise any concerns and I know they would act immediately if I did".

Care staff were aware of whistle-blowing procedures, whereby they could report any concerns to external agencies such as the CQC 'in good faith' without repercussions. People were supported to manage their monies safely.

Care plans showed each person had been assessed before they moved into the home and any potential risks to their safety were identified. Assessments included the risk of falls, skin damage and poor nutrition and hydration, as well as those associated with physical and mental healthcare conditions such as diabetes. Where risks were identified there were detailed measures in place to reduce these where possible. Staff had consulted with healthcare professionals for guidance on how to safely support people. For example, one person was identified as being at risk of malnutrition due to their decreasing appetite. Staff had sought advice from the community dietitian and GP to ensure they were taking every possible step to reduce this risk. The person was weighed regularly and nutritional charts were kept that were reviewed daily by the deputy manager or registered manager. Staff had as much time as they needed to sit beside the person and gently encourage them to eat. Where any further loss in weight was identified, immediate contact with the GP was made. Another person's care plan identified they required a hoist to assist them with moving from their bed to a chair. The care plan clearly described how many staff should support the person and the size of sling to be used. People who had vulnerable skin and were at risk of pressure area damage had pressure relieving equipment in place and comprehensive risk management plans. Staff were confident in their knowledge of how to manage these risks. Records showed the community nursing team were regularly contacted for advice and involved where necessary.

People said there were always plenty of staff on duty to meet their needs. Everyone we spoke with told us their call bells were answered quickly and that they never had to wait for more than a few moments for a member of staff to arrive. One person said "They're soon on to it…it's really quite good". At the time of the inspection 34 people were living at Glendale Court. There were ten members of care staff on duty, as well as the deputy manager and registered manager. Ancillary staff included a cook, two housekeepers and a laundry assistant. Staff and rotas confirmed this was usual. The day centre part of the home was staffed separately from the residential care home.

Staff said they had the time they needed to meet people's needs in an unhurried manner. We saw staff were relaxed and confident in their work. They said they had time to meet people's needs properly and to spend time in conversation with them. The registered manager told us they had recruited additional staff in recognition of people's changing needs as they did not want the quality of care nor the safety of people compromised. They told us they never used agency staff to cover any shortfalls in staffing. The registered manager said they saw great benefit to people's happiness and wellbeing in having a stable staff group who they knew and trusted. Staff told us both the registered manager and deputy manager were always willing to 'roll their sleeves up' and help care staff where necessary.

Robust recruitment procedures were in place to ensure suitable staff were employed. This helped reduce the risk of the service employing a person who may be a risk to vulnerable people. The registered manager said they looked for staff with the right sense of caring rather than just staff who had experience. Each prospective member of staff underwent a number of checks including a police check, and obtaining references from previous employers.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. People told us they received their medicines on time and staff always explained what medicines they were being offered. We observed medicines being administered and this was done safely and unhurriedly. Medicine administration records were clearly signed with no gaps in the recordings. Medicines were stored safely and only managers had responsibility for checking stocks, reordering and returning medicines to the pharmacy. Records showed the local pharmacist responsible for providing medicines completed an annual review of medicines. This included reviewing each person's medicines as well as the home's practices. Only senior care staff administered medicines and they had all received appropriate training. The registered manager confirmed they observed staff on at least an annual basis to ensure staff remained competent and safe to administer medicines. Training was refreshed regularly to ensure staff were following current best practices. An audit of medicines was completed every six months.

Infection control risks were managed well. Liquid soap, gloves and hand towels were available. Staff were seen wearing disposable gloves and aprons when needed. Dispose of clinical waste was managed safely. The home had been awarded a food hygiene score of five when inspected in 2015; the highest possible score.

The premises and equipment were maintained to ensure people were kept safe. For example, checks had been carried out in relation to fire, gas, electrical installation, lifts and hoists.

The home was in a good state of repair and decorative order. It was clean and well maintained with no unpleasant odours in any of the communal areas or bedrooms. Corridors, bathrooms and lounges were free from obvious hazards. There was an ongoing programme of redecoration and investment in the home to ensure standards were maintained.

