Mr & Mrs A D Williams

The Glen Private Nursing Home

Inspection report

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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

Overall summary

This inspection took place on 7 October 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection was led by an adult social care inspector who was accompanied by a specialist advisor. The service was last inspected on 16 October 2013 and was meeting the requirements of the regulations we checked at this time.

The Glen is a nursing home that provides care for up to nineteen people. It is a converted house with a purpose built extension and conservatory and is situated within its own grounds. At the time of our inspection eighteen people were living at the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

The service was clean and had a pleasant aroma. A small dog greeted us on our arrival at the service. We saw people enjoyed having the company of a dog at the service. People had personalised their rooms and they reflected their personalities and interests.

There was a calm atmosphere in the service. Our observations during the inspection told us people's needs were being met in a timely manner by staff. People told us staff responded promptly when they used their call buzzers to call for assistance during the day or night. We observed staff giving care and assistance to people throughout the inspection. They were respectful and treated people in a caring and supportive way.

People told us they felt safe and were treated with dignity and respect. Our discussions with staff told us they were fully aware of how to raise any safeguarding issues and were confident the senior staff in the service would listen.

The service had appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

People spoken with told us they were very satisfied with the quality of care they received and made positive comments about the staff. Relatives spoken with also made positive comments about the care their family members had received and the attention to detail given to the care provided.

People had a written care plan in place. People's records were updated on a daily basis.

Individual risk assessments were completed for people so that identifiable risks were managed effectively. People and/or their representatives were included in the completion of these and they were reviewed regularly and in response to changes. There was evidence of involvement from other professionals such as doctors, optician, tissue viability nurses and speech and language practitioners.

People's nutritional needs were monitored and actions taken where required. People made positive comments about the food and said their preferences and dietary needs were being met. They told us they had choice and if they didn't like something the cook would make something especially for them.

Staff told us they enjoyed caring for people living at the service. Staff were able to describe people's individual needs, life history, likes and dislikes and the name people preferred to be called by. Staff completed induction, training and received ongoing support. Staff received specialised training to meet the needs of people they supported.

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities. There was a range of activities available which included: games, arts and crafts and chair exercises. There were regular trips organised for people to go on during the year.

The service had a complaint's process in place. We found the service had responded to people and/or their representative's concerns, investigated them and had taken action to address their concerns.

People told us the owners visited the service regularly and they had the opportunity to speak with them whenever the wished to. The service held regular residents and relatives meeting.

Accidents and untoward occurrences were monitored by the senior staff to ensure any trends were identified. There were effective systems in place to monitor and improve the quality of the service provided.

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?

Good

The service was safe. People told us they felt "safe". Staff were fully aware of how to raise any safeguarding issues. People had individual risk assessments in place so that staff could identify and manage any risks appropriately.

There were robust recruitment procedures in place so people were cared for by suitably qualified staff who had been assessed as safe to work with people. Staff did not have any concerns regarding staffing levels. During the inspection staff responded to people's calls for assistance in a timely manner.

The service had appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

Is the service effective?

Good

The service was effective. Staff received induction and refresher training to maintain and update their skills. Staff were supported to deliver care and treatment safely and to an appropriate standard.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The service was aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person.

People made positive comments about the quality of food provided and told us their preferences and dietary needs were accommodated. There was evidence of involvement from other health care professionals where required, and staff made referrals to ensure people's health needs were met.

Is the service caring?

Good

The service was caring. People and relatives made positive comments about the staff and told us they were treated with dignity and respect. The staff were described as being friendly and approachable.

During the inspection we observed staff giving care and assistance to people. They were respectful and treated people in a caring and supportive way.

Staff enjoyed working at the service. They knew people well and were able to describe people's individual likes and dislikes, their life history and their personal care needs.

Is the service responsive?

Good

The service was responsive. People's care planning was person centred. A key nurse was identified for each person and was responsible for writing that person's individual care plan. Care plans were reviewed regularly and in response to any change in people's needs.

Staff handovers enabled information about people's wellbeing and care needs to be shared effectively and responsively.

The service promoted people's wellbeing by providing daytime activities and regular trips during the year for people to participate in.

Summary of findings

We found the service had responded to people's and/or their representative's concerns and taken action to address any concerns.

Is the service well-led?

Good

The service was well led. People told us the owners visited the service regularly and they had the opportunity to speak with them whenever they wished to. The registered manager actively sought peoples and their representative views, by sending out surveys and holding regular meetings at the service.

