Care UK Community Partnerships Ltd

Glastonbury Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Glastonbury Court provides care for up to 60 older people, some of whom require nursing care and/or are living with dementia. There were 57 people living in the service when we inspected on 9 March 2017. This was an unannounced inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place to minimise risks to people and to keep them safe however we saw some inconsistencies with how these were followed by staff. Management was made aware of our concerns and they assured us this would be addressed immediately. There were mixed views about whether there were sufficient numbers of staff. At times the service relied on the use of agency staff. However, there was an on-going recruitment campaign to employ further permanent staff.

Permanent staff had a good knowledge and understanding of each person, about their life and what mattered to them. However, some people felt that agency staff did not know them as well. There was a positive, open and inclusive culture in the service. The atmosphere in the service was warm and welcoming. People received care that was personalised to them and met their needs and wishes.

Staff understood the importance of gaining people's consent and were compassionate, attentive and caring in their interactions with people. They understood people's preferred routines, likes and dislikes and what mattered to them. People were involved in making decisions about their care.

People presented as relaxed and at ease in their surroundings and told us that they felt safe. Procedures were in place which safeguarded the people who used the service from the potential risk of abuse. People knew how to raise concerns and were confident that any concerns would be listened and responded to.

People were complimentary about the way staff interacted with them. Independence, privacy and dignity was promoted and respected. Staff took account of people's individual needs and preferences and people were encouraged to be involved in making decisions about their care.

Care plans reflected the care and support that each person required and preferred to meet their assessed needs and promote their health and wellbeing. People's nutritional needs were assessed and professional advice and support was obtained for people when needed. They were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support. People were provided with their medicines in a safe manner. They were prompted, encouraged and reassured as they took their medicines and given the time they needed.

The management team and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice .

The service had a quality assurance system in place which was used to identify shortfalls and to drive improvement. The provider worked towards a service improvement plan which was regularly updated as changes were being made within the service. As a result the quality of the service was continually improving. This helped to ensure that people received a high quality service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were systems in place to minimise risks to people and to keep them safe however there were some inconsistencies with how these were followed by staff. The management team assured us that these shortfalls would be addressed immediately.

There were mixed views about whether there were sufficient numbers of staff. However, the management team had already taken action to address staffing shortfalls and recruitment of staff were underway.

Procedures were in place to safeguarded people from the potential risk of abuse.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's needs effectively.

The service was up to date with the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

Staff were compassionate, attentive and caring in their

interactions with people.

People's independence, privacy and dignity was promoted and respected.

Staff took account of people's individual needs and preferences.

People were involved in making decisions about their care and their families were appropriately involved.

Is the service responsive?

Good

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The service provided a positive, open and inclusive culture.

People were asked for their views about the service and their comments were listened to and acted upon.

The service had a robust quality assurance system and identified shortfalls were addressed. As a result the quality of the service was continually improving. This helped to ensure that people received a high quality service.

Glastonbury Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 unannounced inspection took place on 9 March 2017 and was carried out by two inspectors, a specialist advisor who had knowledge and experience in nursing care, 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.

Before our 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.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with 14 people who used the service, eight relatives and other visitors. Prior to our inspection we received feedback from three health and social care professionals. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

To help us assess how people's care needs were being met we reviewed thirteen people's care records and other information, for example their risk assessments and medicines records.

We spoke with the registered manager, regional manager and deputy manager. We also spoke with seven other members of staff.

We looked at three staff personnel files and records relating to the management of the service. This included recruitment, training, and systems for assessing and monitoring the quality of the service.

Requires Improvement

Is the service safe?

Our findings

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risks associated with using mobility equipment, pressure ulcers and falls. However, there were some inconsistencies with how staff followed the guidance. For example, one had a hoist sling in their bedroom which was a different size to what had been assessed to be the most appropriate for them. The use of an incorrect sling could put the person at risk of injury when being assisted to move using the hoist. We checked slings for an additional three people and found them to be correct according to their care records.

Another person's care records indicated that they had swallowing difficulties. When staff had recognised that this person was having difficulty with swallowing they had arranged for them to be referred to the Speech and Language Therapist (SALT) team. The SALT team had recommended that this person should have a soft moist diet to reduce the risk of choking. We saw that this person was offered a choice of meals at lunchtime and opted for the turkey pie. We checked with a member of staff whether this was appropriate for this person and they were unsure so checked and returned with the alternative of macaroni cheese. However this was served with green beans which should be avoided by people on a soft moist diet as they are stringy and fibrous and may mean a risk of choking. Although the person was able to decide for themselves what they would like to eat it was not clear whether the risks associated with swallowing difficulties had been explained to them and the staff on duty had not been aware of the person's specific needs.