Good

Our findings

Staff were very knowledgeable about people's care needs and had the skills and knowledge to support them. People told us they had confidence in the staff and spoke positively about the care they received. One person said "I'm being very well looked after. It's wonderful here" and another said "staff are very good. They know me very well".

Staff understood about people's rights to make decisions about their care and treatment and respected these. Daily records reminded staff to seek people's consent before giving any assistance. Staff told us they always involved people in decisions about their care and how they wished to be supported. They told us some people weren't able to make big decisions about their care but said they always offered people choices and respected their wishes about the decisions they could make. This included what clothes to wear, where they would like to spend their time and what they would like to eat and drink. We heard staff seeking people's consent throughout the inspection. Staff told us they considered people's individual body language and facial expressions in judging whether they were accepting of care. If people appeared at all reluctant they would always leave and try again at a better time.

We checked whether the service was working within the principles of the Mental Capacity Act 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. Most people living at Glendale Court had the mental capacity to be able to consent to live in the home and receive care. However, for a small number of people who were living with dementia, this was not the case. 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.

Documentation within people's records did not follow the clear guidance set out in the Mental Capacity Act Code of Practice. A standard template was used to assess people's mental capacity, but this did not include information about each person as an individual or the specific decision under consideration. Care plans did not contain guidance for staff regarding people's mental capacity. This meant staff may not have sufficient guidance to be able to provide care in a way that protected people's human rights. However, when we spoke with staff we found they had a good understanding of the principles of the MCA and how to make sure people had their legal rights protected. This meant there was no negative impact on people. We spoke with the registered manager about this. They gave assurance they would seek further training and review and

update records to ensure processes and recording reflected legal guidance. On the second day of the inspection we saw that training for the registered manager and deputy manager in this area had been booked.

Staff had all completed training in relation to the MCA and had received regular training updates. They told us they always supported people to make their own decisions as far as possible and that an assessment would be needed if the person did not have capacity to make their own decision. They were aware that if a person had been assessed as not having the capacity to make a specific decision, meetings would be held involving relatives and professionals in reaching a decision that was in their best interests. We saw that family and healthcare professionals had been involved in reaching best interests decisions, for example regarding the use of bed rails.

Where people had made decisions about whether they wished to receive emergency treatment such as cardio-pulmonary resuscitation these were clearly recorded in their care files.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. At the time of the inspection applications had been made to the local authority for assessment under DoLS for five people. These assessments had not yet been completed by the local authority. We discussed the principles of DoLS with the registered manager and they had a clear understanding. They were aware of key changes to legislation that had changed the criteria for referral for DoLS and were acting in accordance with this. This meant people's legal rights were being appropriately supported.

Staff received regular training in issues relating to people's care needs such as skin care and pressure area care, continence care, diabetes, and caring for people with dementia. Training was also provided in health and safety topics such as safe moving and handling, fire safety, food hygiene and infection control, and certificates were seen in staff files. In addition, staff could refer to training DVDs. Staff confirmed their knowledge in these topics was discussed with the registered manager and further support provided if necessary. Newly employed staff were provided with an individually planned induction that lasted for two weeks. They did not work unsupervised in this time and were able to work alongside experienced staff until they were assessed as competent to work unsupervised. A number of staff had completed the Care Certificate. This is a training and development course designed to provide staff with information necessary to care for people well. It requires staff provide evidence of their knowledge, skills and competences. Other staff had completed or were completing nationally recognised diplomas in health and social care. The registered manager told us they valued learning and wanted all staff to have opportunities to develop their knowledge and careers. Several staff had gone on to train and qualify as registered nurses. The registered manager said that investing in staff learning not only ensured people received high quality care, but also boosted staff morale and wellbeing.

Staff received individual supervision every three months from either the registered manager or deputy manager. They also received an annual appraisal where their work performance was formally assessed and personal development and training needs were identified. Regular staff meetings were held where updates were shared and staff were encouraged to give their views on the running of the home. Key themes were discussed and gentle reminders given, for example, the minutes of one meeting stated "Remember, the person you are caring for must be the centre of everything while you are caring for them". Staff said they found these meetings useful and felt listened to.

