

# The Glade Care Home Service

22 North Latch Road  
Brechin  
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Telephone: 01356 623 166

**Type of inspection:**  
Unannounced

**Completed on:**  
16 October 2024

**Service provided by:**  
Christopher Curnin

**Service provider number:**  
SP2007963082

**Service no:**  
CS2007142122

## About the service

The Glade is owned and operated by Mr Christopher Curnin who is the provider for this service, which operates under the name of The Glade. It is a care home which is registered to provide a care service for a maximum of 16 older people. No nursing care is provided. There were 16 people resident in the home at the time of this inspection.

The Glade is situated in its own grounds in a quiet, residential area of Brechin, a short distance from local shops, churches and other town amenities.

The home is a substantial stone-built, detached house on two floors, with a passenger lift. All rooms are single, the majority with en-suite toilet and wash hand basin facilities. There is a dining area and two lounges, with access onto the garden surrounding the home. The Glade has its own transport to enable people living there to access the community.

## About the inspection

This was an unannounced inspection which took place on 15 and 16 October 2024, between 09:00 and 17:40. The inspection was carried out by one inspector 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 throughout the year.

This was a pilot inspection to test a new way of inspecting to provide assurance that better performing services continue to deliver a very good level of care and support. No new evaluations (grades) have been awarded.

This inspection is called a core assurance inspection. This is because research tells us that these core assurances are the key areas that are essential to a service being safe. We report on them under the headings: legal assurances, wellbeing, leadership, staffing, the setting, and planned care and support.

We confirmed that the service continued to provide a very good level of care and support. We know this because on this inspection we:

- Spoke with three people using the service and three of their family and friends
- Spoke with five staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

## Key messages

### Legal assurances

People were safe and protected from harm because the service was operating legally and in line with their conditions of registration. The registration certificate was displayed in the building. The service had appropriate insurance in place which was also displayed and in date.

### Wellbeing

People's care and support was carried out in a relaxed and supportive manner, by staff who knew them well. People told us, 'It's a nice small family atmosphere here and the staff make us very welcome, they always look after us well.'

People had access to a range of activities that were available throughout the week. People told us that sometimes these varied depending on the levels of staffing available, but overall people had enough to do and had opportunities to access their local community in the service car that was available to them. We discussed how the service could improve the documentation of people's activities to ensure that these more accurately reflected what people enjoyed.

Medication systems were well organised, accurate and reflected best practice.

People had access to other health professionals to support their health and wellbeing. The local GP visited the service weekly, to ensure that any concerns were dealt with promptly, and knew all the residents well. Other peripatetic health professionals were referred to when necessary and routine health screening was carried out, such as dental care and visits from opticians and dieticians.

The service was clean and tidy, and cleaning schedules were up to date and accurately reflected the standards of hygiene observed during our inspection.

### Leadership

People told us that the manager was accessible and supportive. They told us, 'The manager and deputy are very supportive if we have any problems.' The management team were visible in the service, and we heard from staff that they frequently supported people with their support needs, supporting the staff team during busy times. Managers knew and understood the service well and had a range of quality assurance processes to monitor the performance of the service.

People were kept up to date and had a range of opportunities to feedback about the service which included, staff meetings, customer, and staff satisfaction surveys, and a monthly newsletter which was sent out to relatives.

The management team carried out regular audits of the service to ensure that standards were maintained, these included, care plan audits, bedroom and equipment checks and observations of staff practice. Staff also received recorded supervision and an annual appraisal.

The management team had a clear vision of the service and had a development plan in place and was in the early stages of evaluating the service.

## Staffing

Staff worked well as a team and in creating a pleasant atmosphere in the service, and clearly enjoyed their roles. Staff told us, 'I enjoy getting to know the residents and their families, and when they are happy here it is very rewarding.' We observed that there were good staffing levels in the service, and a range of shift times to ensure that there were enough staff to support people at busy times, and to ensure that people were supported with activities and outings.

Staff recruitment was managed well with all relevant checks carried out and in place prior to employment. People could be confident that new staff had been recruited safely and that recruitment processes were robust.

Staff were receiving six monthly supervision and one appraisal per year and were observed to be well supported. Staff told us that managers were available and approachable and supported them on the floor during busy times.

Staff training was of a good standard and processes were in place to monitor and ensure that staff were up to date with their training, and that they were maintaining the requirements of their registering body, the SSSC (Scottish Social Services Council).

## The setting

The service was in the process of being upgraded and refurbished at the time of this inspection. New carpets and decor in some areas of the home and communal spaces had been provided, such as new comfortable lounge chairs, dining furniture and upgrades to the kitchen. Other areas were still under development at the time of this inspection, such as improvements to the laundry and extending the property to facilitate the provision of an additional four bedrooms. The service was well maintained, and all essential maintenance such as routine and essential PAT testing, and annual safety checks, such as gas and electric maintenance, had been carried out to keep people safe. The service was clean and tidy, and cleaning regimes were in place, which were up to date, and regularly monitored to ensure that the service was maintained to a good standard.

## Planned care and support

Care and support plans were personalised, reflected individual support needs, and were regularly updated when care and support needs changed. People had received six monthly reviews as is required of all services, and it was clear that people and their relatives or legal representatives had been invited to these meetings. This ensured that people had regular opportunities to feedback about their care and support and ensured that these plans continued to meet their needs.

Fluid charts were being completed for everyone who required nutritional intake monitoring. These charts were not always required and increased documentation recording for staff. We discussed with the manager how this recording could be more appropriately targeted to ensure that staff time was used more effectively, and to ensure these charts were meaningful when this recording was required.

Legal information, such as POA (Power of Attorney), medical treatment certificates and DNACPR (Do not attempt cardiovascular resuscitation) were in place in people's support plans, which directed staff of who to contact when required, and of action to be taken in emergencies.

People had regular access to their GP, who visited the service each week. This meant that changes or concerns in people's health were dealt with promptly. Support plans also evidenced that the service was responsive in referring to other professionals such as district nurses, physios and dieticians when needed.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

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