

Glens Nursing Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
11 June 2025

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 garden with a summerhouse.

About the inspection

This was an unannounced inspection which took place on 10 and 11 June 2025. 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 their families
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

Staff knew people well and there were kind and caring interactions.

People spoke positively regarding the care and support delivered to loved ones in the home.

The manager was very visible within the service and worked closely alongside staff.

Frequency of staff supervision needed to improve.

There was a strong staff team in place and morale was good.

Care reviews were not being carried out in line with regulatory requirements, nor involving appropriate people.

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?	3 - Adequate
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?

3 - Adequate

In key question one, we evaluated quality indicators 1.1, 1.2 and 1.4 as good, as there were several strengths which impacted positively on outcomes for people and clearly outweighed the areas for improvement. We also evaluated quality indicator 1.3 as adequate, as strengths only just outweighed weaknesses. This meant the overall evaluation for this key question was adequate.

There was a calm and relaxed atmosphere in the home. People were being treated kindly, with compassion and respect. People told us, 'My mum is very well looked after. There is genuine warmth, care and compassion, shown by all members of staff'. This gave reassurance to people that positive relationships had developed with staff.

There were lots of examples of community links, providing opportunities for people to develop relationships and connections out with the home. One person told us, 'My friend lives round the corner and I am helped to go to see her'. Other people told us of trips out to local cafes and shops, which they enjoyed. People were enjoying spending time with local nursery children who visited the home every week. This gave people a sense of purpose and wellbeing.

There were no restrictions on visiting, and families were coming and going freely. Relatives felt welcome and able to spend time with loved ones, whenever it suited them. For example, one resident was spending time being assisted at a mealtime, by a relative. This meant people could still spend quality time together and made them feel involved in their loved one's care.

Personal plans were detailed, with specific information on how staff supported people using a person-centred approach. Appropriate paperwork was in place for people who lacked capacity, such as power of attorney. This informed staff of who the home could be consulting with regarding the care of the person.

Care plans evidenced that people were able to access a range of services such as tissue viability, podiatrist and physiotherapist. This ensured that people's care was planned according to their needs, and wellbeing and specialist advice sought where required.

Where restrictive practice was necessary to keep people safe, this was kept to a minimum, with appropriate risk assessments and consents in place.

Staff offered sensitive support where people were experiencing stress and distress. For example, staff were able to recognise where one person was upset during a mealtime service, and subtly, were able to divert the person with reassurance and a dance. As a result, people experienced nurturing care by staff who recognised where they needed extra reassurance and support.

Staff had received training in adult support and protection, and demonstrated good knowledge regarding how to keep people safe from harm. Staff told us they felt confident in reporting such matters, and that there was an open door policy with the manager at all times.

A robust, electronic system was in place to keep people's money safe. People were given choices with managing their own finances where appropriate, and had access to their finances at any time.

There was an organised system in place for administration of medications which was audited regularly. Protocols were in place for administration of 'as required' (PRN) medications, to ensure alternative strategies were attempted before given, to alleviate people's symptoms. People benefitted from staff recording the outcome of administering their PRN medications, to ensure this remained effective. This meant people could be confident their medication was available and being administered safely.

People were encouraged to enjoy meals together and there was a relaxed, unhurried atmosphere in the dining area at the time of inspection. There were plenty of staff to assist people, and everyone in the team was involved. There were nice, kind interactions, and staff knew people well. For example, one person was continuously walking throughout the mealtime. Staff offered a chocolate ice cream and this engaged the person to sit and enjoy this until finished. People were given visual choices of meals, and they looked and smelt appetising. People had a choice of fluids offered throughout their meal. This meant people could be reassured that they would be supported with their nutritional wellbeing and hydration.

People's mobility was encouraged and supported. A range of activities promoted movement and exercise, which benefitted people's physical and mental wellbeing. Walking aids were within reach for people and staff were observant and aware of people's needs. Falls had been recorded, and the manager maintained an overview in order to identify any trends or reoccurrences that could be avoided. It was however a concern that support following an unwitnessed fall or falls that had resulted in a head injury, were not consistently, or accurately recorded. For example, neuro observations. **Please see 'What the service has done to meet any requirements we made at or since the last inspection section of this report'.**

Resident meetings demonstrated that people's views were sought in relation to decisions within the home. This gave people a forum to give their views and opinions on the service and for future developments.

