

The Glen Nursing Home Limited

The Glen Nursing Home

Inspection report

West Lane
Baildon
Shipley
BD17 5DX

Tel: 01274 586419

Website: www.theglennursinghome.co.uk

Date of inspection visit: 15 October 2014

Date of publication: 02/12/2014

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 

Overall summary

We inspected The Glen Nursing Home on 15 October 2014 and the visit was unannounced. This was the first inspection of the service since it was registered in March 2014.

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. On the day of our visit there were 55 people who used the service.

The home has a registered manager who had worked at the service since it opened. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The Glen Nursing Home is a family run service and the owner is also the registered manager. People who used the service, relatives, staff and two health care professionals all told us the management of the service was very good. They said the manager was very hands on, approachable, responsive and available. We found a very open culture at the service whereby people felt able to raise issues without hesitation. We also found any concerns were dealt with effectively.

On the day of our visit we saw people looked well cared for. We saw staff speaking calmly and respectfully to people who used the service. Staff demonstrated that they knew people's individual characters, likes and dislikes. People who used the service or their relatives were involved in planning their care and support to make sure their needs were being met in a personalised way.

People told us they felt safe at the home. Staff understood how to keep people safe and responded appropriately to situations when people were observed to become unsettled. Their interventions meant potential incidents between people who used the service were quickly diffused.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

People told us the meals were good. There was a choice available for each meal and the cook was well aware of people's preferences and spoke with them directly about their likes and dislikes.

We saw people who used the service were engaged in a variety of activities during our visit and were kept stimulated and occupied. People also told us they enjoyed the trips out that were arranged on a regular basis. People were able to choose where they spent their time for example in a quiet lounge, their bedroom or in a busier lounge area.

There were enough staff on duty to meet people's needs. Staff told us they felt supported by the manager and that training opportunities were good. People and relatives we spoke with told us they liked the staff and had confidence in them.

Visitors told us they were always made to feel welcome and could have a meal with their relative if they wished. They also said staff kept them up to date about their relative's well-being.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People that were able to speak to us said they felt safe. We saw people were relaxed in the company of staff and responded to them in a positive way.

Staff were recruited safely and there were enough staff on duty to meet people's needs.

Individual risks to people who used the service had been assessed and identified as part of the care planning process. This meant staff were aware of the risks to people and how to keep them safe.

Medicines were managed safely and people received their medication at the right times.

Good



Is the service effective?

The service was effective. We saw from the records staff had a programme of training and were trained to care and support people who used the service.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people who used the service.

Records showed people had regular access to healthcare professionals, such as GPs, opticians, specialist nurses and podiatrists.

Good



Is the service caring?

The service was caring. People said staff were kind and caring, treated them with dignity and respected their choices. This was confirmed by our observations, which showed staff displayed warmth and friendliness towards people and regularly checked with them to see if they were in need of any assistance.

Care plans were easy to follow and staff were able to tell us in detail about the support people who lived in the home required. This indicated staff knew people well.

Relatives told us they were made to feel welcome, could visit at any time and could have a meal if they wished.

Good



Is the service responsive?

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative. We saw people's care plans had been reviewed on a monthly basis.

We saw people engaging in a range of activities during our visit. Some were in small groups and others were spending time with staff on a one to one basis. People we spoke with told us the range of activities on offer was very good. They also told us they enjoyed the trips out that were arranged.

We saw from the records complaints were responded to appropriately and people were given information on how to make a complaint. One relative told us their complaint had been dealt with to their satisfaction.

Good



Summary of findings

Is the service well-led?

The service was well-led. People living at the home, relatives, staff and the two health care professionals we spoke with were very positive about the manager. They all felt the manager was approachable describing them as, “On the ball”, very hands on and responsive to requests.

Meetings with people who used the service, relatives and staff were held and people’s views were used to make improvements to the service.

Audits were carried out to make sure the systems that were in place to keep people safe were working as they should be.

Good



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 15 October 2014 and was unannounced.

The inspection team consisted of two inspectors and a bank inspector.

Before the inspection we reviewed the information we held about the home. This included information from the provider, notifications and speaking with the local authority contracts and safeguarding teams. Before the

inspection, the provider 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

On the day of our inspection we spoke with eight people who lived at The Glen Nursing Home, five relatives who were visiting the home, 10 members of staff, the registered manager and a general practitioner. Following the inspection we spoke with the community care home liaison nurse.