People told us they liked the food and had a good choice available to them. One person said "Yes, there is a good choice of food…I can't fault it. If you say you don't like anything they'll get you something different. They all listen to what you say". Another commented, "The food is marvellous". People told us they chose their main meal a day in advance of having it, but they could always change their mind at any point. They all said they could have their meals at the times they preferred and could eat it wherever they liked; in their rooms, the dining room or even outside in the garden on a nice day.

The home used a frozen meal system, supplemented with some meals made on the premises. The cook told us the frozen foods had only been introduced after being 'taste tested' successfully by people living at Glendale. They said generally these meals were of a high standard. Where people fed back any concerns or disliked something, alternatives were provided. For example, fish and chips, cooked breakfast, roast potatoes and Yorkshire puddings were all made freshly on the premises, as were evening meals. These included sandwiches, omelettes, baked potatoes and other light meals.

The cook told us that people's individual food preferences were always respected and that there were no restrictions to budget. They said, "People have the best of everything here – gammon ham, anything they want really. You won't find any economy ranges here!" A visiting social care professional said, "My client likes marmite and a certain type of chutney. His individual choices are all respected". We overheard one person choosing their evening meal. They said, "I'd like a nice big slice of ham with just a little cheese". Another person told us they had missed having bacon and eggs when they first moved in, but as soon as they told staff, it was provided. Now bacon and eggs was a regular part of their weekly menu.

We saw lunchtime was a sociable experience. People were seen laughing together and in pleasant conversations with staff and each other. Meals were well presented and appetising and everyone appeared to enjoy their meal. Some people chose to remain at the table chatting after the meal had finished. One person said "We all try and get down for lunch. There's lots of chatter going on. Even if the stories are repeated about 16 times!"

Although everyone we spoke with was very positive about the quality of the meals, some people thought that midday was too early for their lunchtime meal. They felt they'd only really just got through with breakfast when it was time to eat again. They knew they could eat later in their own rooms if they wanted, but did not want to miss out on the sociable experience of eating together in the dining room. We discussed this with the registered manager who said there would be no difficulty in adjusting the time. They said they would seek people's views and discuss further at the next house meeting.

A record of how well each person had eaten at every mealtime was included in their daily records for ease of access and review. Care plans included nutritional risk assessments and regular recording of weights to monitor any changes in care needs. Where someone had been identified as being at risk of not eating or drinking enough to maintain their health, we saw they had been referred to their GP for further assessment by a dietician.

People told us they saw their GP or the community nurse promptly if they needed to do so. Where people attended appointments in the community transport was provided. Staff were always available to accompany people if they wanted. The registered manager told us they had a close working relationship with the local GP surgery and were confident advice and support would be provided promptly when needed. Care files contained records of referrals to GPs, community nurses and physiotherapists. The outcomes of these were documented and any changes to care needs as a result were transferred to the care plans. During the inspection we spoke with a member of the community nursing team, who confirmed their team had a good relationship with the staff and were contacted promptly for support and advice. They said,

"I have great confidence in the service. There is a high standard of care and great attention to detail". They told us that when they visited, people were always well presented, contented and happy and that staff knew people's care needs well.

Good

Our findings

People spoke very highly of the care they received. They told us the staff were always caring and friendly: comments included "the staff are excellent", "the girls couldn't be kinder" and, "The staff are all my friends and I look upon them as my friends". One person referred to night staff as "night staff night angels". Another told us they came to the home for respite care and enjoyed it so much they decided to stay on a more permanent basis. A thankyou card said "I've felt welcome from the day I walked through the door. Thank you for your concern and for listening when I needed and ear and genuinely looking after me".

The atmosphere in the home was warm and welcoming and we heard pleasant conversations and laughter between people and staff throughout the inspection. Visitors came and went all day and were made welcome by staff. One relative who was visiting said, "It's a brilliant place. Managers, staff, everything. I cannot fault anything. I feel part of their family, totally involved. It really is gold standard care".