Staff made positive comments about the staff team working at the service. Staff meetings took place to review the quality of service provided and to identify where improvements could be made.

There were planned and regular checks completed by the registered manager and assistant manager within the service to assess and improve the quality of the service provided.

The Glen Private 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 7 October 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection was led by an adult social care inspector who was accompanied by a specialist advisor. The specialist advisor was a registered nurse.

Before our inspection we reviewed the information we held about the service and the provider. For example, notifications of deaths and incidents. We also gathered information from health care professionals who had visited the service, the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The health care professionals we spoke with were a palliative care specialist nurse, a speech and language therapist, a physiotherapist and the Local Enhanced Services doctor. 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.

We used a number of different methods to help us understand the experiences of people who lived in the service. We spent time observing the daily life in the service including the care and support being delivered. We spoke with six people living at the service, three relatives, the registered manager, the assistant manager, a nurse, a care worker, a domestic and the cook. We looked round different areas of the service; the communal areas, the kitchen, bathroom, toilets, storage rooms and with their permission where able, some people's rooms. We reviewed a range of records including the following: five people's care records, four people's medication administration records, four people's personal financial transaction records, four staff files and records relating to the management of the service.

Good

Is the service safe?

Our findings

People spoken with told us they felt "safe" and had no worries or concerns. One person commented: "I feel safe because there is always a nurse on to call for assistance". Relatives spoken with felt their family member was in a safe place.

The service had a process in place to respond to and record safeguarding concerns. We saw that the service had a copy of the local authority safeguarding adult's protocols and the registered manager told us relevant staff followed them to safeguard people from harm.

Staff received training in safeguarding. It was clear from discussions with staff that they were fully aware of how to raise any safeguarding issues and they were confident the senior staff in the service would listen.

We looked at people's care records. People had individual risk assessments in place so that staff could identify and manage any risks appropriately.

We found there were satisfactory arrangements in place for people who had a personal allowance and their monies were kept in the services safe. We looked at four people's financial transaction records and saw they were correct. We found the arrangements in place for people who chose to keep their money in their rooms could be more robust. The registered manager told us that a few people kept very small amounts of money in their room. A risk assessment had not been undertaken to ensure there were measures in place to reduce the risk of financial abuse. The registered manager assured us that a risk assessment would be completed to protect people from financial abuse.

We looked at the systems in place for managing medicines in the service. This included the storage and handling of medicines as well as four people's Medication Administration Records (MAR). We did not identify any concerns in the sample of MARs checked. An external audit had been completed by a pharmacist in May 2013. It included an action plan which the registered manager had completed. The assistant manager told us they completed regular medication audits and identified any action staff needed to take. We looked at the medication audits completed in July 2014 and September 2014. The action to be initiated in the July audit included the nurses checking MARs as part of staff handover between shifts. It was noted by the assistant manager that this action had reduced the number of medication errors significantly. This showed us that people were protected from the risks associated with medicines because the service had appropriate arrangements in place to manage medicines.

The service's communal areas smelled pleasant and the communal bathroom and toilets were clean and tidy. We also spoke with people in their rooms and looked at their ensuites. People had personalised their rooms and they reflected their personalities and interests. We found people's rooms had a pleasant smell and were clean. People and relatives spoken with did not have concerns regarding the cleanliness of the service. We spoke with a domestic worker who told us that they had all the equipment they needed to maintain the cleanliness of the service. For example a carpet cleaner. They also told us they had a cleaning schedule and they could ask to work additional hours to complete cleaning tasks within the service. For example, cleaning the windows in the conservatory. They commented: "I am a clean freak, if I need to do more hours to keep it clean I just ask, there are no restrictions".

The registered manager was the nominated infection control lead and completed the infection control audits at the service. During our visit we observed that staff wore gloves and aprons where required and we saw these were readily accessible throughout the service. Hand gel was available in communal corridors. We noted a few areas within the service needed attention to maintain the cleanliness of items used within the service. For example, one of the rooms used to store bedding had a small area on the ceiling with mould on it and two quilts were being stored inappropriately on the floor. The mops in the laundry room had not been appropriately stored to reduce the risk of cross infection. We spoke with the registered manager who assured us they would take action to address these areas. They told us they were intending to use a more in depth infection audit tool in the future. They also told us they were looking at ways to utilise the storage areas better within the service by using vacuum pack bags to ensure items were stored appropriately.