We checked two other people's records who had been assessed as being at risk of choking. These people were assisted with pureed meals and thickened fluids in line with guidance from the SALT team and instructions in their care plans. One person's relative told us "[Person] has thickened drinks, two scoops in a cup. Staff always do it."

Prior to our inspection we were made aware of an incident where a person had received an injury without staff knowing how this had occurred. The person's care plan had not contained sufficient information for staff to be aware of all of the potential risks of harm for this person. We discussed this with the management team who acknowledged there had been shortfalls and demonstrated how lessons had been learnt by showing us how they were being proactive in promoting fall prevention. Monthly health and safety audits included analysis of any accident data, including falls, to establish if any patterns were forming and consider what action may still be needed. One person's care plan showed that they had been assessed as being at risk of falls and should have a sensor mat in their bedroom to alert staff if they got out of bed. We saw that this was in place. Staff were mindful of people who were at risk of falling and we saw that they encouraged people to use their walking frames when it was appropriate for them to do so.

Whilst the majority of records we looked at corresponded with people's observed support needs, further work was need to ensure that people could be assured that there were no inconsistencies and they would always receive the same high standard of care appropriate to their needs.

Risks to people injuring themselves or others were limited because equipment, including electrical items, had been serviced and regularly checked so they were fit for purpose and safe to use.
Monthly fire safety checks were undertaken to reduce the risks to people if there was a fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if this was necessary.

There were mixed views about whether there were sufficient numbers of staff to care and support people according to their needs. One person told us, "Staff are plentiful." Another person said, "I think we're all a happy bunch, I haven't seen anyone upset or waiting." A third person commented that there, "Seem to be plenty of staff." A relative told us, "They [staff] have all the time in the world for [person,] they are not rushing to get to the next person." However, other people and their relatives told us that although there were usually enough staff to meet their needs there were times when the staff were rushed and unable to spend quality time with them. One person said, "The [staff] are busy. Often there is someone to have a chat but they're too busy to stay." Another person told us, "There's enough staff but they're always on the go." A relative told us, "There is enough staff but they are busy."

Some people felt that staff were quick to respond when they called. One person said, "They do communicate well, they come straight away, and they tell me when they're coming [to get person up], I'm not kept waiting." Another person told us, "The staff are good, I'm not kept waiting a lot." However, one person told us that staff were not very responsive when they pressed their call bell. They said, "I use the cord all of the time. It's never what I call a 'good' response time. I get very anxious, after breakfast and at other times [waiting for assistance to use the toilet]."

Staff told us that that there were enough staff to meet people's needs, but when agency workers were on shift, that they sometimes felt, "Pushed" and, "Busy." People told us that agency staff did not know them as well as the permanent staff and so were not as aware of their individual needs.

Minutes of residents and relatives meetings showed that there had previously been concerns raised about numbers of staff on duty. The management team had taken these comments on board and together with the use of a dependency tool to calculate appropriate staffing levels,
had established the need for additional staff ing some areas of the service. Staffing levels had been increased accordingly.

Glastonbury Court opened in January 2016 and the numbers of people living in the service had risen to near full capacity fairly quickly. This had meant the registered manager had to review staffing numbers regularly. We discussed the use of agency staff with the management team who told us that they were actively trying to recruit new permanent members of staff. There were 10 new members of staff due to start their induction within the next month. Employment records confirmed that checks were made on new staff before they were allowed to work in the service. These checks included if prospective staff members were of good character and suitable to work with the vulnerable adults who used the service.

People told us that they felt safe living in the service. One person told us, "I just like it here, I was living on my own…I feel secure now." Other people gave us examples of why they felt safe. One person said, "I feel safe. They make sure I am getting out of bed correctly." Another person commented, "I feel safe, if I had an emergency they would get a nurse from upstairs."
People's relatives were also complimentary about the home and felt their family members were safe at the service. One relative said "Very safe, they [staff] know what they are doing." People presented as relaxed and at ease in their surroundings and with the staff.