There was a range of activities and opportunities for people to enjoy in and around the home. People were also being encouraged to move more. For example, people were playing tennis and other games in garden at the time of inspection. People were enjoying plenty of walks out and about in the local community. People told us, 'There's plenty going on. Nice to see the sun, I could just sit here all day'. People were consulted and included in planning events and activities. Therefore, people were confident that they had plenty of choices as to how to spend their days.

The home was visibly clean and tidy with cleaning protocols in place, and no intrusive odours. Infection prevention control (IPC) stations were available for staff throughout the home and used appropriately. People could be confident that they were being cared for in a clean and healthy environment.

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.

A service improvement plan was in place. This was a detailed document which highlighted areas for development, which had been identified through quality assurance processes, and feedback from people. This demonstrated a commitment to consulting with people about improvements and developments of the service.

The manager and deputy manager were very visible around the home at the time of the inspection, and were working closely alongside staff. Staff told us that the manager was approachable and that there was an open-door policy at all times for everyone. Managers were assisting with a mealtime service, which promoted role modelling for staff. People were therefore confident, that if there were any issues, they would be dealt with appropriately, and timeously.

A variety of meetings were being held regularly to discuss people's care and support and service development. The manager adopted a team approach to care and support, and ensured that everyone was involved. For example, staff were involved with completion of regular audits and encouraged to share ideas and explore different ways of working together. This meant that staff felt listened to in a relaxed and supportive environment, and encouraged to be part of service development.

Manager considered staffs' wellbeing to promote a healthy work/life balance. For example, one person who was finding difficulties with the existing shifts, had approached the manager and through discussion, was able to find a solution which suited both parties. This impacted positively on this member of staff and people living in the home.

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.

A comprehensive induction for all new staff was in place. Staff told us this had prepared them for their roles and had given them time to get to know the residents and for residents to get to know them, before supporting them. This gave people confidence that new staff had the right information relating to people's specific needs and outcomes.

A variety of training had been completed, and overall compliance was at a satisfactory level. Staff told us this had been beneficial in increasing their knowledge. Staff demonstrated values through their practice, which were in line with the Health and Social Care Standards. As a result, people benefitted from a competent, knowledgeable staff team.

Staffing arrangements were determined by ongoing assessment of people's needs. At times people told us they did not feel there was enough staff, and this could result in people waiting longer than normal for care and support. A recent staffing review had been undertaken by the manager. As a result, staff had been increased on nightshift, and this was making a difference to people experiencing care. This also had made a positive impact on staff.

Staff were happy and told us, 'I think we have a good team', 'We all work well together' and 'We have a good, strong team. The best it's been'. Morale was good, as staff felt listened to and supported by the manager, as well as being supported by colleagues.

Supervision was not where it needed to be. Some supervision had been carried out however, not at the three monthly timescales as per company policy. Staff did however, tell us that they could approach the manager to chat about anything at any time, and that they felt very supported in their roles. **See area for improvement 1.**

Areas for improvement

1. The provider should ensure that in order to promote best practice, good conduct and support staff, systems should be in place which allow supervisors and supervisees time to prepare for and take part in regular, meaningful supervision sessions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

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.

Maintenance records were in place and up to date, which confirmed there was regular servicing and maintenance of fixtures and fittings, as well as any care equipment, such as hoists and stand aids. There was a process for reporting faults and repairs in place, and all repairs were completed timeously. People felt reassured that the maintenance of the service was upkept, to maintain their safety.

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.

The home was clean and free from unnecessary clutter. There were good processes in place to ensure a high standard of cleanliness.

People had access to the local community. Some residents were enjoying trips out to local cafes, 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. People had access to the gardens and these were being used on a regular basis.

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.

The service had hired a minibus and were planning a day trip out into the local community. Relatives had been involved with planning this event, and were encouraged to meet with residents and staff on the trip. This meant people were encouraged to maintain connections and relationships with loved ones during recreational activities, and were very much still involved within their lives.

We discussed with the manager how involving residents and families in recruitment of new staff, would strengthen this process. We look forward to see how this has developed at our next visit.

It was clear to see that relatives felt comfortable in assisting loved ones, for example, at mealtimes. This meant they still felt involved in people's care and support, which benefitted people's overall wellbeing.

