

Glens Nursing Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
11 September 2024

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010272012

About the service

Glens Nursing Home is a home for adults. It is centrally situated in Edzell, a small rural village in North Angus. It is close to transport links, shops, and community services. The service provides nursing and residential care for up to 31 people.

The service provides accommodation over three floors in single bedrooms, each with a toilet and hand wash basin. There are two sitting rooms with dining areas and a conservatory leading to a small, well tended garden with a summerhouse.

About the inspection

This was an unannounced inspection which took place on 10 and 11 September 2024. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 13 people using the service and five of their families
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The service had a whole team approach to quality assurance which was driving improvements.
- Staff were happy and felt supported and listened to by management.
- People would benefit from more meaningful connection with staff in addition to care tasks.
- People had confidence in the manager and that issues were being dealt with promptly.
- Staff were visible in the service and were working well as a team.
- The service had a focus on people's clinical needs with good oversight of any emerging risks or issues
- As part of this inspection we assessed the service's self evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self evaluation and how this approach should be adopted to support improvement in the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

Since our last inspection, there had been improvements, with an increased focus on people's clinical needs. We therefore evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home was bright and welcoming and had a nice atmosphere. Staff knew people well and there were friendly, caring interactions. People told us, 'The staff are nice here' and 'They are well looked after here'. This meant that people were reassured that they were being looked after in a caring environment.

People's hydration needs were being met. People had access to drinks in their bedrooms and also in communal areas. Where there was a need, staff monitored people's intake to help ensure they were drinking sufficient amounts, in order to support their wellbeing.

People's nutritional needs were also being met. There was a varied menu on display for people to choose from, and people told us the 'food was good'. People had their weight monitored regularly, and had malnutrition universal screening tools completed (MUST). This meant staff could act quickly when changes were noted.

During our visit there were very few activities for people to enjoy. Whilst we saw armchair exercises on one day, people were mostly sitting in chairs, some for long periods of time, in front of the TV or in lounges falling asleep. One person told us, 'There is nothing else to do'. Others told us, 'Activities are good and there's a wide variety' and 'The activities lady is brilliant'. We did see people enjoying music and videos, with some tuneful singing and dancing. However, staff although busy, were at times, not making the most of meaningful connection with people in between routine care tasks. We discussed this with the manager, who was aware of this and was working towards improvements with the staff team. We will follow this up at our next inspection.

People had falls prevention and management plans in place, that were informed by multi factorial assessments. Some people had 'call mats' to alert staff that they needed support to mobilise. However, we could not find evidence of discussions with people and their representatives, in relation to this technology. This meant there was no evidence of any discussion regarding consent for people, in relation to their rights, risks and limits to freedom. We discussed this with staff and the manager, who advised that relevant discussions were taking place, however, were not yet added to people's care documentation. We had confidence that this would be completed as a priority for people and will follow this up at our next inspection.

There was a system for administration of medications in place. Protocols were in place for the use of 'as required' (PRN) medication. People would however, benefit from staff recording the outcome of administering their PRN medication to ensure this remained effective. There were regular medication audits being completed to identify any issues and we were confident that management would act appropriately to resolve any presenting issues with immediate effect. As a result, people could be reassured that medication was available and administered safely.

The home welcomed visitors and there were no current restrictions on visiting. Staff had been part of discussions in relation to Anne's Law and supporting meaningful connections at a recent meeting. As a result, the service had a good understanding of the importance of enabling visiting and contact at all times, to support people's wellbeing.

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The manager had a service improvement plan in place, however this needed developed further to incorporate all areas for improvement. The manager had received feedback from people and was incorporating their views into the plan. This ensured people's feedback went towards improving aspects of the service.

There was a comprehensive quality assurance process in place. The manager and staff team carried out regular audits to identify any areas for improvements, with clear action plans in place. This provided good oversight across all aspects of the service and ensured standards were maintained and improvements driven forward. Quality assurance had a whole team approach. As a result, people's outcomes had improved.

The manager and staff did daily walk rounds to identify any issues in the service. Any issues were acted upon quickly, which meant the service were being proactive in their approach to identify and resolve concerns.

A range of opportunities for people to feedback about the service were in place. We were told that communication had improved, and that people had been consulted through questionnaires and meetings, to give their views and opinions. Regular meetings were held, and there was an open-door policy for those who preferred one to one discussions with the manager. This meant communication was considered important, and that people's views were being considered and actioned, to improve people's quality of life in the home.

We were told, 'I absolutely feel supported, I can go to the manager with anything' and 'The manager is patient and will help me through at work'. Most people told us that they would raise any concerns directly with the home manager. Residents told us they felt safe in the home and were happy. The manager was visible in the home throughout our inspection. People were reassured that any concerns were welcomed and responded to appropriately.

A robust system was in place to monitor people's finances. Regular, financial audits were being completed and people had access to their money when required. This promoted choice and gave people reassurance that their money was safe.

