

Gingerbread Commercial Limited

Glencairn Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Glencairn Residential Home is a residential care home providing accommodation for persons who require personal care to up to 23 people. The service provides support to older people. At the time of our inspection there were 19 people using the service.

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

People and relatives told us Glencairn Residential Home was safe, staff knew them well and they were well cared for. One person said, "It's very nice here, the staff are very nice, kind and I have a good relationship with them. I feel safe living here, this is my home."

Safeguarding referrals had not always been made appropriately to the local authority. We have made a recommendation about using local safeguarding procedures when necessary. Reportable incidents had not always been reported to CQC. We have made a recommendation about the provider and registered manager's legal requirements.

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; however, the policies and systems in the service did not support this practice. Mental capacity and best interest decision paperwork had not always been completed to show the least restrictive decision had been made for people who lacked capacity. We have made a recommendation about the policies and systems at Glencairn Residential Home to support people who lack capacity.

Staff knew how to recognise signs and symptoms of abuse and who to report their concerns to. Risks to people's health, safety and well being had been assessed and were regularly updated to keep people safe. People received their medicines as prescribed by staff who had been trained to administer medicines safely.

The home was clean and tidy, staff had received training on how to keep people safe from the spread of infections. Staff had access to personal protective equipment (PPE) and wore this appropriately.

There were enough staff to meet people's care needs and staff had been recruited safely into the service. Throughout the inspection we saw kind, relaxed, compassionate and caring interactions between people and staff. We observed staff were respectful of people and took time to offer support and reassurance when needed. Staff received training, support and supervision. Staff told us they felt well supported to carry out their roles and told us everyone worked very well together as a team for the benefit of the people living at Glencairn Residential Home.

People had access to nutritious, home cooked food that they enjoyed and were given choice in their menu selections.

Care plans were person centred and detailed how people wished and needed to be cared for. People and relatives felt included in the planning of care and knew who to complain to if they needed to do so.

People, relatives and staff were complimentary about the registered manager and provider. One person said, "I would recommend anyone to come and live here, the [registered manager] and [provider] speak to me most days, they are nice, kind and caring." There were governance arrangements in place and systems to monitor the quality and safety of the service provided. Where shortfalls had been found during the inspection, the registered manager and provider took immediate action to address this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 2 February 2022, and this is the first inspection. The last rating for the service under the previous provider was Good, published on 11 March 2021.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Glencairn Residential Home

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an 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

Glencairn Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Glencairn Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with 8 people who used the service and 6 relatives about their experience of the care provided. We received written feedback from 3 relatives. We spoke with 8 members of staff including the owner/provider, registered manager, senior care staff, chef, housekeeping and care staff and received written feedback from 5 staff including activities, senior care staff and care staff. We also received feedback from 3 health professionals who work closely with the home. We reviewed a range of records, this included 5 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems to safeguard people from abuse were effective however, local safeguarding procedures had not always been followed. We found incidences where people had fallen, and whilst the appropriate action had been taken to seek medical attention if required and steps taken to prevent further occurrences, they had not always been reported to the local safeguarding team to ensure external scrutiny of the service.

We recommend the provider reviews their safeguarding policy to ensure this follows the local safeguarding procedure.

- We signposted the provider and registered manager to the local safeguarding procedure. The provider told us they planned to seek further guidance from the local safeguarding team.
- Staff had received training and knew how to recognise signs and symptoms of abuse.
- Staff knew who to report concerns to within the home. Staff were confident their concerns would be listened to by the registered manager and knew who to report to outside the home if they were not.
- People and relatives told us people felt safe. A relative said, "My relative routinely says they feels very safe at Glencairn."

Preventing and controlling infection

- We were somewhat assured that the provider's infection prevention and control policy was up to date, some of the COVID-19 guidance was out of date. The provider was aware of this and had plans in place to update the policy to reflect current government guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- The home was following government guidance regarding infection prevention and control and visiting in care homes. Visitors to the home were unrestricted at the time of inspection.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had their risks assessed, monitored and regularly reviewed. This included risks associated with falls, malnutrition, skin integrity and using the stairs.
- People had personal emergency evacuation plans in place that provided key information to aid emergency services in the event of the building needing to be evacuated. Fire equipment was in good order and staff had completed fire training.
- The building was regularly checked to ensure people were safe. Checks included fire safety, safe water supply, safe electronics, and safe gas supply. Equipment was regularly serviced and well maintained.
- Accident and incidents were analysed and discussed in meetings. This meant any themes and trends could be identified for measures to be put in place to prevent further occurrences.
- When things went wrong the service had a culture of openness, discussing what happened and learning to prevent the incident from reoccurring.