Systems were in place to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and were aware of the provider's safeguarding adults procedures. One senior member of staff told us, "I would talk to the manager. We have the number for the local authority. I could also call the police." We spoke with two members of care staff who were able to talk about safeguarding and how to report any concerns with the organisation. One of them told us, "I would make the nurse and manager aware and raise it up the chain if they didn't do anything about it." All staff were clear about how to identify and report abuse. Some staff were unsure of the whistleblowing procedures should they wish to raise a concern to appropriate professionals outside of the service. The registered manager told us that further training sessions would be arranged in relation to this.

Suitable arrangements were in place for the management of medicines and people received their medicines in a safe and supportive way. People were prompted, encouraged and reassured as they took their medicines and given the time they needed. One person said, "I'm absolutely happy with them [medicines], they always come on time, they [staff] find me wherever I am, they put them on the table in front of me." We observed a member of staff administering medicines; they supported people to take their medicines in line with their prescription. The staff member explained to people what their medicines were for, they were patient and made sure each medicine was swallowed before assisting with the next. Some people were assisted to take medicines with thickened fluids and liaison had taken place with their GP to ensure medicines were in a liquid form or safe to crush and add to fluids in line with recommendations from the SALT team.

Staff had been trained to administer medicines safely and they were observed to ensure that they were competent in this role. Medicines administration records (MAR) were appropriately completed and showed when medicines had been given or if not taken the reason why. There were systems in place for managing people that refused their medicines. If people were assessed as lacking mental capacity to make decisions around their health needs, a best interest meeting took place and covert administration of medicines would be discussed.

People's medicines were available when they were needed. Medication which was prescribed to be taken as and when required [PRN] was given according to the individual's choice whether they felt they needed it. We observed a member of staff asking a person if they required pain relief, enabling them to make their own decision about whether they wished to take it.

Good

Is the service effective?

Our findings

People were supported by knowledgeable and skilled staff who received training relevant to the needs of the people who used the service. Staff were able to tell us what they had learnt during training and how this helped them to provide a better quality of care. One staff member shared an example of what they had learnt during dementia training, "When someone is distressed you can distract them or take them out of the situation. You can offer choice and if you know them you might know why they are distressed and what they want."

Staff were regularly supervised and supported to improve their practice. They confirmed that training was an important part of their role. A member of staff commented, "We are constantly training". Another staff member said, "I get enough training to do my job." One member of staff told us they had received an induction when they started at the service which included completing mandatory training, shadowing a permanent member of staff and having their competencies in areas like manual handling checked.

Staff told us that they felt supported in their role and had regular supervision and team meetings where they could talk through any issues, seek advice and receive feedback about their work practice. A member of staff who had been working at the service for a short time told us "I had supervision with [deputy manager] one month ago and have also had one with the nurse."
This demonstrated that there was a proactive support system in place for staff that developed their knowledge and skilled and motivated them to provide a quality service.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw, that applications had been made under DoLS to the relevant supervisory body, where people living in the service did not have capacity to make their own decisions. For one person we saw that their DoLS had been reviewed and was reflected in their care plans in relation to personal care, risk of falls and mobility. This ensured they were being supported in the least restrictive way possible.

Staff sought people's consent and acted in accordance with their wishes. One person told us, "It's nice to have that choice, it's the nice thing about being here, you can mix with people or you can be on your own." Another person said, "I can get up when I want – if you wanted something done they'd do it."

Staff had a good knowledge of the mental capacity act and what this meant for the people they were

looking after. One member of staff explained, "The MCA is decision specific. If [people] don't have capacity they can still make choices, like what they would like to eat. You just help them by maybe showing different food." Another member of staff told us, "You check if people understand and if they have got capacity to understand. If not decisions are made in their best interests. A member of staff showed us their badge which had the five principles of the MCA on it. They told us, "It's about person centred care and peoples choices. Someone might not have capacity but they can still make some decisions and choices. You could lay clothes out for them to choose, offer and show different food or show them pictures." This demonstrated that staff understood the importance of supporting and empowering people to make their own decisions wherever possible.

People's nutritional needs were assessed; they were provided with enough to eat and drink and supported to maintain a balanced diet. People had protocols in their care records to assess the risk of malnutrition and dehydration. This included the use of a 'Malnutrition Universal Screening Tool' (MUST) that was completed and updated on a monthly basis. Weight charts were kept and staff recorded what people ate and drank if they were at risk of malnutrition or dehydration. Fluid charts had a target fluid intake that was set in conjunction with the GP so staff would know how much people should be drinking.

