

The Glen Nursing Home Limited

The Glen Nursing Home

Inspection report

West Lane
Baildon
Shipley
West Yorkshire
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Date of inspection visit:
22 August 2017

Date of publication:
28 November 2017

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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?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 22 August 2017 and was unannounced.

The Glen Nursing Home is a 56-bed service and is registered to provide accommodation and personal care for people living with dementia. Nursing care is provided. The accommodation is arranged over two floors linked by a passenger lift. All of the bedrooms have en-suite toilet facilities and there are communal lounges and dining areas for people to use.

At the time of the inspection there were 54 people using the service.

There was a registered manager in post. 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 last inspection took place on 15 October 2014 and the service was assessed as being 'good' in all domain areas and had a quality rating of 'good' overall.

At this inspection we found standards had been sustained and again rated the service as 'Good' overall. We found areas of governance and leadership had further developed and identified some outstanding areas of practice. This led us to award the 'Is the service well led' domain a rating of 'Outstanding.' There were clear lines of accountability. The home had outstanding leadership and direction from the registered manager, provider and management team.

The visions and values of the service were embedded into practice and the management team used research to make further improvements. Partnership working was excellent, for example, working with health care professionals and this had been sustained over time.

The managers strove to maintain, sustain and further improve the experiences of people living in the home through robust quality assurance processes

Why the service is rated 'Good' in other domain areas:

Staff were given regular training updates, supervision and development opportunities. People spoke positively about staff and the support they received. Staff demonstrated a good knowledge of the people and topics we asked them about.

People told us they felt safe and secure living in the home. Staff understood people well and knew how to keep them safe. Risk assessments were in place which provided detailed information to staff on how to maintain people's safety.

Medicines were managed safely and overall, people received their medicines as prescribed. Good checking and auditing systems were in place to highlight any discrepancies with the medicines management system.

There were sufficient staff deployed to ensure people were provided with prompt care and support. Staff responded quickly to people's requests for assistance. Safe recruitment procedures were in place to ensure staff were of suitable character to work with vulnerable people.

People's consent was gained before care and support was provided. The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People had access to a range of suitably nutritious food. People's nutrition was closely monitored and action taken to investigate any weight loss. The service liaised well with external healthcare professionals and people's healthcare needs were being met.

The service was very caring. People were treated with a high level of dignity and respect by both staff and the management team. Good, caring relationships had been developed and staff and the registered manager knew people well. There was a positive, inclusive and person centred culture within the home.

People's care needs were assessed and detailed plans of care put in place which were amended when people's needs changed. People, visitors and healthcare professionals said care needs were met by the service. People had access to a range of activities and opportunities and their social care needs were met by the service.

Staff and the registered manager listened to people and ensured any complaints or concerns were investigated. People and staff spoke extremely positively about the way the service was managed and said the registered manager was friendly and approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was extremely well-led.</p> <p>There were very clear lines of accountability. The home had outstanding leadership and direction from the registered manager, provider and management team.</p> <p>The vision and values of the service were highly embedded in the way care and support was provided to people. Feedback was encouraged and improvements made to the service when needed.</p> <p>The managers and provider's strove to maintain, sustain and further improve the experiences of people living in the home through robust quality assurance processes and implementation of 'best practice' research.</p>	<p>Outstanding ☆</p>

The Glen Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 22 August 2017 and was carried out by two adult social care inspectors and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included five people's care records, three staff recruitment records and records relating to the management of the service.

We spoke with 10 people who used the service, eight relatives, one health care professional, one nurse, four care workers, the chef, breakfast assistant, one housekeeper, the activities co-ordinator, manager and registered manager. One GP practice manager and a GP wrote to us with their views about the service.

Is the service safe?

Our findings

We reviewed staff files and found safe recruitment procedures were in place to ensure new staff were of suitable character to work with vulnerable people. New staff were required to complete an application form and attend an interview. Successful candidates had to await the results of references and a Disclosure and Barring Service (DBS) check before starting work. New staff confirmed the required checks had been carried out in line with the provider's recruitment policy.

We asked visitors if they thought there were enough staff on duty to provide care and support. One person told us, "There are enough staff on here and there's always someone on hand to help if you need them." Another said, "There are always enough staff around and they are vigilant and alert and watch people carefully."