Staffing and recruitment

- Staff had been recruited safely into the service with checks including full employment history, references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff had received up-to-date training in all safety systems including fire safety, health and safety and moving and handling.
- People and relatives told us there were enough staff to meet their care needs. One person said, "It can be rushed during busy times but on the whole when I ring my call bell, they don't take long to answer it and staff come quickly."

Using medicines safely

- Medicines were managed safely. Systems and processes were in place to make sure people received their medicines safely and as prescribed. Staff were trained and assessed as competent to administer medicines. The management team regularly checked that staff were following policies to support people to take their medicines and record when medicines were given.
- Medicines were ordered, stored and disposed of safely and securely. Medicines administration records were clear, accurate and complete.
- Staff made sure that people's GP and other healthcare professionals were kept informed of any changes to a person's health and sought advice from specialists where needed.
- When required medicines had guidance in place to support staff to make consistent decisions to ensure medicines were administered appropriately.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood and operated within the principles of the MCA however, the home did not always follow robust systems to demonstrate people's capacity had been assessed and the least restrictive decisions had been made in people's best interest.
- At the time of our inspection no person living at Glencairn was unable to consent to living at the home. DoLS had been applied for however, that were not required as people had understood and signed a consent to care form.

We recommend the provider reviews their policies and systems to support people to have maximum choice and control over their lives and support them in the least restrictive way possible including robust mental capacity assessments and best interest decisions where required.

- The provider and registered manager acknowledged this was an area they had identified needed improvement and plans were in place for further training.
- Staff told us it was important to ask for people's consent before any care or support was provided to ensure people had their rights and freedoms respected.
- We observed staff providing choices to people, listening and respecting their decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments prior to admission had been completed with people and their families that provided information about the care and support people needed and reflected their lifestyle choices.
- Assessments were completed using assessment tools that reflected best practice and met legal requirements and formed the basis of care plans to ensure staff were provided with the information they

required to meet people's needs.

- Assessments included the use of equipment and technology, including specialist moving and transferring equipment.

Staff support: induction, training, skills and experience

- Staff told us they felt supported and found the registered manager approachable. Supervisions and appraisals were completed however, some staff reported they had not had a supervision for a long time. The registered manager was aware of this, and plans were in place to improve.
- Staff told us they whilst they had not had a formal supervision for a while, they felt able to speak with the registered manager and provider to informally discuss any concerns or training opportunities. A staff member said, "No formal 1to1s but [registered manager] and I will talk throughout my work time, I have now been sponsored to carry out my NVQ level 4."
- Staff had the right competence, knowledge and training to carry out their roles. All staff had completed training including moving and handling, health and safety and tissue viability.
- Staff received an induction aligned to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they could be asked for additional training if required.

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

- People had choice and access to enough food and drink. Information about safe swallow plans and special dietary requirements were available in the kitchen. The chef told us, "Information about people likes, dislikes, allergies and needs are discussed regularly in meetings. Residents can ask for any food they like, I enjoy cooking for them."
- People spoke positively about the food. Comments included: "Oh the food is good! I really enjoy the Salmon", "the food here is excellent you couldn't ask for better" and, "the food is brilliant, I ask for a boiled egg and it's no problem."
- We observed the dining environment was pleasant and food well-presented. People were given choices and offered alternatives if they wanted something different. People were supported to eat by staff if needed and were not rushed.
- The home assessed for any risks of poor nutrition and placed people on monitoring charts if required and informed relevant healthcare professionals to ensure people's nutritional care needs continued to be met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other agencies to ensure people had good health outcomes. This included GP's, dentist, and local nursing team.
- A relative told us, "They are constantly monitoring [loved one's] health needs. If [person] is not feeling well, depressed or needs a visit to the dentist they arrange it and keep me informed."
- Staff were aware of people's health conditions and reported changes to people's health and wellbeing. We spoke with healthcare professionals, and one told us, "We are really impressed by this home, staff are welcoming, their communication is brilliant, and they are on the ball."
- Records showed us that people used community services such as hairdressers, chiropodists and audiologists.

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

- People's rooms were reflective of their history, interests and hobbies, and some had pieces of furniture

bought from home, making their rooms their own individual personal space.