There was a system in place for staff to record any areas in the service that needed attention and a maintenance worker was employed by the service. We noticed there was unboxed pipe work in one of the toilets. We spoke with the registered manager who assured us they would speak with the owner. During the inspection we saw a few pieces of

Good

Is the service safe?

equipment were not being stored appropriately as they were blocking some of the exit paths which could slow down the progression of getting to safety quickly if there was a fire. For example, washing baskets waiting to be collected to take down to the laundry. We spoke with the registered manager regarding the importance of keeping exit paths clear at all times. They assured us they would speak with staff.

We reviewed staff recruitment records relating to two care workers and two nurses. The records contained a range of information including the following: application, interview records, Criminal Records Bureau (CRB) or a Disclosure and Barring Service (DBS) check, references including one from the applicant's most recent employer and employment contract. We also saw evidence where applicable that the nurse's Nursing and Midwifery Council (NMC) registration had been checked. This told us that people were cared for by suitably qualified staff who had been assessed as being safe to work with people.

On our arrival we were told by the nurse in charge that normally there was a nurse and four care workers working the morning shift at the service. The nurse told us there were three care workers working as there was a staff member absent. They had tried to obtain staff cover but it wasn't always available. We reviewed the staff rotas for the previous three weeks and found that on the majority of the days, four care workers had been available to work on the morning shift. We spoke with the registered manager who told us the service was in the process of recruiting more bank staff to increase the availability of staff to cover for planned and unexpected absence.

The registered manager told us they reviewed the staffing levels within the service when a new person came to live at the service or a person's dependency increased to ensure people's needs were met but this was not recorded. The registered manager also told us the service had installed a new call system at the beginning of 2014, so in the future they would be using the data from the system as part of their assessment to ensure staffing levels were appropriate. For example, the number of calls staff were responding to at different times of the day.

People told us staff responded promptly when they used their call buzzers to call for assistance during the day or night. One person told us the time it took for staff to respond varied, it all depended on whether staff were supporting someone else, and it could be two minutes or up to ten minutes. They told us a staff member always came in response to their calls. People did not express any concerns about the staffing levels with the service. One person told us that on occasion care staff could be very busy if they were one short. Whilst speaking with people in their rooms we noticed that each person had a call buzzer in easy reach to call for assistance.

Staff spoken with did not express any concerns about the staffing levels at the service. Staff told us the staff call system used different calls signals to alert staff when people needed assistance. For example, if someone's pressure mat alert was activated the call system would use a call signal to tell staff the person needed immediate attention. Our observations during the inspection told us people's needs were being met in a timely manner.

The service had a process in place for staff to record accidents and untoward occurrences. The assistant manager told us the occurrences were monitored to identify any trends. They described how they had undertaken an audit for one person to identify the time and the contributing factors that increased the risk of the person falling. As a result of the audit they had put measures in place to reduce the risk of the person falling.

Good

Is the service effective?

Our findings

People spoken with told us they were very satisfied with the quality of care they had received and if they were not feeling well one of the nurses would contact the GP. Their comments included: "I thank god we are here and have twenty four hour care", "they [staff] go round at night and check if you are okay", "they [staff] give you a choice of having a bath or a shower" and "the staff are very attentive, you don't have wait for anything". During the inspection we observed staff explaining their actions to people and gaining consent. For example, we observed a staff member supporting a person to eat. During the meal the staff member interacted with the person to see what they would like to eat next or whether they wanted a drink.

Relatives spoken with told us they were very satisfied with the quality of care their family member had been provided with and were fully involved. One relative commented: "I feel the care for [family member] is really good and how the staff cope with [family member] needs is good". Another relative felt that the service had a good working relationship with the local GP and there was a great attention to detail to the care given to their family member.

Throughout the inspection there was a calm atmosphere within the service. People were able to navigate through the service independently or by using a walker. Equipment was available in different areas of the service for staff to access easily to support people who could not mobilise independently.

In people's records we found evidence of involvement from other professionals such as doctors, optician, tissue viability nurses and speech and language practitioners. The service had a written and verbal handover at the end of a shift. The written documentation gave an overview of the care provided on the previous shift and people's health needs and wellbeing. This helped staff to identify and respond effectively to people's changing needs.

People were satisfied with the quality of the food. One person commented: "the food's very good, you have a choice of things to eat". People told us they got plenty to eat and drink. People also told us they could have their meals in their rooms, in the lounge or in the dining room. One person told us they had breakfast in their room but liked to have their lunch in the dining room. They told us they enjoyed eating in the dining room and it had a nice atmosphere. One person commented: "I can choose to have my lunch in my room but I am going downstairs today". People told us the cook knew what their likes and dislikes were. If they didn't like something on the menu, the cook would make something especially for them. We observed a staff member asking people for their meal choices during the day.