We found sufficient staff were deployed to ensure people received prompt care and support. Nurses and care workers told us there were enough staff to ensure people's needs were met. We saw there was always at least one member of staff present in the lounge/dining rooms to provide people with companionship and support. This meant staff were able to respond quickly if people required assistance and helped to ensure people were kept safe. Staffing levels were regularly reviewed to make sure there were always enough staff. For example, staff had identified breakfast time was particularly busy so the registered manager had employed a breakfast assistant to ensure people received the support they needed.

We observed that throughout our visit there were high numbers of staff on duty in the home. For example, during the morning on the first floor there were five care staff on duty. Some people who needed more assistance had one to one care from a member of staff assigned specifically to them. At lunchtime staffing levels on the first floor increased to nine staff and at the busiest time when people needed assistance with their meal the numbers of staff increased to eleven. This demonstrated staffing levels were flexible and based around areas of specific need.

People who used the service told us they felt safe at one person said, "Yes, I do feel safe here." Another person told us, "I have never thought about it. But yes I do feel safe." A visitor told us, "My relative is safe, very much so compared to the last place they were in that your lot shut down! There is no comparison."

We spoke with staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. All of them told us they would not hesitate to report any concerns to the nurse on duty or one of the managers. We saw the registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

The home was exceptionally clean, tidy and odour free. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately. Visitors we spoke with made the following comments, "The home is always kept clean – no matter when you visit. My mum's room is also spotless." "The home is always clean when I visit." "The home is very clean and always kept immaculate."

We saw at the last food standards agency inspection of the kitchen they had awarded the home 5 stars for hygiene. This is the highest award that can be made. This showed us effective systems were in place to ensure food was being prepared and stored safely.

The accommodation at the home was arranged over two floors, with a passenger lift serving both floors. Each floor had a large lounge/diner which had been well arranged and comfortably furnished. All of the bedrooms were single occupancy and all had en-suite toilets. There was also a hairdressing salon, cinema room, bar, sensory room and an accessible garden off the ground floor lounge where people could go for a walk or sit out if they wished.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems.

Staff were able to tell us the action they would take if the fire alarms sounded and we saw people had Personal Emergency Evacuation Plans (PEEPs) in place which were up to date. This meant in an emergency staff knew what to do to keep people safe.

Risks to people's health and safety were assessed and clear and detailed risk assessment documents produced. For example, one person was assessed as being at high risk of developing pressure sores. A plan of care had been put in place outlining the risks, the equipment in place and what staff needed to do to help keep the person safe and we saw they had a specialist mattress in place and were sitting on a specialist cushion in their armchair. Risk assessments were subject to regular review and covered a comprehensive range of areas including, nutrition, falls and mobility.

We asked people who used the service how their medicines were managed. One person told us, "The staff give me my medicines which I do get on time." Another person said, "The staff give me my tablets. I get them on time more or less."

We saw medicines were stored in locked trolleys, cabinets or fridge. The nurses took responsibility for administering medicines and we saw them doing this with patience and kindness. We looked at a sample of medication administration records (MARs) and saw people were being given medicines as prescribed. When medicines had been prescribed to be taken 'as required' there were detailed instructions for staff to follow. This helped to ensure these medicines were used effectively and consistently. We concluded medicines were stored, managed and administered safely.

Is the service effective?

Our findings

Staff told us the opportunities for training and personal development were good. One of the nurses told us they just asked the registered manager when they wanted to do additional training and then it was arranged. Another member of staff said there was lots of training and some which they had to update every year.

A relative commented, "I like that there is always training going on, and it's not last minute. It always seems well organised and it's regular."

Staff told us they received supervision and they felt supported in their various roles. This was supported by the records we reviewed. We saw staff received training on safe working practices such as safeguarding, moving and handling, fire safety, infection control and first aid. In addition training was provided on subjects related to the needs of people who used the service such as dementia, challenging behaviour and diabetes. Newly appointed staff had a two week induction period before they were included in the staff numbers. New staff that had no previous experience or qualifications in care were supported to undertake the Care Certificate. This is a government recognised scheme which provides the necessary training to equip people new to care with the necessary skills to provide effective care and support. This demonstrated staff were trained and supported to carry out their roles.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed.

Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. There were two authorised DoLS in place with other applications awaiting assessment by the local authority. Neither of the authorised DoLS had any conditions attached to them.

People were asked consent before care and support was provided. Where people lacked capacity best interest decisions had been made involving families and healthcare professionals. We saw clear best interest processes had been followed, for example, some people that were being supported to take their medicines covertly (hidden).

