

# Care UK Community Partnerships Ltd

# Glastonbury Court

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Glastonbury Court is a registered care home providing personal and nursing care to up to 60 people. At the time of the inspection there were 55 people living in the home. Most of these people were older adults with needs associated with physical disability, dementia or long-term conditions.

Glastonbury Court is a dementia home and consists of three separate suites: Abbey (early stage residential dementia), Royal (advanced stage dementia) and Angel (nursing care dementia), each of which has separate adapted facilities.

### People's experience of using this service and what we found

People were provided with tailored care and support which promoted excellent outcomes for them in line with their specific needs and individual preferences. Feedback was complimentary about the caring nature and approach of the staff. It was evident that people were actively involved in their care arrangements and were consistently treated with dignity and respect in a way that truly valued them.

Significant emphasis was placed on supporting people with their hobbies and interests as well as providing stimulating and engaging activities which promoted people's physical and emotional welfare and enriched their daily lives.

People's diverse needs were identified and met and their right to confidentiality protected. When the time came staff respected people's wishes and provided them with exceptional, holistic and dignified end of life care.

The leadership of the service was outstanding. Robust quality assurance systems had sustained continual development and improvement in the home leading to positive outcomes for people.

The registered manager, supported by their senior management team, had established a person-centered culture amongst the staff team, that consistently delivered high quality care.

Staff and the management team were passionate and motivated about their roles and understood their responsibilities. They actively engaged and included people and their relatives in the ongoing design and delivery of their care and the wider issues within the home and their feedback was valued.

Glastonbury Court was at the heart of the local community. A commitment to ensuring the home was inclusive enabling people to lead meaningful lives was clearly evident. There were high levels of engagement with people, relatives and other professionals to continually develop the home and enhance people's experiences of living there.

Strong community links had been maintained with different community groups regularly visiting the home and people accessing the local area through a wide range of meaningful activities that enhanced their

wellbeing. This contributed towards people's sense of purpose and belonging.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Risks to people were assessed and mitigated, which reduced the risks of avoidable harm. Staff received training in safeguarding and there were systems in place designed to reduce the risks of abuse happening. Where people required support with their medicines, this was done safely.

Recruitment systems were safe. The management team regularly reviewed staffing arrangements to ensure there were enough staff with the right skills and experience to care and support people. Infection control processes protected people from the risks of cross infection and the home was visibly clean throughout.

Since our last inspection, under the leadership of the registered manager Glastonbury Court had gone from strength to strength. People benefitted from a visibly person-centred culture that consistently delivered positive outcomes, reinforced by the provider's principles, values and expectations of staff. This underpins the characteristics of an outstanding service.

#### Rating at last inspection

The last rating for this service was Good (published 03 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service exceptionally responsive	<b>Outstanding</b> ☆
<b>Is the service well-led?</b> The service was exceptionally well-led.	<b>Outstanding</b> ☆

# Glastonbury Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector, an assistant inspector and an Expert 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.

#### Service and service type

Glastonbury Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A registered manager was in post. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the home since the last inspection. We sought feedback from the local authority and professionals who work with the home. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps us support our inspections. We used all this information to plan our inspection.

#### During the inspection

We observed the care and support provided and the interaction between people and staff throughout our inspection. We spoke with nine people who used the service and eight relatives, about their experience of the care provided. We spoke with the registered manager, the provider's regional director and regional manager, thirteen members of staff, from the care, activities, catering and domestic teams.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and systems were reviewed.

After the inspection

We received information requested as part of the inspection and electronic feedback from five relatives, 12 members of staff and four professionals involved with the home.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with told us they felt safe living at Glastonbury Court. They attributed this to kind and attentive staff and having access to support at any time. One person said, "There is always someone [staff] here for me if I need them." They described an instance when they had fallen after losing their balance and how the staff had come quickly. They said, "I called out and someone must've heard me because they came and checked to make sure I was all-right." The relatives we spoke with had no concerns in relation to the safety of their family member.
- Staff had received safeguarding training and had a good understanding of the potential symptoms of abuse and how to report any concerns they may have. They were confident that any raised issues would be managed quickly and appropriately by the management team.
- There was visible safeguarding information for people, relatives and staff on how to report concerns throughout the home.