We spoke with the cook who described how they planned people's meals and they described people's individual likes and dislikes. They were aware of the people who needed a specialised diet and/or soft diet. This told us that people's preferences and dietary needs were being met. The cook informed us that food was cooked in house and they were not restricted in any way in purchasing foods.

The registered manager had a staff training matrix on the wall of their office so they could monitor the training completed by staff. We looked at two care workers and two nurses training records. Each staff member had their own individual training matrix which showed what training they had completed including any specialised training. The training provided covered a range of areas including the following: moving and handling, fire safety, infection control and health and safety. The nurses had recently completed a NCFE level 2 certificate in understanding the safe handling of medicine and had completed specialised training to meet the needs of people they supported. For example, percutaneous endoscopic gastrostomy (PEG) feeding.

We also saw evidence on staff files that staff had received regular supervision and an annual appraisal. Supervision is the name for the regular, planned and recorded sessions between a staff member and their manager. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. Staff spoken with told us they felt supported by the senior staff in the service and encouraged to maintain and develop their skills. One staff member commented: "if I needed any help I can talk to the manager". Another member of staff told us they were really proud of how much they had gained in knowledge through working at the service. This told us that staff were supported to develop their skills and deliver safe care to an appropriate standard.

Care staff spoken with were able to tell us how they supported people who may have behaviour that could challenge others. Two people spoken with told us staff

Good

Is the service effective?

responded to people in a positive manner and described staff as being "very patient". One person commented: "the staff are very patient especially if someone is being difficult".

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The home had policies and procedures in relation to the MCA and DoLS. The home was aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person. We saw that senior staff at home were not overly familiar with the forms and legal documents used in the process. We saw the filing of people's documents relating to obtaining a DoLs authorisation could be improved to ensure a robust audit trail was in place. We also found the process to check authorisations received could be more robust. For example, we reviewed one person's authorisation received at the end of September 2014, it contained errors regarding the person's gender in the document. The authorisation is a legal document and needs to be correct. We spoke with the registered manager who assured us the errors in the authorisation would be followed up, documentation received by the service would be checked and record retention would be improved.

Good

Is the service caring?

Our findings

People spoken with made positive comments about the staff and told us they were treated with dignity and respect. Their comments included: "the staff are great fun, the staff are our friends" and "the staff are lovely, they look after you". One person told us that if we needed somewhere for our mum to move into they recommended they come to live at The Glen.

On our arrival at the service we were greeted by a little dog, who was described on a notice at the entrance as an "elderly lady" who lived at the service. We noticed people enjoyed having the company of a dog at the service. There was information regarding the Alzheimer's society available in the reception area but there was no information about the advocacy services available for people to contact. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options. We spoke with the registered manager who told us they would obtain and provide information about the advocacy services available for people to contact.

We saw people could choose where to spend their time. Some people had chosen to stay in their rooms. One person told us they liked to keep their door open so they could see people and staff going by. One person commented; "I like to keep my door open, all the staff know me and they come in and have a chat".

Relatives spoken with also made positive comments about the staff. One relative described the staff are very caring and very easy to approach.

The registered manager told us there were currently eleven dignity staff champions at the service. We looked at the residents and relatives meeting held in September 2014. At the meeting the registered manager had introduced the concept of the dignity and respect champions and their role to the attendees. People were encouraged to approach the service's dignity champions to make suggestions or to raise any concerns around dignity and respect.

It was clear from our discussions with staff that they enjoyed caring for people living at the service. Their comments included: "I love working here" and "I am proud to be part of an extended family". Staff had received training in dignity and respect. Staff spoken with were able to describe people's individual needs, life history, likes and dislikes and the name people preferred to be called by.

We observed staff giving care and assistance to people throughout the inspection. They were respectful and treated people in a caring and supportive way. When staff assisted people, for example, if a person needed to be transferred from a wheelchair to a chair, they explained clearly what they were doing and provided reassurance and encouragement. We also observed that staff adapted their communication style to meet the needs of the person they were supporting. For example, kneeling down and speaking with the person on their level in a chair. We saw staff chatting to people about events of the day or if they were planning to go out for day with relatives. Where people found it difficult to communicate they were in pain, the nurses used a pain tool to help people tell them where the pain was located and the level.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death. Nurses spoken with told us the service had a very good relationship with the local GP and Local Enhanced Services (LES) doctor. If they identified a person's health had deteriorated they would request a visit. The registered manager told us that staff would be attending further training in end of life care; to introduce the "five priorities for care" using the "one chance to get it right" document.