We looked in two care files and saw relatives had a Lasting Power of Attorney (LPA) order in place. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and finance or health and care. We asked the registered manager how they evidenced these they explained they had asked relatives for sight of these documents but this piece of work was on going. This showed us they understood their responsibilities to act within the legislation.

We saw in the care files we looked at the issue of gaining consent was addressed in each individual care plan. For example, it reminded staff to gain consent before assisting with personal care. We saw staff gained consent from people before any care tasks were undertaken. For example, before people were assisted to move and before assisting people with food and drinks. This showed us staff were making sure people were in agreement before any care was delivered.

We asked people who used the service about the meals. These were some of the comments people made, "The food is fine. It is mostly very good." "Yes the food here is good." "The food is very good here." "The food is all right it's not too bad at all. They have a new chef now." One relative told us, "They always ask if you want a meal if you are here at mealtimes. When I have had one I have enjoyed it." "I get enough food generally. There's a choice each day. If I don't like a meal, I can ask for something else."

We saw a three week cycle of menus were in place, which offered both choice and variety. There were picture and written menu boards on display in the dining areas which informed people what was on offer that day.

We spoke with the chef who explained they catered for a range of diets including diabetic, soft and vegetarian. They also explained how they fortified all of the meals by the addition of, for example, cream and milk powder. Staff also alerted them if people were losing weight so additional high calorie smoothies could be provided.

At breakfast time people were offered a choice of porridge, cereals, toast with marmalade or jam and drinks. If people wanted a cooked breakfast this was made to order. We saw some people enjoying bacon sandwiches. The registered manager explained a full English breakfast was prepared once a week on each floor to remind people what was available.

Mid-morning drinks and snacks of fruit and full fat yogurts were on offer and mid-afternoon drinks and three different types of homemade cakes were served.

At lunchtime there was a choice of meal, both of which looked hot and appetising. We saw people enjoying their food and people who required assistance were helped in a kind and considerate manner. For example, staff got one person taste the stew and then asked them if they wanted any salt adding to their meal.

We looked at the care records for two people who had been assessed as being nutritionally at risk and saw their weights were being monitored closely and these had either stabilised or their weight had increased. This showed us the action taken by staff had been effective.

The chef told us they had control over the catering at the home and used local suppliers for meat, vegetables and milk. They told us supplies were 'fantastic quality' and everything was homemade. They also added people could ask for anything they wanted, within reason. We concluded people's nutritional needs were being met.

We asked people who used the service about their healthcare. One person told us, "We have a very good doctor's surgery here in Baildon." A visitor told us, staff had recently called for an ambulance and GP for their relative when they became unwell, which the relative thought had been done quickly and efficiently to the persons benefit.

Staff told us if they reported any concerns to the nurses they were quick to respond. We spoke with a visiting health care professional who was very complimentary about the service. They told us the service looked after some people with very complex needs and added, "They do it very well." They said there were always plenty of staff and staff spent time with people who lived at the home. They told us the service worked well with other agencies to make sure people received the right support and to avoid unnecessary admissions to hospital. A GP told us, "The staff working at The Glen are always caring and helpful and have good awareness of the needs of the residents. They ask for medical advice and assessment in a timely and appropriate way. They respond appropriately to the needs of the residents of the home. I have no concerns about the quality of nursing and personal care provided for residents.

In the five care records we looked at we saw people had been seen by a range of health care professionals, including GPs, community matrons, dieticians, opticians and podiatrists. We concluded people's health care needs were being met

Is the service caring?

Our findings

We asked people using the service if they liked the staff. These were some of the comments people made, "I have been here awhile. I can't tell you how long but I do like it here." "The majority of staff are very good. I like the building, the carers and the garden." "I have no concerns about the care as the staff look after me well." "The staff are good."

Visitors comments about the staff included, "The staff here are all pleasant and lovely and they are all friendly – they [staff] always make me feel welcome. Mum is well looked after here. Mum is always clean and tidy. If I am unable to visit the staff put Mum on the phone to speak with me, which re-assures me."

"Everything is fine here there are no problems. Mum has been here for about three years. I can say that mum is looked after very much by the staff here – so I have no concerns." "The staff are kind and caring. I have noticed that they always ask permission before they do anything. They always knock before going into rooms as well. The personal care is really good. People here always look smart and well presented."

"Without a doubt the staff are kind and caring. They are good with me as well. I have every confidence in them [the staff]. I am on the lookout on every visit and in three years I haven't seen anything bad."

Staff told us, "The care is good; there is a lot of passion and compassion."