Kitchen staff were aware of people's specific dietary requirements and knew how to prepare food in order to meet their nutritional needs. One member of kitchen staff told us, "We have several people who require a thick pureed diet. I use piping bags and we try and make it look nice, design it to look like the constituted mix." They added, "Most things are fortified including smoothies each morning, we use butter and cream. Deserts are homemade and suitable for diabetics as we want them to be able to eat the same as other people." The kitchen team were involved in discussions with the care team regarding people's nutritional needs. One member of staff told us. "I have access to [computerised care plan system] for people's weights and we have weight tracking meetings once a month and these are also discussed during eleven to eleven meetings, with team leaders and at handover."

When people needed assistance with their meals they were supported appropriately and respectfully. One person told us, "They help me when I need it but I can manage most of the time."
We observed a member of staff ask a person, "Can I put something on to protect your clothes? Is that OK?" They didn't put the clothes protector on until the person said it was ok to do so. The member of staff sat at the same level as the person, chatted to them throughout the meal, and did not rush them. Although there had been a few concerns about people that required textured diets, this was brought to the manager's attention and dealt with immediately. Staff overall were well informed of people's nutritional needs.

People were complimentary about the food on offer, one person said, "The food is lovely." Another person told us, "We all agree, there's enough choice and it's all well cooked." People were provided with menus to assist them with making a choice of meal. In the area of the service where people were living with dementia, show plates of food were produced by the kitchen staff to help people to understand what it was they were choosing. We observed that the chef came to ask a person about their breakfast, they asked why the person hadn't liked it and then asked if everything else was ok." One person commented, "[Chef] is very nice, during the morning we go to the coffee room, we like to mix and [the chef] is always around". A relative told us, "I think the food's excellent, I think whatever you want you can have – they prompt [person] with soup at teatime and give them a plate of sandwiches to take back to their room for supper, it's perfect for them."

There were opportunities for people to enjoy snacks throughout the day if they wished. We saw that one person was eating a small pack of savoury biscuits during the morning as they took part in an activity. They told us, "I'm very grateful for it." A member of staff told us, "For snacks we re-stock fridges in the suites with tinned soup, ham, cheese and bread and the sandwich fridge in the kitchen is unlocked at night time." There

are snack stations throughout the home and we've recently introduced custard pots and thick mousses for people that would otherwise miss out."

People had access to health care services and received ongoing support where required. Records showed that staff had been quick to respond to changes in people's needs. For example, it had been noticed that one person had not reached their target fluid intake for three days. The GP had been contacted to discuss what additional support may be needed. However we did receive feedback from one relative which indicated that there had been times when staff had not responded as quickly. They told us, "[Person's] urine dip [test] was positive on Saturday and Sunday but they [staff] didn't do anything until the Monday." This demonstrated that although on most occasions prompt action was taken to involve relevant healthcare professionals in people's care, staff needed to ensure that they were consistent in taking preventative action at the right time to keep people in good health.

Good

Is the service caring?

Our findings

The atmosphere within the service was warm and welcoming. A person commented, "It's a nice place to live, the staff are nice." Another person said the staff were, "Smashing." A relative told us, "I think this place is superb you are always made very welcome. I go to the coffee shop. Staff always stop and chat. They make you feel really at home. Keep me well informed. I can't speak highly enough of the place or the staff."

People and their families were positive and complimentary about the care they received. A person said, "Staff are wonderful, they care for me, I'm so looked after." Another person commented, "They're [staff] always there for you, whatever you want or need". A relative said, "I love it, I worried about [relative] going into care it was one of the worst days of my life but they are fantastic, look after [relative] like I would."

People, relatives and visitors told us about staff who showed empathy and understanding. A person told us, "The [staff] here have slowly but surely brought me back to good health through their perseverance, kindness and understanding. I didn't expect to leave my bed, but with their encouragement I did." A relative commented, "The staff are lovely, caring, delightful people, inclusive, together." Another relative explained how this care extended to peoples families, "I'm really pleased for how they care for [relative], and [other relative] even though [other relative] doesn't live here. There is care for the whole family."