- The large lounge area provided communal space for both joining in group activities or enjoying lone activities. The provider told us they had plans to build an extension to include a multipurpose room which could be used as a private area when people's families and friends visited.
- The home was accessible for people who needed support with their mobility. Level access was given to outside spaces and secure gardens for people to enjoy. People could access the outside with the support of staff to escort them to the ground floor via a lift.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and their families were consistently positive about the caring attitude of the staff. One relative told us, "My [loved one] was depressed before moving to Glencairn. It has helped them so much being there and there is now a smile on their face. [Loved one] is no longer depressed and is happy with life."
- We observed friendly and positive interactions between staff and people. Staff knew how to interact with each person and engage in conversations that were relevant to them. Interactions were relaxed and unhurried and staff would finish interactions with the person smiling.
- People told us staff were kind, caring and treated them with respect. Comments from people included, "the staff are great, very friendly and always here when I need them", "the staff are great, they look after me well" and, "you can see I'm being well looked after, staff are kind caring, make me happy and do anything I ask."
- Relatives spoke positively about staff, we received comments such as, "Staff are always very pleasant and friendly", "staff are pretty good and friendly" and, "We have a laugh and a joke with the staff. I have never heard [person] complain about the staff and is always complementary about them."
- Staff knew how to support people when they were upset. One staff told us, "It's about being a friend, listening to their concerns, making them feel safe and comfortable with talking. Sometimes it may not be about talking at all, it might be as simple as engaging them in an activity they enjoy such as a jigsaw."
- One person had been upset to know they were unable to attend a family event due to their care needs. Staff worked with the family to provide a solution that would enable them to attend. This involved working with the person to improve their mobility, purchasing an electric wheelchair and staff attending the event with the person. The person told us, "They have been so good helping me to attend it's made me very happy!"

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were involved in decisions about their day to day lives and the care they received. One person told us, "Staff always ask before they do anything, they are very kind I feel comfortable to talk to staff and know I would be listened to."
- Staff knew the importance of supporting people to make decisions about their care. Staff told us, "We spend time getting to know a resident, we gather information, ask if they are happy for certain things to be part of their care. Information is logged and shared with the team" and, "residents are always consulted on their care, for example in the morning we always ask if they would like assistance in getting up, they choose when their day starts."
- We observed staff involving people in decisions such as where they would like to take a meal or whether

they wished to join in with an activity.

- People had their privacy respected. We observed staff waiting to be invited into people's personal space and respecting people's choice to spend time alone.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- People had end of life care plans in place, these did not always include specific details as to how person wished to be cared for. The registered manager was aware of this and had plans in place to discuss this with people and their relatives at the next reviews.
- We reviewed compliments from families who's loved one had been cared for at the end of their life by the staff at Glencairn Residential Home. One comment read, "thank you for looking after [loved one] with care compassion and respect. I know they were happy at Glencairn and often told me how caring everyone was, and how kind you all are."

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

- People had care plans that were personalised to their individual needs and wishes. Care plans contained information about people's previous lifestyles, interests and people who were important to them. This helped to ensure staff accommodated people's wishes and needs when providing support.
- Care plans were monitored and reviewed regularly. Relatives told us they were included in monthly meetings and felt included in the care planning.
- People were able to follow their own routines. They said they made choices about all aspects of their day to day lives. During the inspection we saw people were constantly offered choices.
- Staff spoke about people in a way that showed they treated everyone as an individual and provided personalised care and support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were supported. People's records contained information about how to support their individual communication needs, for example, if a person required hearing aids or glasses.
- We observed staff communicating with people according to their needs, giving eye contact, speaking slowly and on same level as the person. People were seen wearing aids such as glasses and hearing aids where they required them.