We spent time observing care in the lounge/diner on the first floor 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, seven staff recruitment records and records relating to the management of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe living there. One person said, “I have never seen any bitterness towards patients like some care homes on TV.” One visitor told us, “I visit at all different times and I have no worries at all about my relative’s safety or wellbeing”. Our use of the Short Observational Framework for Inspections (SOFI) tool found people responded in a positive way to staff in their gestures and facial expressions. This showed people were relaxed and at ease in the company of the staff who cared for them.

Staff we spoke with told us they had received training in safeguarding adults and were clear about how to recognise and report any suspicions of abuse. Staff were also aware of the whistle blowing policy and knew the processes for taking serious concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. This showed us staff were aware of the systems in place to protect people and raise concerns.

We looked at the recruitment records for seven staff members. We found that recruitment practices were safe and relevant checks had been completed before staff worked unsupervised.. We spoke with a new member of staff who confirmed a Disclosure and Barring Service check and references had been completed before they started work. This meant people who used the service were protected from individuals who had been identified as unsuitable to work with vulnerable adults.

We asked the registered manager how they decided on staffing levels. They told us staffing was based on the dependency levels of people who used the service and was under constant review. As people’s needs changed or when people moved into the service staffing would be adjusted. The staff we spoke with told us there were enough staff on

duty to meet people’s needs and if they were needed agency staff would be contacted to cover. We saw there were staff present in the communal areas throughout our visit. Relatives we spoke with told us staff were always available when they visited.

Disciplinary procedures were in place and we discussed with the registered manager examples of how the disciplinary process had been followed where poor working practice had been identified. This helped to ensure standards were maintained and people kept safe.

We looked at five care files and saw risk assessments had been completed in relation to moving and handling, falls, nutrition and tissue viability. These provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm.

During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines. We saw a monitored dosage system was used for the majority of medicines with others supplied in boxes or bottles. We found medicines were stored safely and only administered by nursing staff who had been appropriately trained. Medication administration records were up to date with no gaps in recording. This demonstrated people were receiving their medicines in line with their doctors’ instructions. We observed people being given their medication during our visit and saw staff supporting them with patience and kindness.

The home was purpose built and was opened in March 2014. The accommodation was spacious and well maintained. All of the bedrooms were single occupancy and had en-suite facilities. The communal areas were bright, light and airy and people could access the gardens. Everyone we spoke with told us they liked the accommodation.

Is the service effective?

Our findings

Staff we spoke with told us they received training that was relevant to their role and told us their training was up to date. One person said, "I am very happy here. I can gain a lot of knowledge and can do any training I want to." One of the nurses told us various courses were available so they could keep themselves up to date. Another member of staff told us, "There is always training on offer so we can keep up to date." We looked at the training records and these confirmed what staff had told us.

All of the staff we spoke with told us they felt supported by the manager. They confirmed they received formal supervision where they could discuss any issues on a one to one basis. They also told us the manager was always available for more informal discussions about any issues they wished to raise. One person said, "I get very good support from the manager, anytime I need it." The manager told us annual staff appraisals were planned and these would then be reviewed after six months.

We looked at five care plans and saw people's preferences in relation to food and drink had been recorded, together with any special dietary requirements. For example, one person had a preference for curry and chapattis'. We spoke with the cook who confirmed they had information about special diets and personal preferences. They told us they also talked to people about the meals and what they liked or disliked. One person who lived at the home said, "The cook (name) knows what I like to eat and how I like it cooking." This meant people were getting meals they liked and met their dietary requirements.

In the lounges we saw the menu for the day was on display with pictures of meals to help people choose which food they would like.

People who used the service were generally positive about the meals, although two people commented that sometimes the food was not as hot as they would like. We spoke with the manager about this and they told us they would look into it. Visitors we spoke with told us they could have a meal with their relative if they wished. One person said, "I like to have lunch on a Friday because it's fish and chips."

We observed lunch being served in a relaxed and unhurried manner. Tables were set with tablecloths, cutlery and crockery. People were given the choice of what they wanted to eat or drink. We saw staff members were attentive to the needs of people who required assistance.