Staff said they enjoyed working at the home, saying it felt like an extended family. They told us their caring role was about "treating people as you would want to be treated; or like you'd want your mum or dad treated" and, "to make sure people are as happy as they can be". We saw one member of staff talk quietly and gently to one person who had not been feeling well. They held their hand and asked them if there was anything they could get for them to make them more comfortable. One person told us about a day when they had been feeling low after a difficult medical appointment. They said, "They're ever so good (staff).I was upset and tired and said 'I've had enough, I just wish someone would take me away' and they said 'well, we'll just make sure we find you as we love you'…they're brilliant they are".

People told us the staff always celebrated special occasions such as birthdays and Christmas and made them feel loved. One dining area was still full of balloons and cards from the 100th birthday celebration that had taken place the day before we inspected. The registered manager and staff had supported relatives to hold a small party there. One relative said "We really more or less took over here yesterday" and told us said what a special occasion it had been.

People's wishes regarding how and where they wished to be cared for at the end of their lives was described in their care plans. Staff worked with the local GP service to ensure people's decisions about the care and treatment they received at the end of their life was well documented and understood. Anticipatory medicines were requested when a person was identified as nearing the end of their life. Anticipatory drugs are medicines that are used to manage people's symptoms at the end of their life. These medicines help people to experience a pain free and dignified death. The provision of anticipatory medicines ensured that

pain relief was available to people at the right time to enable them to receive their end of life care in their preferred place. Staff had received training from the local hospice in caring for people at the end of their lives. They told us they worked closely with the local community nursing team to ensure people had the right equipment, care and treatment. Staff said they supported family members, if appropriate, to be involved in people's care to ensure they felt involved in the care of their loved one at this time. The registered manager told us they wanted people to spend the end of their days in as much comfort as possible without going into hospital if at all possible. They said "we feel it is a privilege to be able to care for our residents at the end of their life".

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. People's privacy was respected. One person told us staff "had great respect for the elderly". When people received care in their rooms, doors were closed to respect their privacy: this was particularly important as some rooms were accessible from the dining room. We saw staff knocking on people's doors and waiting for a reply before entering.

There was plenty of space for people to be able to spend time with their visitors in private, either in their rooms or in the other living areas of the home. One person said "I've got my own TV upstairs and so I go up and my family come up and watch it and they (staff) bring my drink up. I can't fault it". People were encouraged to use all areas of the home and this included a well-tended garden and decked area. People told us they could go out into this whenever they wanted or be helped out. "It's a superb garden – I love watching the wildlife come and go". Another person commented "The garden goes all the way round – it's lovely".

Good

Our findings

People told us they were supported to live their lives the way they chose, and their preferences and choices were always respected. One person said "We're all different here and I can do whatever I like. Staff know me. It's not the same treatment for everyone". People told us they got up, went to bed and ate their meals at times of their choice. They told us they could have a bath or shower whenever they liked, although most had regular days. One person told us they liked to have their breakfast in their bedroom, but they ate this at varying times. Staff knew this and brought them a bowl of their favourite cereal in the morning with a separate jug of milk, so they could eat it when they were ready to. Another person liked to have individual space and didn't want to eat in the dining room with others and so the staff set up a place at a table in the lounge. They told us how much they appreciated this and said, "I always come here…don't like being piled up together". Their individual wishes were respected.

Staff were knowledgeable about people's preferences and respected these. One member of staff commented "All the staff here are very person centred. It's at the centre of everything we do. We want to do what's right for each individual". They gave us many examples of people's individual preferences. These included one person who preferred natural yoghurt to flavoured yoghurts; so these were bought especially for them. Another person liked to be assisted to wash with a sponge rather than a flannel, and liked staff to use a firm pressure. This indicated that staff knew people and their preferences in detail.

People were able to discuss their care needs with staff each day and decide how they wished to be supported. One person sometimes liked to have their breakfast and then go back to bed and be assisted with personal care later in the morning. People told us they were involved and consulted about their care plans and this was recorded in their care files. Care plans described what people could do for themselves and how staff should offer support: Staff said they supported people to remain as independent as possible.

People all had thorough assessments of their care needs which were completed by the registered manager or deputy manager before they moved into Glendale. Staff told us the registered manager always discussed people's care needs with them before they moved into the home, which enabled them to be well prepared. If people had more complex care needs, senior care staff would always be assigned to them until the staff team were confident they fully understood their care needs.