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

- People told us they enjoyed a wide range of activities made available to them by the home. This included hobbies and interests such as gardening, knit and natter and arts and crafts.
- We observed a group of people taking part enthusiastically communal fitness and one person being supported individually to make some art.
- During our inspection we met a person who had lived at Glencairn for respite. They told us "I loved staying here the staff are so welcoming and kind. I enjoyed all the activities. I often come up for a visit and the staff encourage me to take part in the activities which I enjoy. When I need to go into a care home again, I'll be coming back to Glencairn."
- The home had invested in a large interactive table tablet style technology which meant people were able to live stream, speak with family members and explore live maps on a life size screen. We saw documents which showed people had enjoyed exploring Italy and when a family member live streamed their visit to Weymouth beach.
- The registered manager and provider told us they were passionate about providing person centred activities for every person living at Glencairn. The provider told us, "'Activities' encompasses the entire social life of our residents, their mental health and the reason for people to want to get out of bed. Providing for our residents' needs means more than giving shelter, warmth, personal care and nourishment. Once these basic items of daily living are taken care of, life is still there to be lived. People will want to spend time with those they love, to pursue the things they enjoy, to visit places and events that are special to them and to try things they have always wanted to do. We are on a journey to make this the norm for every resident at Glencairn."
- The provider told us they had plans in place to build an extension for a multipurpose room so family and friends will have a private area to go with their loved ones. "I want to support families to maintain strong relationships. I intend to make it routine to discuss with family members how they can continue to have regular contact and a strong relationship with their relative."
- The registered manager told us a jukebox had been ordered following feedback from people sharing stories about time they spent in cafés with jukeboxes. Plans were also in place for the home's own minibus to facilitate more trips out in the community.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns if they had any and there was a clear complaints process to follow.
- Complaints had been investigated in a timely manner and outcomes shared with the complainant and where appropriate staff. The complaints policy included details of an appeals process which included the local government health and social care ombudsman.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- During the inspection we found one person had acquired a grade 3 pressure sore. It is a legal requirement for these types of incidents to be notified to CQC however we had not received a notification.

We recommend the provider ensures managers are aware of their legal requirements to report notifiable incidents to CQC.

- Governance systems were in place to monitor the quality of the care provided. Audits had been effective at identifying areas such as the need to put in a blind to prevent the temperature from rising where medicines were stored.
- Staff understood their roles and responsibilities and had a good understanding of their parameters of decision making. One staff member said, "I ask a senior if not sure or we can ask the manager. If I'm uncertain, I ask."
- The provider and registered manager told us they understood their regulatory requirements and kept up to date through local forums, CQC correspondence and from the local authority. The registered manager told us they were keen to complete further training and had signed up for their NVQ level 5 in health and social care management.
- There was a process in place to learn when things went wrong. Staff completed reflective accounts and root cause analysis to find out how and why things went wrong are completed by management. The events were discussed at staff meetings to share learning and prevent events from re occurring.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were open and honest throughout the inspection and told us they were aware there were some areas of improvements they needed to work on, these areas were highlighted during our inspection.
- The registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They fulfilled these obligations, where necessary, through contact with families and people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager promoted a positive culture that was person centred, open, inclusive and empowering. People knew who the provider and the registered manager were and felt able to speak with them and felt heard. We received comments such as, "If I have any concerns I speak with the excellent [registered manager] if they can help you, they will" and, "yes, I know [provider] and [registered manager] they are always around and come and speak to you. I could speak to them about anything, yes really friendly."
- Relatives told us the provider and registered manager had an open-door policy and they felt listened to. Comments included: "the management of the service is really great. We love [registered manager], we feel totally confident with them.", "[Provider] has been a great leader, has instilled a wonderful sense of care in all the staff and leads with a very involved & caring manor."
- Staff told us they felt proud to work for Glencairn Residential Home. Staff told us, "I feel proud because I know we are making a difference", "I do feel proud to work at Glencairn, I look forward to going in and making people happy", "I feel proud, I enjoy working at Glencairn and I care about the residents. I feel I am part of a team of hardworking and caring people, they are all my friends, and the residents feel like family."
- The registered manager said, "I am so proud of the staff's commitment and dedication to the residents. I'm proud of the way they work to support each other, look after residents and their relatives. I'm proud of the friendly and welcoming atmosphere and all the things we have achieved for the residents."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their families and the staff team had opportunities to be involved in the service through a range of forums and meetings. Relatives told us they were kept up to date with regular newsletters. One relative told us, "The home sends regular online newsletter which means I know about activities and news. This is useful for my weekly conversations with [relative]."
- Staff told us they felt involved in the running of the service. One staff member said, "I know I am listened to, I suggested the tablecloths were too white as some of the residences with eyesight impairments were having troubles seeing their food, so I suggested using different colours. This was actioned and has worked."

Working in partnership with others

- The registered manager told us they worked in partnership with a local school to develop inter-generational relationships to benefit people living at Glencairn and the children at the school. People told us they enjoyed spending time with the children and had been invited to attend the school to watch the children's talent competition.
- The registered manager told us they were proud of the open and transparent relationships they had with professionals, we received positive feedback from healthcare professionals who told us the home contacted them when necessary and were proactive in their approach to support people living at Glencairn Residential Home.