In the five care plans we looked at we saw people had been seen by a range of health care professionals, including, GPs, opticians, specialist nurses and podiatrists. Care staff we spoke with told us the nursing staff were quick to respond if people's needs changed. One person living at the home said, "The staff are very good if you are unwell." One visitor told us, "My relative was unsettled. The manager liaised with the doctor and psychiatrist and they are much better." We spoke with a visiting GP who said, "This is one of the best care homes I deal with. Staff always know what is going on and make appropriate referrals. Staff are on the ball and the key nurses are sensible and appropriate." The care home liaison nurse told us, "The staff follow any advice that is given and people's sense of well-being has improved." This showed people's health care needs were being met.

Where there was a possibility people who lived at the home could display behaviour which challenged the service, we saw evidence in the care records that assessments and risk management plans were in place. These were detailed and meant staff had the information needed to recognise indicators that might trigger certain behaviour. Staff spoken with were aware of the individual plans and said they felt able to provide suitable care and support, whilst respecting people's dignity and protecting their rights. During our visit we witnessed two people who lived at the home becoming agitated, staff were quick to intervene in a calm and appropriate way. This meant two potentially difficult situations were quickly diffused and showed staff had the skills to deal with behaviour that challenged.

We saw staff had not received any specific training about the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). However we did not find any evidence this had impacted on people as the registered manager was aware of the legislation and had taken appropriate action to meet the requirements of the law. They were able to tell us the details of applications that had been made seeking authorisations to deprive people of their liberty. For example, the main door to the home was locked with a key pad. One person frequently wished to leave the building but had been considered to be at high

Is the service effective?

risk should they leave the building unaccompanied. An application had been made for a DoLS and accepted. A plan had been put in place to ensure the least restrictive

practice was used and to make sure staff at the home enabled the person to go out with support. This meant the home knew about the legislation and were making sure they were working within the law.

Is the service caring?

Our findings

We looked at the care files for five people who used the service. They all contained some information about people's personal preferences, likes and dislikes. We also saw there were separate files with information about people's life histories and interests. We also saw on most bedroom doors there was some information about the individual who occupied that room, together with a photograph of something that was of relevance to them. Staff told us they used this information to engage people in conversation.

Care plans were easy to follow and provided staff with the information they needed to care for people safely and in the way they preferred. Staff we spoke with were able to tell us about people's care needs and the support they provided to people. They demonstrated an in-depth knowledge and understanding of people's preferences and routines.

All of the visitors we spoke with knew about their relatives care plans and told us they were fully involved. This meant staff were making sure people's care was being planned and delivered in a personalised way. We saw in a recent letter of thanks the family wrote, "You were obviously aware of what our relative needed and incorporated this into their comprehensive care plan and promptly informed us of any concerns which you had about their changing condition and consulted us sensitively when necessary. The staff who looked after our relative treated them with respect and kindness throughout their time with you."

Some people who had complex needs were unable to tell us about their experiences of the service. We spent time

observing the interactions between the staff and the people they cared for. We saw staff approached people with respect and support was offered in a sensitive way. One person told us, "The staff are perfect." One visitor said, "The staff are lovely very caring, loving and patient. My relative responds well to them."

We saw people looked well cared for. People were dressed in clean, well-fitting clothes. People's hair had been combed and men had been shaved. When we looked in people's bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy showing staff respected people's belongings.

We saw staff were patient; they approached people with respect and worked in a way that maintained people's dignity. For example; where staff were assisting people they explained what they were doing and why, toilet doors were closed when in use and staff knocked on doors before entering. We saw where staff were offering assistance they worked at the person's own pace and did not rush people. Throughout our inspection we saw staff approached people and asked if they needed or wanted anything. This showed staff were sensitive to people's needs and welfare.

There were a number of relatives visiting people during our inspection. We noted that staff respected people's privacy and did not interrupt people whilst they had visitors unless it was necessary. Relatives we spoke with confirmed they could visit any time and were made to feel welcome by staff. We saw a recent compliment had been received in which relatives had stated, "We appreciated the cheerful welcome we received from all staff whenever we visited, and also the regular offers of refreshment."

Is the service responsive?

Our findings

The manager told us an assessment was completed before people moved in to make sure staff could meet the person's care needs. In addition where people had a social worker a copy of the multi-disciplinary assessment (an assessment made by a team of health and social care professionals) was also in the care plan and provided staff with additional information about the person. We saw assessment information in the five care files we looked at. The care home liaison nurse told us the assessment process was thorough and this made sure people's needs could be met.