Good

Is the service responsive?

Our findings

People told us staff responded promptly when they called for assistance or used their call buzzers to call for assistance during the day or night.

People's care records showed that people had a written plan in place. We found people's care planning was person centred. An account of the person, their personality and life experience, their religious and spiritual beliefs had been recorded in their records. The level of detail varied between people's plans. For example, one person's care records contained a full account of the person but another didn't. This could lead to an increased focus on the person's condition rather than the person behind the diagnosis. This could potentially develop into caring for 'what,' rather than 'who'. The manager had completed a care plan audit in September 2014 and identified that some people's life histories required further detail. Each person's individual needs had been assessed and any risks identified and managed. We found there was a record of the relatives and representatives who had been involved in the planning of people's care.

A key nurse was identified for each person and was responsible for writing people's individual care plans. We found people's care plans and risk assessments were reviewed regularly and in response to any change in needs. People's records were updated on a daily basis. There was a written and verbal system in place for staff handover between shifts so information was shared about people's wellbeing and care needs.

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities. We saw that there was a range of activities available for people to participate in which included: games, arts and crafts and chair exercises. On the morning of the inspection people participated in a chair exercise class in the lounge area. A care worker also spent time chatting with people in the lounge. We saw there were examples of art work that people had completed recently displayed in the lounge. There was a computer available for people to use in the lounge area. We saw information displayed about the trips available during the year for people to participate in. The trips included visiting a garden centre and alpaca farm. People were being asked if they wanted to attend a bonfire celebration in November.

One person showed us a newsletter that contained details of the local churches and services. Our discussion told us they were being encouraged to maintain their religious beliefs. Another person told us they used the computer regularly to keep in touch with a group of friends.

The complaints process was displayed in the reception area. The residents and relations handbook also provided details on how people could make a complaint. We reviewed the service's comments and complaints log. We found the service had responded to peoples and/or their representative's concerns, investigated them and taken action to address their concerns.

People spoken with told us they did not have any concerns or complaints and if they did they would speak with staff or a family member.

Good

Is the service well-led?

Our findings

There was a registered manager and an assistant manager managing the service. People told us the owners visited the service regularly and they had the opportunity to speak with them whenever they wished to. One staff member told us the owners often asked staff how they were getting on and if they needed anything.

The service sent out a quality assurance survey to people and their relatives in June 2014. Where people had raised individual concerns these had been responded to in writing. The outcome of the survey and the action being taken had been included in the service's newsletter published in June 2014.

The service held regular residents and relatives meeting. One person told us the meetings were held every six weeks and the registered manager took the notes. They commented: "we are listened to at the meetings". We looked at the minutes of the meetings held in August 2014 and September 2014. At the beginning of the meeting the registered manager reviewed the minutes of the last meeting and gave an overview of the actions completed. We saw that a range of topics had been discussed which included the following: the food, activities, equipment and the premises. The registered manager had also asked people in the September meeting if they would like to be involved in the recruitment of staff. A copy of the latest minutes were displayed on a notice board and a copy was delivered to each person's room.

All staff spoken with made positive comments about the staff team working at the service. The registered manager told us that the service held staff meetings to review the performance of the service. We looked at the minutes for senior staff completed in June 2014. We saw that a range of topics had been discussed regarding the performance of the service. These topics included the following: meaningful activities, involving people in their monthly care plan reviews, staff punctuality and medication. A whole care staff meeting had taken place in January 2014. The registered manager told us several meetings were held to enable all the care staff working at the service to attend. A range of topics were discussed including the following: infection control, laundry and care provision. This helped to ensure that people received a good quality service at all times.

There were planned and regular checks completed by the senior managers within the service to check the quality of the service provided. The checks completed at the service included: medication audits, equipment checks, infection control audits and care plan audits. These checks were used to identify action to continuously improve the service.

During the inspection we noticed that a few of the service's policies and procedures needed reviewing. For example, confidentiality and disclosure of information had not been reviewed since 2009, medication policy and procedure had not been reviewed since 2012. The registered manager showed us the policies and procedures they had highlighted where they needed to be reviewed and assured us they would be completed shortly. It is important that policies and procedures are reviewed regularly to ensure they reflect current legislation.

The healthcare professionals we spoke with prior to the inspection gave positive feedback about the service. The registered manager were aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.