We saw the care plans for people who used the service contained 'About me' information and details of their interests and hobbies. People looked relaxed and comfortable around staff. There was a calm, friendly atmosphere and we saw staff took time to sit and chat with people. For example, one member of staff stopped to chat to a person about the toy gorilla that was sat on their knee. After lunch we saw another member take someone else a cup of milk for and proceeded to chat with them about Harewood House.

We observed care and support and saw staff treated people with kindness, dignity and respect. Interactions were consistently positive and it was clear staff had developed good positive relationships with people and knew them well. We heard staff talking to people which demonstrated they valued the people in their care. For example, a care worker was supporting someone to come out of their bedroom and said, "You've got better eyesight than me [Name]."

People were clean, well-groomed and comfortably dressed which showed staff took time to assist people with their personal care needs when required. We saw people's bedrooms were neat and tidy and personal effects such as photographs and ornaments were on display and had been looked after. This showed staff respected people and their belongings.

We saw staff encouraging people to eat independently and to do as much as possible for themselves.

Visitors told us they were made to feel welcome and made the following comments, "I can visit anytime and it's usually about three times a week."

Is the service responsive?

Our findings

Anyone thinking of moving into The Glen Nursing Home could visit to see if they thought it would suit them. If they then decided they wished to move in, the registered manager made sure an assessment of their needs was undertaken, prior to admission, to make sure the service could offer the care and support they required.

We asked people how they had chosen The Glen. One relative told us, "We looked at fourteen different places before choosing here. This was far and away the best."

Care plans were formulated from the initial assessment, with people who used the service and relatives being involved in the process. A relative told us, "I am involved in Mums care plan and they keep me up to date with it all." Care plans were reviewed every month or sooner if people's needs had changed.

The service employed an activities co-ordinator who worked from 9am to 4pm, mostly Monday to Friday, but had worked sometimes at weekends when special events were taking place. There was a programme of weekly activities in place which was on display in the lounge areas. Trips out on a mini bus were arranged every month. On the day of our visit seven people went to Cliffe Castle in Keighley. The activities co-ordinator told us the trips were popular and gave people the opportunity to make new friends.

During the afternoon we saw people participating in table top games and looking at items from a reminiscence box with staff. Some people were looking at newspapers and there were magazines and books available.

The week prior to our visit had been a 'Holiday at Home' week, where different activities had been offered on a daily basis with a holiday theme. These were some examples; a beach area had been created in the garden with sand, a windbreaker and beach toys. Sangria and 'Mocktails' had been served on the patio and a party in the front garden with a singer had people up and dancing. An Ice cream van had been organised to call. We saw a short video of the last event in which it was clear people were enjoying themselves.

Outside in the garden there was a greenhouse and raised beds where flowers, herbs and vegetables were being grown.

We saw there was lots of memorabilia around the home including a 'shop' displaying lots of items from times past and a bar. Along the corridors there were lots of pictures of local scenes and signposts. There was a garden area for people to walk in and seating. This area was safe and spacious. The doors to this area were kept unlocked so people could easily access the outside space if they wished.

There was also a cinema room where people could go and watch a film if they wanted and a relaxation room which had a variety of lights and provided a calm and tranquil atmosphere.

There was a complaints procedure in place and a suggestions 'post box' in the reception area for people to

use if they so wished. The registered manager told us, "I try to deal with everybody's queries straight away. I have an open door policy and it stops them becoming complaints. We want people to give us their feedback so that we can keep improving. I welcome you being here, then, if anything needs improving we can look into it."

The registered manager had not received any formal complaints but did log any minor concerns so they could spot and common themes or emerging trends. Relatives said the following: "I've never had to complain. I would if I thought anything wasn't right." "I've not had to complain in three years." "I haven't had to complain. There is the odd query but [name of registered manager] stops them from becoming complaints by dealing with them quickly, things are always sorted out."

Is the service well-led?

Our findings

When we inspected the service in October 2014 the comments about the registered manager and the leadership of the service were extremely positive. On this inspection we found they had sustained and built on this to provide people who use the service with a splendid environment and excellent quality care and support.

We asked people who used the service about the management of the home. One person told us, "I know the manager and staff. They are well organised. I don't know if anything could be improved?" Another person added, "I know the Manager and he is approachable." Relatives told us, "[Name of registered manager] is very good. I can ask him anything. He phones if there is any kind of problem. He does listen if I have things to say and tries to take on board what I say. All the staff show patience and never get cross. It's been open over three years and I think it's a nice atmosphere. They are always trying new things out. Another thing I will say is that they never leave anyone lying in bed. They get them up every day and move them about, even if it's just a quick walk on the patio. They do try with people." "The Manager is an open book. The beauty of this place is the staff and management. [Name of registered manager] is approachable, all of the staff are."