Assessing risk, safety monitoring and management;

- The risks to people, staff and visitors had been identified, assessed and mitigated to help keep people safe.
- People's care records included detailed risk assessments which informed staff about how the risks in people's lives were reduced. This included risks associated with pressure ulcers, falls, choking, moving and handling and nutrition.
- Regular maintenance checks and servicing of equipment mitigated the risks associated with the premises and working practices which helped to keep people, visitors and staff safe.
- An emergency business contingency plan was in place to help manage the risks associated with adverse events such as loss of utilities and flooding. Individual evacuation plans were in place for each person who used the service in the event of a fire and firefighting equipment was regularly maintained.

Staffing and recruitment

- There were enough staff with the right skills and experience to meet the individual needs of the people who lived in the home.
- Systems checked that the staff were of good character and were suitable to care for the people who lived in the home. Staff employed at the home told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people. Records we looked at confirmed this.

Using medicines safely

- People told us they had no concerns in how they received their medicines and the records we viewed

confirmed people received them safely and as prescribed. One person told us, "I have my tablets after lunch in my bedroom. They [staff] know I like to take them there; nice and quiet and more private."

- Medicines administration and management followed good practice and procedures were in place to ensure this. For example, staff had received training in medicines administration and had their competency assessed on a regular basis.
- Where people were prescribed medicines on an 'as required' basis, information to support staff in the safe administration of these was in place. Where medicines required specialised storage and management requirements due to their potency, these were in place as required.
- The management team undertook regular checks and audits of the medicines system to ensure it continued to be managed in a safe way.

#### Preventing and controlling infection

- The home was visibly clean with cleaning schedules in place to ensure all areas were systematically and regularly cleaned.
- Effective measures were in place to control and prevent the spread of infection.

#### Learning lessons when things go wrong

- Details of accidents and incidents were logged, recorded with appropriate actions taken to reduce the risk of re-occurrence.
- The management team carried out regular reviews of accidents and incidents in the home as well 'as complaints and concerns to identify if there were any trends or patterns. These were discussed with the provider's regional director to ensure effective oversight, with actions taken to mitigate risk and prevent reoccurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs continued to be comprehensively assessed before admission to the home by a member of the management team. This was done with the input from the person, their family members and other professionals involved with their care where appropriate.
- The assessments were used to ensure the home could meet people's diverse needs and formed the care plans which guided staff on how to meet people's assessed needs.
- Staff worked with external bodies and professionals where specific needs had been identified, to manage risks in line with recognised best practice and this was reflected in their care records.
- People continued to be supported to maintain good health. One person said, "The staff will call the doctor if I become unwell. I have seen the chiropodist for my feet and have had my hearing and eyes checked."
- Systems were in place to share information between services as required. For example, important documentation about people should they be taken to hospital in an emergency.

Staff support: induction, training, skills and experience

- People benefited from being cared and supported by staff who were well trained and effectively supported. Staff had the skills and attributes to make people feel safe and well cared for. One person told us, "The staff all know what needs to be done, they don't need telling twice. They are always professional and good at what they do."
- Newly employed care staff completed a detailed induction which included training, assessed shadowing of more experienced colleagues and working on the Care Certificate. This is a set of recognised induction standards that care staff should be working to.
- Systems were in place to provide staff with relevant training to meet people's needs, and the opportunity to undertake professional qualifications. Staff were provided with training in people's diverse needs and conditions. For example, dementia, diabetes and epilepsy.
- Nurses continued to be supported with revalidation by senior staff and had access to relevant clinical skills training. Regular competency checks were carried out on the nurse's clinical skills by the registered manager and clinical lead.
- Staff including nurses received one to one supervision meetings from the management team. These provided staff with an opportunity to discuss their work, receive feedback and identify any training needs.

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

- People enjoyed a positive meal time experience and where required staff worked with healthcare

professionals to ensure people's specific nutritional needs were fully assessed and met.