Care records included an overview of people's care needs and more detailed information where specific care needs had been identified. Staff were familiar with people's care plans and told us they referred to them regularly. They were able to describe people's care needs in detail. For example, one person had skin

that was vulnerable and could easily become sore. Staff told us how they provided care for this person, including assisting with re-positioning every two hours, checking skin frequently, the types of creams used to protect the skin and checking that settings of pressure relieving equipment were correct. Care plans were reviewed monthly and any changes in people's care needs were communicated through handover meetings and staff meetings. Care plans were updated whenever changes occurred. For example, in relation to guidance received from speech and language therapists, dietitians or community nurses.

People confirmed they were able to continue with their interests and hobbies as they pleased and were free to come and go from the home as they liked. They said their friends and family were able to visit at any time and were always offered refreshments. We saw this happening during our inspection and visitors came and went throughout the day.

People told us they had enjoyed trips out from the home to local places of interest such as garden centres and the seaside. The home had a vehicle available to take people out and to appointments. We saw one person going off for a drive to a local beauty spot and others were driven to appointments. The registered manager told us they encouraged people to try new activities and to have a fulfilling life, but many people liked to remain at home. There was a large selection of jigsaws, games, books and DVD's available for people to use whenever they liked. There were some organised activities, such as crafts and a musical performer, who visited on the second day of our inspection. People appeared to greatly enjoy this. One person said "The music man's coming this afternoon" and another replied, "Wonderful, I love him". A downstairs room had recently been refurbished and turned into a hairdressing salon. A hairdresser visited one day each week. The registered manager told us how much people enjoyed this 'pampering day' and that the salon had become a sociable hub of activity.

Staff told us they were able to accompany people out for walks in the local area and they always had time to spend with people chatting or playing games in the afternoons. One person told us they didn't like joining in with organised activities, but they really enjoyed watching sport on television. They told us staff spent time with them each day reading the papers and helping them plan what they wanted to watch. Everyone we spoke with was satisfied with the level of activity available at the home.

People were able to bring furniture and personal effects to make their rooms feel homely. People said they were very happy with their bedrooms: one person said they had "a lovely room" and they liked to watch the leaves on the trees changing colour through the year.

There was a policy in place for dealing with any concerns or complaints and this was made available to people and their families. Everyone we spoke with felt confident that if they raised a complaint, it would be taken seriously and acted upon quickly. However, none had been raised. One person said "If I had a little niggle I would have no hesitation in mentioning it", but that they had not needed to as they were happy with the care and support they received. Relatives told us staff were always very quick to respond to people's needs and they had never had cause to complain.

The registered manager told us they listened to people's views and acted upon these before they developed into a complaint. They gave an example relating to the minibus that the service had owned for a short period. It had been purchased to enable people to get out to activities in the local community. However, it became clear that people didn't like travelling in the minibus and began to go out less. When staff explored why this was, people said the seats were too high and they did not feel comfortable with their feet raised off the floor. The registered manager took this feedback seriously and made the decision to replace the minibus with a vehicle which was more comfortable for people. People were now much happier to go out and beginning to use the vehicle more.

Good

Our findings

Although this was the first inspection since the ownership of the home had changed to a limited company, the registered providers remained unchanged and had owned the home for many years and knew people well. The registered manager said people were "at the heart of the service" and this was their guiding principle for how care was provided. They said, "We want to provide a home that is good enough to look after any one of us in the way we would want to be cared for. Residents must have the utmost respect. Everything they need or want, we should be able to give them; this is their home". This caring and professional ethos was supported by the information we received from the people we spoke with. People, relatives and health and social care professionals all told us the home was well managed and they had confidence in the leadership of the home. Comments included "It's so well run here. I can't think of anything I would change or would improve it" and "Everything about the home is excellent" and "They have a good person in charge here".

Relatives expressed a high level of confidence in the home and told us the home was well managed. One relative commented, "If [name of manager] says she'll do something, you know it will happen. It's marvellous. We have total confidence in her". Another, whose relative had moved in recently said, "We'd heard about it but didn't realise it was so nice…well managed".