People told us minor concerns and queries were always acted on by the registered manager and we saw documentation which confirmed these were always logged and actioned. This demonstrated an open and transparent service keen to use people's feedback to ensure continuous improvement.

The visions and values were imaginative and person centred and make sure people are at the heart of the service. For example, during the 'Holiday at Home Week' Donkeys visited the service. The registered manager, from research, interaction with pets can have a positive effect on people living with dementia. They also knew for one person Donkeys had been a very important part of their life. During this visit this person was offered advice to the owner about how to care for them and helped out with the feeding. The registered manager had also acquired some robotic 'companion pets.' These life like cats and puppies, when stroked, made relevant animal sounds and moved their heads. We saw photographs of people smiling and interacting with these 'Joy for All' pets.

New drinks machines had been installed in the dining rooms each serving contained 37.5 % of the recommended intake of Vitamin C. As the drinks were easily accessible this encouraged people who used the service to drink more. As a result people were well hydrated and the registered manager had noted a reduction in urinary tract infections.

The service worked extremely well in partnership with others. For example, one GP who had worked with the home since it opened told us, "I have always found the leadership of the home to be excellent. The staff work to appropriate clinical protocols and ask for medical help when necessary. Senior management are always available for discussion if necessary when I contact the home or visit. The quality of care provided for residents is excellent and I would have no reservations in recommending the home to relatives of patients who need this level of nursing care."

A practice manager told us, "We [the GP practice] have been working with The Glen Nursing Home since the opened their doors with the aim of caring for residents with complex needs. The Glen is very efficient in identifying any issues, risks and deteriorating situations with our patients and work very well alongside our practice. We believe The Glen is a responsive service for its residents and when we attend it appears to be very well led and looks to provide quality care to its residents. We believe The Glen provides high quality care that is based around the individual needs of our patients. We believe The Glen, working in partnership ourselves has the knowledge and experience to look after residents with complex nursing needs and is a well-led service which we have been very impressed with." We concluded the service had maintained and developed excellent partnership working which had been sustained and developed over time.

A visiting health care professional told us the registered manager was always around and had a very 'hands on' approach which set the standard for the service. They said the culture in the home was very person centred, adding for example, it was very rare to visit and find a TV programme on as the emphasis was on staff engaging with people in individual or small group activities.

We saw there was a bar section in the corner of the top floor lounge made to look like inside a pub. There was a bar which served drinks, a piano and an old fashion slot machine. The activities co-ordinator told us that the bar/pub was used regularly especially on a Thursday morning where people gathered to play a game of dominoes.

We saw that there were around televisions on the walls of the lounges. These televisions were made to look like pictures, for example, one television showed a picture of a beach/sea/palm trees. Another showed Bradford City Football ground. Another showed the correct time and date in large print. Other's showed pictures of old/classical cars and household goods used in bygone day and looked like the inside of an aquarium.

We saw around the home there was different memorabilia from days gone by such as old posters for example OXO and Daddies sauce adverts/old clocks/copper kettle. Both lounges were filled with things from days gone by. On the ground floor in the corner of the lounge was a replica of an old sweet/tobacco shop filled with goods from days gone by. Staff told us that people enjoyed looking through the window and talking about the goods that were on display.

Staff spoke very positively about leadership in the home and the registered manager. They made the following comments:, "[Name] is the boss but you can talk to him. He is great with people and there is respect between everyone. One of the best bosses I have ever had." "[Name] is very approachable and receptive to new ideas." "It's a family concern [The service is owned and managed by members of the same family] and they really care about people. [Name of registered manager] will do anything to make your job better." "It's the best place I have worked. Its resident led, without a doubt. The management are brilliant." "This is the best care home I have worked in. I can't speak highly enough of [Name of registered manager] he is really 'hands on' and really good to work for. It's like a home from home."

Without exception staff told us they would recommend the home as a place for people to live or to work in. They said there was a good, strong staff team and they enjoyed coming to work.

The Glen Nursing Home is owned and managed by members of the same family. The provider's and registered manager all meet together and work closely together to ensure innovation and best practice is 'approved' from a provider level and involves all levels of the management team. The provider monitors progress during their frequent visits to the service.