- People and relatives were complimentary about the portion sizes, selection and quality of the food provided. One person said, "I enjoy breakfast most. The other day I had poached eggs on toast, it was lovely." A relative shared with us the physical improvement they had seen in their family member since they had been admitted to the home following discharge from hospital. They said, "[Family member] was very thin when they came here. Have put on weight; done really well and I'm pleased about that."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in the MCA and DoLS and understood their responsibilities in these areas. They asked for people's consent before providing any care or support. One person said, "Staff are respectful and never do anything without checking with me first."
- Where people were unable to make a decision for themselves their care records included a mental capacity assessment and/or best interests' decision. This included the person as much as possible in making their own choices with involvement of their family and appropriate professionals where required.
- DoLS had been applied for where appropriate and were overseen by the registered manager.

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

- People and relatives were very complimentary of the home and its surroundings. One person said, "It's a lovely place. Clean and spotless throughout. There is something for everyone here; a pub, a cinema a café. You're not just stuck in your bedroom. The garden is nice as well. I like to go outside for some fresh air but it's far too cold today."
- The design and layout of the home and garden was accessible and appropriate to meet people's needs. This included pictorial signage to aid independence and navigation around the home, which was at chair height so that people in wheelchairs would be able to read it.
- There were communal areas, such as lounges, dining rooms and other spaces throughout the home, where people could meet with their friends and family, in private if required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that the staff were compassionate and kind towards them. Staff addressed people in an affectionate tone and displayed warmth in their interactions. One person commented about the staff, "The staff are friendly and caring."
- Relatives were complimentary about the staff approach and described having good communication and a positive relationship. One relative commented, "I think the carers are very good. I think they look after [family member] very well." Another relative added, "To be honest I'm probably a bit of a nightmare for the staff because I have found it hard to let go, they have been really good, they understand." Comments on an independent care review website about the caring nature of the staff was equally complimentary.
- Positive and caring relationships between people and staff were seen throughout the inspection. Staff knew people well and could adapt their communication and approach to meet the needs of each person.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us the staff were mindful of people's dignity and respected people's privacy.
- Staff were observed knocking on people's bedroom doors before entering and were discreet when asking people if they wished to use the toilet or adjusting their clothing to maintain their dignity.
- Staff were considerate of people's appearance and what was important to them. One person said, "I like to be up early, out of bed, washed and dressed. The carers come in with a cup of tea first thing in the morning and help me to get ready. They remind me when the hair dresser is coming as they know I like to have my hair done nice."
- Staff were observed to support people walking with a mobility aid to do as much as possible for themselves, they checked the person was safe and comfortable whilst moving.

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

- People and their relatives where appropriate were involved in their care arrangements. A relative commented, "There have been several meetings over the years to discuss [family member's] needs and make sure everything is working well."
- Staff we spoke with had a genuine regard for the people living at the home and they were able to tell us about the people's likes, dislikes and care needs.
- Staff supported people to make choices where they had variable capacity due to living with dementia, for example about what to wear or whether to join in an event or not.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a shared ownership and passion across the whole staff team to ensure people enjoyed a fulfilling life. Examples, of popular activities and events included: pet therapy, visits from the local Brownie's and nursery school, gardening club and Rickshaw rides around town.
- There was a willingness to try different things to connect with people. In recognition of people's backgrounds in the armed forces, the home had been visited several times by the local army division. People told us they had enjoyed this with one person commenting, "We had the military boys [Anglian Regiment Army] in full uniform come and see us, that brought back some memories."
- The home had recently signed up to the 'Postcard of Kindness' initiative. This was an inventive way to spark up a conversation involving people from all over the world sending postcards full of good wishes to people who lived in care homes such as Glastonbury Court. A member of staff explained how this had become a real talking point amongst the people in the home and they looked forward to reading the postcards out and replying. A world map was on display in the home which showed the different places where the postcards had been sent and received.
- People benefitted from a wide range of stimulating social and recreational activities that enhanced their physical and emotional wellbeing. They were actively encouraged and supported to continue their hobbies and interests, both within and outside the home. Staff ensured that for people who were cared for in bed they had equal opportunities for meaningful engagement with time set aside with a designated member of staff.
- Feedback from people and relatives about the daily activities on offer was complimentary. One person said, "There is plenty to keep you going if you want to join in. I do all sorts, arts and crafts, baking, quizzes, singing, dancing, film nights. I do a bit of keep fit and gardening in the warmer weather, we have [raised] beds so I can get stuck in and plant things. We have our own café, cinema room and now a pub. Its' great."
- Staff encouraged people to help with daily tasks such as tidying up after an activity and setting the table in preparation for the lunch time meal. They understood how for some people it gave them a sense of purpose and belonging. One person told us, "I like to be useful, am always busy doing one thing or another, helping where I can."
- Within the home a room called the 'Sherlock Holmes Pub' had been decorated in the style of a pub, comprising a small bar, selection of drinks, and tables and chairs for people to sit and enjoy a drink. There was also a dart board. This space had proved popular with people notably those who were reluctant to leave the home but still wanted to enjoy the social experience. A member of staff told us how two people upon seeing the dart board had reminisced fondly about how they had played darts in their local pub.