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People could be confident that new staff had been recruited safely, and the recruitment process reflected the principles of Scottish Social Services Council guidance 2023, 'Safer Recruitment, Through Better Recruitment'. New staff had been interviewed with employment references, protection of vulnerable group checks, and right to work checks. Registration of professional bodies checks were being undertaken centrally. This meant people could feel reassured that the service was working hard to keep people safe.

Staff were working well together as a team, and were visible within the home. People told us 'Teamwork is better now' and 'We're a good team, everyone gets on well'. People had confidence in the team who supported them with their care. The service used a small amount of agency staff and where this was necessary, the manager ensured the same staff were requested, to ensure consistency in care and support for people. This meant people were reassured that they were being cared for by staff who knew them.

The manager and senior staff, carried out staff observations to monitor any practice issues such as handwashing, dining experiences and moving and handling. Feedback was given to staff in order for them to improve or to highlight good practice. This meant any areas for improvement were picked up quickly in order to deliver good quality care to people.

Staff supervision was being carried out although not at the frequency stated on the company policy. Staff told us, 'Supervision is meaningful, and we discuss my development' and 'I've had supervision, and the manager is always asking if I'm ok'. Staff felt supported and listened to in their role. The manager told us that a new process for staff supervision had been developed and was to be implemented soon. This will offer a more structured approach to support staff's development and wellbeing.

The manager used a dependency tool to inform staffing levels. This was being reviewed regularly and was influenced by people's changing needs. We discussed that it would be good for staff to be more involved in more activities as well as care tasks. The manager was aware of this and was working towards improvement in this area. **See key question 1.**

The manager had good oversight of all training, and compliance was at an above average level. There was a variety of training for staff, both online and face to face. This included adult support and protection, stress and distress and understanding legal powers such as power of attorney and adults with incapacity act. Staff translated their training into practice to enhance the care and support people received.

Meetings for staff, took place regularly with a focus on the people in the service. Daily flash meetings and senior care meetings focussed on the health and wellbeing of residents. This enabled staff present to discuss and assess the effectiveness of the care and support. This helped people receive the care and support that kept them healthy and well.

How good is our setting?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There were regular and planned arrangements for the maintenance of the home, and for any equipment. Staff reported any defects or repairs, and these were actioned quickly or referred on to an outside contractor. This helped to maintain a safe environment for people. Two shower rooms were out of use, however, action had been taken to make appropriate repairs. The service was responsive to any requests for new equipment. As a result, people felt reassured that the maintenance of the service was upkept to maintain their safety.

The home was mostly clean, tidy and free from intrusive noises and offensive odours. Some areas required a deeper clean, such as attention to corners of bedrooms, unused shower areas, and the bottom tracks of sliding wardrobe doors. The stair carpet also required cleaning, to remove dirt and stains. We highlighted this during our inspection for the manager to address and were confident that this would be dealt with, promptly.

People had single en-suite rooms. Rooms were decorated well, and furnished with personal items from home such as ornaments, furniture and pictures. It was clear that people were encouraged to personalise their rooms to make them feel more comfortable and homely.

Cleaning schedules were in place to help ensure routine cleaning. All chemicals used, were stored appropriately and domestic staff were knowledgeable regarding infection prevention and control (IPC). This meant people were cared for in a clean and pleasant environment.

There was appropriate signage around the home to help identify dining rooms, toilets and bathrooms. This meant people with visual impairment or dementia had visual cues to orientate them in their environment.

People had free access to a secure garden area via the conservatory. However, the garden was in need of some attention to make it a more welcoming place to be. Various chairs were haphazardly placed, and all areas would benefit from a general tidy up.

People had access to the local community. Some residents were enjoying trips out to the local café for coffee and cake, and others were enjoying walks in the local area. People were getting out in the fresh air, and also had access to the local community facilities, which contributed to their wellbeing.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Care plans in general, were detailed and outlined the care and support required. There was evidence of these being reviewed and monitored regularly. Where people experienced stress and distress, some care plans could have contained more specific detail on how best to support the person. However, this did not impact on the residents as we saw kind, supportive interactions from staff who knew people well, and used appropriate strategies to alleviate their anxieties.

A range of assessment screening tools had been reviewed regularly, to help highlight any emerging risks to people's health and wellbeing. For example, skin assessments, malnutrition risks, and falls assessments. Appropriate referrals had been made to other professionals where required. This helped to ensure that people received the right support to maintain good health and wellbeing.

Legal powers were documented in people's care plans and a copy of legal documents evident, such as power of attorney. Where appropriate, adults with incapacity (AWI) certificates were in place. This meant that staff were aware who was responsible for residents who lacked capacity, to ensure they were protected, and their rights upheld appropriately.

Six-monthly reviews were being carried out involving relevant people. It wasn't always clear from the documentation, whether people had attended their reviews. As a result, this may have led to some people having missed opportunities to express their views, to ensure their care plan was still effective.

Some people had anticipatory care plans in place. The manager was working with people and their families to ensure relevant information was discussed and documented for everyone in the service. This helped staff to identify what actions should take place when people reached the end of their lives. We will follow this up at our next inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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