People benefitted from strong working partnerships between local healthcare professionals and the service. Health and social care professionals were confident that the service cared for people competently and was well led. They said the service had a strong and effective working partnership with the local GP surgery and community nursing service. One community nurse told us people living at Glendale "thrived" and they knew any advice they gave would be closely followed by the registered manager, deputy and staff.

The registered manager told us in their Provider Information Return they were passionate about their work and promoted high standards of care through a 'hands on approach'. When we inspected we found this was the case. Staff were motivated and happy and staff morale was high. Staff told us the registered manager was always willing to help out with day to day caring duties and they felt very supported by this. One staff member said "I can't fault [name of manager]. She's the best manager I could wish for. She's very hands on and she'll help on the floor anytime, morning, noon or night. And she cares about us staff too". Another said, "She's just marvellous" Easy to approach. Always listens. Tells us she can't read minds and we must always talk to her – and so we do. We get praise and feedback all the time. We know how much we are valued." Staff told us there was openness to ideas and a commitment to continual improvement and that their views resulted in change and improved practice. For example, one member of staff had made a suggestion that

had improved the way medicines were administered and this had been adopted. Staff confirmed there were clear lines of responsibility within the management structure and they knew who they needed to go to, to get the help and support they required.

The managers of the service were well informed about the individual care needs of each person. They were able to give detailed and up to date feedback and confidently answer all of the questions asked of them during the inspection. We observed a handover meeting between the morning and afternoon staff which was led by the registered manager. They identified any issues they wished to bring to the attention of the afternoon staff and were clear about staff responsibilities. Staff were involved in discussions over people's care and asked their opinions: they spoke respectfully and with compassion about people.

People's views on the running of the home and the quality of the services provided were sought both formally, through the use of questionnaires and at care plan reviews, and informally though conversations. People told us the managers at the service were open and approachable. They said they were always being asked about the home and if there was anything they would like. They said they saw them on most days and were able to discuss any issues with them, including people's care and making suggestions for meals, leisure activities or trips out of the home. The registered manager told us they were always happy to see people individually to enable people to talk privately, as well as having regular resident meetings. This meant people had regular opportunities to express their views in a way which suited them.

Annual reviews were completed of people's views about the quality of the service provided at Glendale. These showed a high level of satisfaction. Where one person had commented they would like to do more art based activities, the registered manager had responded by setting up an additional craft activity and attendance at a local day centre for painting and lunch. This demonstrated the leadership of the home listened and responded to the feedback people gave.

The registered providers were committed to providing a high quality service to people and there were thorough systems in place for managing information relating to the running of the home. There were regular health and safety audits to ensure people's safety and that of the environment was well maintained and suited to the people living in the home. These audits included reviews of any accidents to identify patterns or whether someone's health was deteriorating, safe management of medicines and regular testing of the hot water to reduce the risk of scalding. These systems were well organised and supported the registered providers to run the home efficiently. We saw that the service had a five rating for hygiene from the Food Standards Agency (FSA). Five is the highest rating awarded by the FSA and showed that the service had demonstrated very good hygiene standards. Records were kept securely to protect confidentiality.

Equipment such as the passenger lift, stair lift and hoists were serviced regularly and a maintenance contract was in place so that any issues could be remedied quickly. The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal obligations.

The registered manager told us there was an ongoing program of investment in the home and that resources were always available to drive improvement. This included replacement of the boiler system in 2015. Security cameras were about to be installed to increase security levels in the grounds of the home.

We asked the registered manager and deputy how they kept in touch with changes to legislation, guidance and best practice. They told us they subscribed to various care journals and used the Care Quality Commission's guidance for providers and received updates through this. They also attended a care manager's forum with other providers where issues and learning affecting the care sector were discussed. Policies and procedures were regularly reviewed and up dated to ensure they reflected good practice

guidelines and legislation. This helped ensure staff practices were up to date and people were supported and cared for appropriately. The registered manager told us their commitment to learning had led to collaboration with other providers. For example, a Danish group of care professionals had visited the home to see the work they were doing in relation to people's skin care and preventing pressure ulcers from developing.