The provider's continued investment into the service ensured the people living there with an extremely a comfortable, safe and stimulating home. was evident. We saw new chairs had been and pressure relieving electric mattresses had been purchased. The registered manager had also ordered specially made chairs for some people to make sure they could be as comfortable as possible. In the lounges some of the ceiling tiles had been removed and 'Blue sky and cloud' panels installed with lighting behind them. This gave the effect of a bright, light day. The lighting was on a timer so the panels were only illuminated during the day. One relative told us they felt the addition of these panels had resulted in a calming effect on people. We were impressed how the management team had used research and best practice guidance as a guide to provide these features, to enhance the lives of people living with dementia.

The registered manager and the provider ensured a strong emphasis on continuous improvements within the service and had used innovative approaches to achieve this. For example, care staff told us about the 'self-rota' and 'on-call' initiative which had been introduced. Care workers put themselves down on the duty rota for the shifts they wished to work. This was then checked by one of the management team to make sure there were sufficient staff on duty. This gave staff added responsibility and accountability. Care workers also chose a day from the rota when they would be available 'on-call' so if an additional member of staff was required on that particular day, for example, due to sickness they would cover that shift. This avoided unplanned absence impacting on staffing levels and avoided the use of agency. If staff were called in they were paid 'time and a half' for the shift. Two members of staff told us this system had been in operation for five months and each of them had only been called in once. They said the system worked well as it was better to have staff who knew and understood the people who used the service rather than agency staff.

We found initiatives like this had created an empowered and motivated workforce keen to provide a highly person centred service to people.

The Glen Nursing Home opened in March 2014, the provider's environmental checks were meticulous and the home still looked brand new. The attention to detail was superb, for example, any marks on walls or dust on picture frames were referred back to the maintenance or housekeeping team so the areas could be 'touched up'. We found the home extremely clean and odour free which showed us commitment to providing people who used the service with first class accommodation. People we spoke with told us the home was always cleaned and maintained to the high standard we observed during our visit.

We found the auditing systems were highly effective in identifying areas for improvement and for ensuring high standards were being maintained. We saw audits of medicines were being completed on a weekly and monthly basis with any issues being addressed with individual nurses. Other audits completed covered the kitchen, laundry, maintenance and care planning.

There was a very open and transparent culture in the service. Staff were upbeat and happy and able to confidently answer our questions. There was a calm, relaxed atmosphere in the service and it was clear the registered manager spent time on both of the floors and knew the people who used the service and their relatives.

The registered manager and provider were keen to continuously obtain people's views about the service and what improvements could be made. Resident and relatives meeting were held on a monthly basis on each floor and these were facilitated by the activities co-ordinator. Discussions were focussed around life at The Glen, meals, staff, laundry and activities. When people had made suggestions there was an action plan showing how requests had been dealt with. For example, people had asked for a 'sweet shop' trolley and this had been put in place. This meant people were able to influence the service and be involved in identifying improvements. People were encouraged to be involved in this process to the maximum extent

possible. One innovative way that this had been achieved was through the use of a pictorial agenda to help maximise people's contribution to the meetings and ensure they had a say.

We saw satisfaction surveys had been sent out to people who used the service and relatives in April 2017. The results showed a high level of satisfaction with the service. We saw the following comments, "I'm really happy with The Glen and knowing my Mum is happy and getting looked after makes me feel even better. All of the staff are lovely and always smiling. My Mum says how lovely they are, which is great, We couldn't be happier." "My relative has been at the home since it opened and as a family we have always been highly satisfied with all aspects of the care home, regarding the care received."

The home kept a record of compliments and the feedback echoed the sentiments expressed in the satisfaction surveys. Comments included, 'My brother and I would like to express our sincere thanks for looking after our late mother. The way you present your service is outstanding and the attitude of your staff and their level of care are equally exemplary. You should take great pride in your achievements. 'With heartfelt and sincere thanks to you all for the care and compassion you showed toward [name] and myself during [name's] stay with you.' 'We would like to thank you for looking after [name] for the past nine months. The Glen was like a second home to him and you made everyone feel welcome.' The comments from people and relatives obtained by the home matched the positive feedback we received from people during the inspection.

Staff meetings were also held for different groups of staff and for everyone. These were used to provide staff with information and to ensure consistent staff practice.

This demonstrated the registered manager has maintained consistent high standards at the home since it opened 3years 5months ago.

Staff surveys had also been completed in January 2017. Where people had raised individual issues the registered manager had reminded them they had an 'open door' policy and staff should come and talk to them.