Relative's meetings had taken place, and minutes described a good range of different discussions. Families were encouraged to make suggestions, and provide feedback on all aspects of the home.

Where legal powers were in place, this was clearly documented in people's plans. For example, copies of power of attorney were in place, advising staff who to consult where required.

Minutes of reviews were not always available, and some did not document where families had been involved, and consulted where appropriate. The frequency of reviews was not in line with regulatory requirements. **See area for improvement 1.**

Areas for improvement

1. In order to ensure people and any legal representatives are fully consulted and involved in the development and review of their care plan, the provider should carry out reviews in line with regulatory requirements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 20 March 2025, the provider must make proper provision for the health, welfare and safety for people using the service. In particular the provider must:

- a) Ensure individuals are supported to mobilise in accordance with their care plan. b) Ensure accurate and reliable record keeping in relation to events prior to and following a fall.
- c) Ensure post fall observations commence immediately following a fall.
- d) Ensure timely access to Other Healthcare Professionals in response to a suspected injury.
- e) Ensure individual's representatives experience timely communication in accordance with their preferences.

To be completed by: 20 March 2025.

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required. This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210)

This requirement was made on 10 February 2025.

Action taken on previous requirement

People were being supported to mobilise in accordance to their care plan. Walking aids were within reach and well maintained.

We were unable to evidence accurate and reliable record keeping following falls. Neuro observations were not well recorded, and therefore we could not be confident that they had been completed. Some entries reflected that neuro observations were not completed, as the person was asleep. This does not reflect best practice or the provider's own expectation, and therefore needs to improve.

Referrals had been made to relevant providers and next of kin had been notified following falls.

This requirement has not been met and we have agreed an extension until 11 August 2025.

Not met

Requirement 2

By 20 March 2025, The provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users—

- a) Ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.
- b) Ensure the accurate assessment of individual's needs in determining safe staffing levels.
- c) Ensure the review of the assessment in accordance with service user's changing needs.
- d) Ensure the assessment of safe staffing includes the lay out of the building and the professional judgement of the manager.

To be completed by: 20 March 2025

This is to ensure care and support is consistent with Health and Social Care Standard 3.15: My needs are met by the right number of people. This is in order to comply with: Section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This requirement was made on 10 February 2025.

Action taken on previous requirement

Nightshift staffing had been increased following a staffing review. This meant people were receiving more responsive care and staff told us this had made a positive difference to everyone.

Rotas reflected the correct number of appropriately trained, competent staff required to meet people's needs each day.

People's dependencies were assessed using a management tool. These were being reviewed as changes occurred and twice weekly otherwise, as a minimum. Staffing arrangements took into consideration the layout of building and there was flexibility around staffing, depending on occupancy.

The manager used professional judgement to place people appropriately in the home. For example, consideration was given to more independent people living on the middle floor, as this was considered lower risk. One member of staff was therefore able to care for these residents, which allowed for a greater number of staffing, where dependencies were higher.

Met - outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

In order to ensure individual's experience high quality care and support because people have the necessary information and resources, the service should; improve the Pre- Admission Assessment process to ensure adequate information is sought and gained to ensure the care team are fully aware of the individual's needs and appropriate equipment is available on admission to the service.

This is to ensure care and support is consistent with Health and Social Care Standard 4.27: I experience high quality care and support because people have the necessary information and resources.

This area for improvement was made on 23 December 2024.

Action taken since then

A comprehensive pre admission process was in place. The manager advised that assessments are carried out in person. On one occasion this was not carried out, and lessons have been learnt that this will not be the case moving forward.

All admissions are planned ahead and are from Mondays through to Thursdays, to ensure relevant professionals, such as GP, are available should any issues arise.

Existing, returning residents are able to be readmitted out with these times, unless there have been any significant changes to their care and support.

Admissions would be postponed if the home did not have the relevant equipment in place to meet new residents needs.

Pre admission assessments and scanned into the electronic care planning system, so staff can use this information as a basis to start planning residents care.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good

How good is our leadership?	4 - Good
2.4 Staff are led well	4 - Good

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	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
4.2 The setting promotes people's independence	4 - Good
4.3 People can be connected and involved in the wider community	4 - Good

How well is our care and support planned?	4 - Good
5.2 Carers, friends and family members are encouraged to be involved	4 - Good

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