## End of life care and support

- When people were nearing the end of their lives, the staff team provided holistic end of life care that respected the individual needs and wishes of the person and their families. The registered manager told us, "We get one chance, it does not matter how long someone has been with us or how well we have cared for them, what will stay in the family's mind forever would be what we did in the last days of their loved one's lives."
- Staff were skilled in caring for people towards the end of their life. Detailed information was available as to how to keep the person comfortable and maximise their wellbeing. Staff ensured medicines were obtained to manage any future symptoms such as pain, so they were available when needed. All care staff had received appropriate end of life training including syringe driver training for the nurses.
- People and where appropriate their relatives were involved in making advanced decisions and developing any end of life plans if they wanted to. If people did not wish to discuss this their wishes were respected and documented. One professional commented, "All grades of staff at Glastonbury Court demonstrated in-depth knowledge of Residents' health, welfare and care needs, to include support of families with advance care planning."
- There were multiple thank you cards and emails from relatives and friends expressing their gratitude to the staff for the sensitive care shown to them and their family member during their final days.
- A group of past and current relatives and friends of the home known as Friends of Glastonbury (FOG) had helped to create the 'Sunset Suite'. This was a tranquil area in the home, for families to reflect and communicate with staff in private and to be able to stay with their relative during their last days without the worry of arranging a hotel or travelling. The suite consisted of amenities and toiletries plus a fold up bed that could be taken to the person's bedroom, enabling the family member to remain close by. In addition, the management team had developed support materials to help families cope with their bereavement.
- In recognition of their excellent end of life care provision, Glastonbury Court won the Suffolk Care Award for end of life care in 2018. In 2019 they received an external award from the provider Caring UK for their expertise in this area.

## Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were provided with flexible, responsive, person centred care. Relatives described being involved in people's ongoing care arrangements. With one relative describing how care arrangements for their family member had, "Been tailored specifically to meet her needs, and, as her condition had deteriorated her care plan has been frequently updated to take that into consideration."
- A professional told us how they worked collaboratively with staff who, "Demonstrated sensitive support of residents and relatives throughout the reviews, treating people with dignity, respect and compassion, and were keen to discuss any additional advice or consider additional actions to improve the care and service offered to residents."
- Staff knew people well and were able to tell us about people's needs, preferred routines and what was important to them. This information was reflected in people's detailed care records which were regularly reviewed and updated accordingly.

## Improving care quality in response to complaints or concerns

- Information about how to complain and the provider's complaints procedure was displayed in the home. Records showed that any issues or concerns were taken seriously and acted on promptly. People and relatives told us they did not have any reason to complain and were confident that any concerns or complaints would be fully addressed.

## Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Accessible communication standards were in place, including provision of information in pictorial format, audio books, tapes and large print if required. There was appropriate signage around the home to aid navigation and promote independence.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and how the provider understands and acts on their duty of candour responsibility, which is their legal responsibility to be open and honest with people when something goes wrong