Staff showed genuine interest in people's lives and knew them well. They understood people's preferred routines, likes and dislikes and what mattered to them. A relative commented, "[Staff] seem to be very tuned in to what my [relative] needs and what [relative] likes. They have got to know [relative] in a short period of time." Staff took time to reassure people when they appeared anxious. We observed that one person suddenly became anxious and started calling for help. Staff attended to them promptly, reassured and calmed them and took time to find out if they needed anything. The person held on to the member of staff's hand and appeared calmer, the staff member continued to spend time sitting and talking with them. We observed another interaction where a member of staff spoke to a person with a few words of another language. The person's face lit up and the member of staff explained to us that the person had lived in a different county for a few years after the war and could remember and liked to speak that countries language.

People wherever possible were encouraged by staff to make decisions about their care and support. This included what activities they wanted to do, what they wanted to eat and where they would like to be. A person told us, "You can go to your room any time of the day, this is 'home from home, plenty of choice of where to go." Staff were aware of peoples unique ways of communicating their choices. A member of staff told us about a person who unable to verbally communicate due to their condition but was able to communicate by nodding their head. The member of staff said, "I'll take clothes out of the wardrobe and show them to [person]. When I get to what [person] wants to wear [they] will nod [their] head." People were supported with their cultural and spiritual needs. One person told us, "The staff take me to my church (opposite the service), somebody sees me across the road and then comes back for me, it's nice and handy."

This showed that people's choices were respected by the staff and acted on.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. A person told us about how staff assisted with personal care, "They close the curtains and keep me covered. They are very good at all that." Another person told us "They [staff] always knock and come in." We observed two members of staff assisting someone to move from their chair using a hoist, they chatted to the person the whole time to offer reassurance and support, "Ready? Alright? You are going to start feeling the chair under you in a moment. Let us know if anything is uncomfortable." Another person told us how they were encouraged to maintain their independence and commented, I use my stroller, I go around this place on my own, it gives me great independence."

Good

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. A person told us, "The staff always say call me if you need anything." A visitor said, "Each person is treated as an individual, this would be the sort of place that I would like to come."

Staff were knowledgeable and knew how to provide personalised care that met people's specific needs. For example, we saw that one person had been discharged from hospital with a pressure ulcer. They had a pressure relieving mattress which we checked was set correctly. They also had a pressure relief cushion which we observed they were using. Medicine administration records showed that barrier cream was being applied as prescribed to prevent further skin breakdown. Records showed that staff were monitoring the wound which showed it was healing. Care plans in relation to pressure areas and wound were detailed and took into account other factors in wound care such as mobility, nutrition and hydration.

People's changing care needs were identified promptly and care plans were updated accordingly. For example, staff had observed that one person was sleepy, not eating well and had a chesty cough. The GP had visited to review the person and antibiotics had been prescribed. The person was commenced on a food and fluid chart to enable staff to monitor their changing needs more closely. The person's care plan had been updated to reflect the changes and action taken. This showed that people could be reassured that any changes to their health or care needs would be identified and responded to.

Care plans were person centred and reflected the care and support each person required and preferred to meet their assessed needs. This included people's physical, emotional and social needs. One care plan stated; "[Person] likes to get up and have breakfast between 7 and 8.30am." On the day of our inspection staff told us the person had been assisted to get up by the night staff just before they went off duty at 8am. This demonstrated that care and support was being provided in line with people's preferences.

There were a range of activities taking place throughout the week which people had a choice of attending or not depending on how they were feeling that day. A person told us, "There's plenty of activities. I like quiet time sometimes. I say, I would like some quiet time today please. They say okay we'll leave you." Another person told us, "There is plenty of scope. You can have good walks around the garden if you want." People told us that there was lots of things happening within the service but some felt they would appreciate being able to go out more. One person said, "A little bit of boredom sets in sometimes, there are a lot of us that can do things, it would be nice to go out more."

We observed a member of staff invite people to join in with the morning activity. Some people declined and the member of staff reassured them that they could come along later to join in if they wished. We later observed that the activity of decorating socks and t-shirts was very well supported and a number of people's visitors also took part. Staff also spent time with people on a one to one basis. A relative said, "Whenever we've visited, more often than not there is someone with [person], generally chatting, it's very natural and caring, everybody is very friendly. They seem to go out of their way to engage with the residents so that they're not just sitting in their chair watching the telly, they can be involved if they want to be." A person who

regularly visits the service to provide a particular activity told us, "Whilst I lead the session, the activities person, one or two carers and more often than not, the manager of the home all participate to ensure that everyone gets the maximum benefit. This is done in a safe environment and in an extremely caring manner. The welfare of the residents is paramount and everyone has a happy time"

People were supported and encouraged to take part in the things which they enjoyed. One person told us, "I'm a pianist; I get to play it once a week. We all go and sing along, it's what makes a nice afternoon, there's often quite a crowd." During the afternoon we observed that this person was playing the piano and people were enjoying singing together. Another person commented, "They have a book club and a knitting club." A relative told us, "There's always something on every day, they [staff] are brilliant. They let [person] do some planting in the garden. They've been very good to [person], one to one."

