

Mr and Mrs Reaney

Glen Lyn

## Inspection report

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Date of inspection visit:  
27 July 2017

Date of publication:  
17 August 2017

## 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 ●

# Summary of findings

## Overall summary

:  
Glen Lyn provides care and accommodation for up to 12 people. The home specialises in the care of older people in a homely environment. At the time of the inspection there were 9 people living at the service. One of the beds is reserved for people staying for a period of respite.

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

The registered manager was also the joint owner. Both owners worked in the home on a daily basis and were able to offer on-going supervision and guidance to people and the staff team. They constantly monitored practice to ensure high standards and allow them to plan on-going improvements

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe in the home. They said they would be comfortable to discuss any worries or concerns with the registered manager. Staff said they knew how to report any concerns and were confident the manager would take appropriate action. People were supported by sufficient staff to meet their needs in a relaxed and unhurried manner.

Staff began work in the home after a robust recruitment process and an individualised induction. Staff were trained to meet people's individual needs. Staff competency was monitored on an annual basis to ensure staff were able to care for people with skill and knowledge

People received care and support that was personalised and respected their wishes and preferences. People were able to make choices about all aspects of daily living and were encouraged to maintain their independence.

.People were very complimentary about the food served at the home and said there was a good variety. People told us staff "know what we like" and there was "never a problem" with getting sufficient appetising

food. One person commented, "Food is always fresh and delicious." One person told us they had enjoyed food they "had never tasted before. Very good indeed." Prompt effective action had been taken when people had lost weight.

People confirmed their health care needs were met in the home. They told us if they were unwell they received prompt attention from their GP and good care from staff in the home. People were supported to attend hospital or clinic appointments.

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 registered manager was experienced and knowledgeable about current practice for people living with dementia. They provided on-going formal and informal training for staff to make sure people benefitted from their knowledge.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remained well-led.

# Glen Lyn

## **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 comprehensive inspection took place on 27 July 2017 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in December 2015 we did not identify any concerns with the care provided to people.

During this inspection we spoke with eight people who lived at the home, three members of staff, the registered manager and two relatives. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included four care plans, medication records, three staff personal files and records of quality assurance measures.



## Our findings

The service continued to be safe. People told us they felt safe at the home and with the staff who supported them. One person told us, "I do feel very safe here. (The registered manager) makes sure everything is up-to-date. Fire, hygiene. Whatever they need to do to make sure we are safe is done." Another person said, "Staff are very good. Very kind. I have no worries. Nothing is too much trouble." People said staff listened to them. "If we have any worries, they will listen. All of them."

In this small home people were protected because staff knew them well. They understood their care needs and physical capabilities. In the PIR the registered manager stated, "a safe service begins with its staff." Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Staff files confirmed all new staff supplied two references from previous employers. The provider carried out disclosure and barring service (DBS) checks before staff started work. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

All staff received training in how to recognise and report abuse. Annual competency checks by the registered manager used questions to confirm staff knowledge of the safeguarding policy and procedure. It ensured they were clear about what to do if they had any concerns. At the competency check the registered manager also confirmed staff knew how to speak to people respectfully and worked in ways that were appropriate. Staff were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Staff gave examples of when there might be a concern about someone's safety and what action would be taken. They told us the registered manager would always act on their concerns. One member of staff had worked at the home for many years. They said, "I have never seen anything to worry about. It is very easy to talk to (registered manager). They will always take action. Always want to know what is going on."

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Staff told us they worked as a team to ensure shifts were covered in the event of sudden illness. In the quality assurance folder we saw a dependency checks had been completed in 2017 which made sure the home was staffed appropriately to meet people's needs. As a result of the work the staffing had been increased.

Care plans contained risk assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. One person enjoyed helping out in the kitchen and a risk assessment was in place to enable them to do so. They said, "I like to be useful. I do not want to sit

about all day." Other people were encouraged to go into the near-by town. Staff took people in wheelchairs or for a walk to see the sea or shops. People were encouraged to go out with their families whenever possible.