- Glastonbury Court was exceptionally well led and managed. The registered manager was supported by an effective senior team in the home, all of whom were dedicated, passionate and highly motivated. They shared the provider's commitment to ensuring people were at the heart of everything. This resulted in an enabling person-centred culture within the home that consistently delivered positive outcomes for people.
- Feedback about the registered manager and their senior team was complimentary. One person said, "The management are quite hands on and visible. [Registered manager] is very open and if I need to talk to her I can." A relative commented, "Even though the manager oversees two [care] homes, it is not a problem, they make themselves available if you need them. The management in the home is impressive. The deputy and head nurse know exactly what is going on in the home. I haven't needed to speak to the manager, but I would if I thought there were any problems."
- A professional involved closely with the home stated, "The current manager of Glastonbury Court has invested a lot of time and commitment into the home to provide a quality and imaginative service and living environment for residents and families, and for staff to work in."
- There was an established staff structure with a low turn-over of staff that ensured continuity of care. Morale was high amongst the workforce with staff proud to work in the home. Staff described being respected, appreciated and valued by the senior management team.
- Staff were empowered to professionally develop within the home and the provider's organisation. The registered manager had established champions roles to further enhance the consistency and quality of care people received. Nurses and care staff attended training in specific areas and were responsible for sharing best practice, monitoring and supporting their colleagues in these areas.
- Glastonbury Court's dementia champion had been recognised by the provider at their internal awards as 2019 dementia champion of the year. This award was voted by people, relatives and staff from all the provider's homes. In addition, the registered manager had won the provider's 2019 inspirational leader award.
- The registered manager championed a positive risk-taking approach to safely managing people's identified risks whilst supporting their independence and respecting their wishes.
- There was an inclusive and transparent culture in the home that enabled learning from events and supported reflective practice. Robust quality assurance systems underpinned the effective governance and oversight of the home. These had been fully embedded to monitor and continually develop the home in line with legal requirements and best practice.

- The provider had policies and procedures to guide staff when something went wrong, and the registered manager was clear about their responsibilities in relation to duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were at the heart of the home and benefitted from quality person-centred care, meaningful engagement, and when the time came, dignified end of life care.
- Feedback from people and relatives was extremely complimentary about Glastonbury Court with comments such as, "Home from home, one of the best places, run very well, wouldn't go anywhere else the place is fantastic, the staff are lovely and like family to me."
- The registered manager and several staff from the home had been involved in the provider's pilot to improve outcomes for people living with advanced dementia. This involved providing staff with holistic training in 1:1 activity to help with pain control and discomfort, increase social interaction and alleviate behaviours that may challenge. This had been well received in the home and plans were in place to implement this further.
- Underpinning the registered manager's ethos of 'whole home approach'. People's involvement in the running of their home was valued and acted on. For example, compiling questions to be included as part of recruitment of new staff and changing the staff title and role of 'key worker' to something meaningful to them. Following consultation people and relatives decided to rename this to 'care companion'. The role evolved to include staff across all departments becoming an additional point of contact to someone in the home that they shared similar interests and values with. Displayed outside people's bedrooms we saw a photograph of the person with a member of staff reflecting something they both had in common.
- Feedback was actively encouraged, with people, relatives and visitors to the home invited to share their views on an independent care home review website. At the time of the inspection Glastonbury Court had been rated 9.7 out of a score 10 with 37 complimentary reviews. One relative commented, "Highly efficient, professional and caring. Food and accommodation first class. I have no hesitation in recommending."
- Staff understood the importance of enabling people to maintain their local links and facilitated this through a wide range of activities that resulted in positive outcomes for people.
- Staff feedback was actively sought and acted on. Success and accomplishment were routinely celebrated by the provider and registered manager. This had contributed towards staff feeling valued and appreciated in their role.
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the home experienced any kind of discrimination. The protection of people's rights was embedded into practice, for both people and staff, living and working at the home. A member of staff told us, "We treat everyone with the utmost respect and individuals."

Continuous learning and improving care; and working in partnership with others

- Glastonbury Court had participated in several dementia pilots, older people initiatives and research projects. This often included the people living in the home, their relatives and working with external stakeholders, to share their experiences and contribute to making positive changes in the care sector.
- Feedback from professionals cited positive and collaborative working arrangements. One professional commented, "During visits to the home, I have found the staff at Glastonbury Court consistently welcoming to visitors and witnessed positive interactions between staff, Residents, their families and other visiting professionals." environment for residents and families, and for staff to work in."
- The home continued to actively work closely with organisations within the local community in sharing information and learning around local issues and best practice in care delivery.