We saw care plans were reviewed on a monthly basis to check if any changes needed to be made to the way people's care and support was being delivered. Visitors told us they were kept fully informed about their relative's well-being and were involved in the reviews of the care plans.

The home employed an activities co-ordinator who worked four days per week, including two Sundays a month. During our visit we saw people taking part in a variety of activities. People were involved in baking, reading newspapers, a music quiz, physical activity with a parachute and ball or just watching what was going on around them. Staff spent time with people on a one to one basis and we saw people were enjoying this. One person who lived at the home told us, "There are plenty of activities going on if you want to join in; walks, music and there is a trip to the pantomime." Another person said, "There is music and bingo but I just watch I don't want to get involved." A third person told us they went to the pub and played dominoes with the activities co-ordinator.

As well as the activities provided by the co-ordinator outside entertainers also visited, as did pupils from a local school. Relatives told us trips out were also organised on a regular basis. For example, every Monday there was a trip

to Shipley, one visitor told us they were going on a trip to Wetherby on the Sunday following our visit with their relative. The activities co-ordinator told us the trips were very successful and really enjoyed by the people taking part. We saw a variety of photographs which showed people's involvement in these trips.

We saw there was lots of memorabilia around the home including a 'shop' displaying lots of items from times past, a sweet shop display and a bar. Along the corridors there were lots of pictures of local scenes. There was a garden area for people to walk in with raised flower beds 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. We saw one person enjoying using this room during our visit.

There was a hairdressing salon on the ground floor. We spoke with the hairdresser who told us two people could visit the salon at any one time. They said this gave them the opportunity to provide people with a very personal service. We saw one person having their hair done who told us they had felt, 'Pampered.'

We saw there was information available informing people how they could make a complaint. People we spoke with told us they would have no hesitation telling the manager if any problems arose. One relative said, "If I had any concerns I would raise them with the manager, who is very approachable."

We looked at the complaints and concerns log and saw what action staff had taken to resolve any issues that had arisen. This meant staff were recognising complaints and taking action to resolve them to the complainant's satisfaction.

Is the service well-led?

Our findings

We found the service had clear lines of responsibility and accountability. All the staff we spoke with were knowledgeable and dedicated to providing a high standard of care and support to people who lived at The Glen Nursing Home. One member of staff said, “We are always trying to improve care. People living here need to be busy, alive and happy.”

The manager registered with the Care Quality Commission (CQC) in March 2014. All of the people we spoke with knew who the manager was and told us they were very approachable and were present in the home during the week and at weekends. Without exception people told us the home was well-led. The GP we spoke with told us, “This is one of the best managers I have worked with. They are pro-active and are always planning ahead.” A member of staff said, “One of the best managers, they are really approachable and hands on.” The care home liaison nurse said, “The manager is open, amenable and available.”

There were systems and procedures in place to monitor and assess the quality of the service. These included seeking the views of people they supported through resident’s meetings, relatives meetings and regular care reviews with people and their family members. We saw the minutes of the resident’s meeting held in July 2014 and the relatives meeting held in August 2014. We saw people were given information at these meetings and given the opportunity to make comments about the service. The manager then acted upon people’s requests. For example, we saw at the resident’s meeting people had asked for

more trips out. This was passed to the activities co-ordinator to arrange. Two visitors told us they had attended the relatives meeting and had found it useful. This meant people who lived at the home were given choice and control into how the service was run for them.

We saw there were a range of audits taking place on a monthly basis. These included audits of the environment, equipment, medication and care plans. We saw when issues had been identified action had been taken to resolve them. For example, on one audit bed making had been identified as not being to the required standard. This had been then been addressed with all staff on that shift to make sure they knew what the required standard was.

Staff told us staff meetings were held and they were able to discuss any issues with the manager. Staff said they felt they were listened to and communication in the home was good. We attended the morning handover between night staff and day staff which provided staff with an update about each person who used the service. Staff told us this happened between each shift.

We saw a log of complaints and concerns had been maintained. This gave the manager an overview of any issues that had been raised by people using the service or relatives together with the action that had been taken to resolve them. This meant the manager would be able to see if there were any emerging themes or trends and could take appropriate action. For example, issues with the laundry had been identified. Additional laundry staff hours were allocated and additional equipment installed in order to resolve the problems.