People's medicines were safely administered by staff who had annual competency checks following training and supervision. There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. There were clear records relating to the receipt of medicines in the home and their administration. The registered manager carried out a weekly audit of medication to further ensure safe practices. There were comments to indicate where practice could be improved and staff signed to say they had read these. One person needed their medication crushed and records confirmed advice had been sought from the GP and pharmacist that this was safe practice.

There were measures in place to ensure the safety of the property and enable people to maintain their independence. These included regular safety checks of equipment including the fire detection system and lifting equipment. People were supported to use the stair lift safely and independently. The home had been recently visited by the fire brigade who had confirmed fire protection systems and procedures in the home were satisfactory.



## Our findings

The service remained effective.

People told us staff were competent to care for them. One person said, "Staff are very good. They know what they are doing." A relative said they had "every confidence" in the staff's ability to care for their family member.

People received care and support from staff who had the skills and knowledge to meet their needs. Staff received a thorough induction programme which gave them the basic skills to care for people safely. Staff told us they received regular training and supervision and could always ask the registered manager or deputy manager if they were unsure about any aspect of care people needed.

The registered manager completed an annual training plan that included regular up-dates for staff in health and safety issues. Staff were also trained and their competency was assessed in some skills applicable to individual people's health needs. There was a flexible approach to staff training that ensured staff always had the skills to care for people. The registered manager told us that when a training need arose it could often be addressed through coaching and discussion in-house. Training was also delivered through open learning and by visiting trainers. Some staff had attended the Alzheimer's Society "Tomorrow is another day." The provider had signed the 'Dementia Pledge' and promoted good care practice in the home for people with some degree of dementia.

People confirmed their health care needs were met in the home. They told us if they were unwell they received prompt attention from their GP and good care from staff in the home. People were supported to attend hospital or clinic appointments. One person said, "I have an appointment at the hospital; the nurse has come in to see me. When I needed a doctor they came promptly. It is all pretty good. They organise it all for me." Records confirmed a chiropodist and optician attended the home regularly. ,

People told us how much they enjoyed their meals in the home. Family style cooking, often by the providers, meant that there was one main choice at lunch time cooked "from scratch." People told us staff "know what we like" and there was "never a problem" with getting sufficient appetising food. One person commented, "Food is always fresh and delicious." One person told us they had enjoyed food they "had never tasted before. Very good indeed."



Prompt action had been taken when people had lost weight. They had seen the GP, their weights had been monitored and close attention had been paid to their diets. People were offered a choice of snacks throughout the day and their diet was enriched with butter and cream. Records showed some people had re-gained some weight whilst others had stabilised.

Most people who lived in the home were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. One person told us, "We can please ourselves. There is no pressure to do anything."

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Care plans contained information outlining when a decision had been made in a person's best interests. Information included an assessment of the person's capacity to make a certain decision and the people who had been involved in making a decision in the person's best interests. This demonstrated the staff were working in accordance with the legislation.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager had a good knowledge of this law and had made applications for a small number of people to be assessed to determine if they required this level of support



## Our findings

The service remained caring.

People were very pleased with the care and support they received from staff. One person said, "We have a laugh here. We get individual attention. You cannot fault it." Another person said, "We are looked after very well. It is a home from home here. We know each other well. They (staff) are lovely. Always polite and kind." A relative said of the staff, "They are kindness itself here. They are patient and always doing things to make their lives better."

People felt cared for because there was a small stable team of staff working in the home who knew them well. There was also a key worker system in place that gave people an opportunity to have some additional attention from their "own" staff member. Interactions between people and staff were friendly and relaxed. One member of staff spent some time trying to establish why a person looked rather low in mood. They checked all possible causes of sadness and then talked to them until they seemed happier.

People told us they were always consulted about the care and support they received. Care plans confirmed in writing that people had been consulted in putting the plans together. In addition to regular care plan reviews people received visits and reviews from social care professionals. One recent review showed how pleased the person had been with their care and how they appreciated the care they had received.

People were able to have visitors at any time. Families were welcomed into the home and were seen watching television with their relatives and taking them out for a walk. One relative confirmed that they were kept fully informed of any changes in their family member's health and felt they were fully involved in supporting them.