There was a complaints procedure in place which explained how people could raise a complaint. A relative told us, "The management are approachable. I raised some concerns because some of [person's] clothes did not seem to be in [their] wardrobe. It was sorted out straight away and there hasn't been a problem since." Records of complaints showed that appropriate action had been taken by the registered manager and the regional manager had also responded in writing to people. This showed that concerns and complaints were acknowledged, listened to and appropriate steps were taken to respond and put things right.

Good

Is the service well-led?

Our findings

There was a person centred, open and inclusive culture in the service and the management team were a visible presence. We observed that the registered manager knew people well and people greeted them by name. Staff told us the registered manager was regularly visible in the service and would help with peoples care if needed. The manager showed us the computer system they used to help keep track of what was going on each day and alert them to any issues which needed their attention. They explained to us, "Its good, but it's important to be out there [with people living in the service]."

People, relatives, visitors and staff gave positive feedback about the management and leadership of the service. A relative commented, "The management are very welcoming. They do listen to your concerns." Another relative told us they had been supported by the manager to start a 'Friends of Glastonbury Court' group. Part of the aim of this group was to raise money to go towards activities or other things that may benefit people. The relative went on to tell us, "The managers support us in whatever way they can. [Registered manager] is very approachable."

Staff were encouraged and supported by the management team and were clear on their roles and responsibilities. They were encouraged to support and value each other to ensure they worked effectively as a team. A member of staff told us, us "My manager has been very supportive, I was carer of the month." Staff also demonstrated confidence in the provider, their systems and oversight of the service. One member of staff told us, "I find them [provider] very good. They have got a lot more insight into the residents they care for."

Staff were confident that they could raise any issues of concern and that these would be dealt with appropriately. Staff told us that they were comfortable approaching the management team and were encouraged to question practice and implement new and improved ways of doing things. A member of staff told us how they felt the regular staff meetings were beneficial and commented, "I feel they [management team] listen to us," referring to an example of how the service had employed an extra person for the laundry. This demonstrated that staff felt valued and were motivated to drive continual improvement within the team.

Prior to our inspection some concerns had been raised with us about staffing levels within the service and the high use of agency staff. We found that there were issues relating to poor communication when a high proportion of agency staff were on duty, for example, a relative told us, "I've had issues at the weekends, the telephone rings and rings and rings until someone picks it up, then you're passed from person to person." Minutes of relative meetings showed that concerns had been raised about staffing levels. However, the management team had recognised that additional staff were needed in certain areas of the service at certain times of day and had taken action to make improvements. Extra staff were now allocated and there was an ongoing recruitment drive in a bid to employ more permanent members of staff. A professional who regularly visits the service told us, "This home is much improved and very pro-active." An adult social care professional told us, "The general feedback from [people] and their relatives has been positive. They have been satisfied with the general level of care, and consider that they are treated with politeness and dignity.

They have not reported any issues relating to the care or staffing. Generally everyone is satisfied with the service."

The provider had quality assurance systems in place which were used to identify shortfalls and to drive continuous improvement. A service improvement plan was updated monthly by the registered manager and monitored by the regional manager. As a result of this new initiatives were introduced to further enhance people's experience of living in the service. For example, a weekly mealtime experience survey which was fed back to the kitchen staff and a 'Food for Thought' document which helped staff to understand the specific needs of people living with dementia at mealtimes.

People, their relatives and staff were asked for feedback through surveys and both formal and informal meetings. Minutes of resident meetings were bound and distributed so that people had access to them. Action was taken as a result of the feedback received. For example, some people had said they would like their own laundry baskets and these had been purchased. This showed that people were empowered to voice their opinions and could be confident that they would be listened to and appropriate actions would be taken to improve the service.

Where we found shortfalls in relation to the high use of agency staff and inconsistencies in some risk management practices, the management team were open and transparent and sought feedback to improve the service provided. They provided reassurance that they were already working on these issues and demonstrated how they intended to use our feedback to make further improvements within the service.