People's rooms were their own domain where they were able to receive visitors if they wished to or spend time alone. Rooms contained the things people enjoyed or treasured and reflected their personality. Housekeeping staff understood how important people's possessions were to them and kept them clean and well cared for. People looked smart. They were encouraged to visit a hairdresser of their choice or could see the visiting hairdresser. One person told us the laundry service was very good and they enjoyed having their nails painted. They said, "I have always liked to look tidy and I do not want to go downhill now."

Whenever possible people were cared for at the home until the end of their life. Staff had received training in palliative care and the manager ensured people had GP and nursing support if they needed it. Staff said it

was also important to understand when a person's needs could not be met at the home and they needed the support of a different type of service.



## Our findings

The service remained responsive.

People were able to make choices about all aspects of their day to day lives. People lived in different ways in the home according to their wishes and preferences. Some people liked to spend a lot of time in their rooms and eat alone. Others liked to eat in the dining room and take part in all the activities available. One person said, "I go down for lunch. I have breakfast in my room. I like to be quiet." Another person said, "We get well looked after. There are different things booked. The music people come in and we have a sing song. We can have a lovely massage." People were offered opportunities to go out on trips to places of interest and to access facilities in the town centre. Activities and events were marked on calendars in people's rooms so they could plan if they wished to attend.

People's care plans demonstrated that the easy-going, relaxed atmosphere in the home was based on careful, skilled care planning and implementation. People's physical and mental needs were understood and supported so they could live their lives as they chose. Care plans were detailed and comprehensive. They contained guidance on how people wanted their care needs to be met and also information about underlying medical conditions. It was clear how much assistance people needed with mobilising or whether they had been having falls or were at risk of pressure damage to their skin.

Care plans also contained information that enabled the home to run smoothly and people to live together in harmony which was important in a small home. For example there was careful attention to people's preferences at lunch time. Some people liked to eat together, others alone and some after everyone else had left the dining room. One person had to have food at a prescribed consistency. All these preferences were respected and staffing was organised so people had sufficient support at this time. This ensured people were able to enjoy their lunch as much as possible in harmony with each other.

The registered manager was closely involved with the running of the home on a daily basis and was able to listen to any concerns people had and deal with any issues before they became formal complaints. There was a complaints procedure and when one complaint had been received this had been implemented. Both people living in the home and staff said they would find it easy to raise issues with the registered manager which would then be addressed. The service received thanks and compliments for the care provided to people often from their relatives. Comments included, "thank you for looking after X so well" and "Thank you for the kind attention received." One person who came for respite "loved their stay with you."



## Our findings

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

The registered manager was also the joint owner of the home. Both owners worked in the home on a daily basis. The registered manager had managed the home for 18 years. There was also a deputy manager who had worked there for over 12 years. This provided the constant management team that was much appreciated by people and staff.

There were positive comments about the registered manager from people who lived in the home and the staff. People said they could easily talk to the registered manager. One relative said, "I am pleased with (relative's care). I would talk to (registered manager) if I had any worries at all." Staff said the registered manager, "is always approachable. Will always try and understand. This makes a big difference."

The registered manager wanted to lead by example in the home by showing staff at all times how people should be spoken with and supported. They said it was important that the home was driven by the needs of people living there. They wanted to encourage staff to have their own ideas and were willing to try new ways of working. They were pleased that staff did seem quick to discuss matters with them and believed communications in the home were good.

The registered manager monitored the quality of care in the home and made regular improvements when they could. They spoke with people living in the home on a daily basis and listened to their views. They monitored care plans on a formal basis and also read staff entries to gain a fuller picture of the care people were receiving. They sat in on the staff handovers to learn how people were and also to gauge staff views on issues.

In addition to this on-going monitoring a formal quality assurance plan indicated dates when audits and activities had taken place. A review of the dependency rating of people in the home had led to a review of staffing levels. A review of the laundry arrangements had led to some changes in practice. The registered manager was currently reviewing the format and use of the annual satisfaction surveys as there had been a very low completion rate using the existing questionnaire format. An "Annual Report" was available in the home for families and interested parties to read. This summarised some of the key events and achievements

in the home during the previous year.