

Glens Nursing Home Care Home Service

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Edzell
Brechtin
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Telephone: 01356 648 888

Type of inspection:
Unannounced

Completed on:
3 November 2021

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010272012

About the service

Glens Nursing Home is centrally situated in the small Angus village of Edzell. The service is owned by the Balhousie Care Group and it provides both residential and nursing care on a permanent and short-term basis. Accommodation is across two floors.

The home is registered for a maximum of 31 adults. The service has been registered since 2010.

The organisation states:

"We truly strive to capture the true essence of person-centred care by recognising that people come first - by looking after the care of people, the rest will follow."

This was a follow up inspection to review the progress of requirements made at the inspection of 17 August 2021. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

What people told us

We spoke with people living at the service and their families, we used some of their comments to inform our inspection.

The service was following the "Open with care" guidance and this resulted in positive outcomes for people living in the home and their families. People told us that they were happy with the level of contact that they had.

"I am really very happy here, I have no complaints. The staff are always lovely and helpful, nothing is too much trouble."

"As a family we have absolutely no concerns, the service provided has been exceptionally good."

"Communication has been very good during the pandemic. We have felt reassured by this when we were unable to visit."

"The staff give me the option to go out, but I'm still not keen to go out too much and they are fine with that. If I need anything, they make sure I get it."

"The whole team are wonderful."

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 care and support during the COVID-19 pandemic?	3 - Adequate

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

The service had progressed an action plan and quality assurance processes to address the issues raised at the previous inspection. This meant that there was a focus on making positive changes to improve people's wellbeing.

We found that the service had met all of the requirements and areas for improvement made at our last inspection and no new requirements or areas for improvement have been made.

1.1 People experience compassion, dignity and respect

People appeared happy and well. Care had been taken to ensure that people were supported to look their best. Staff were present and interacted in a respectful way, it was clear that they knew how best to support people in line with their wishes.

1.2 People get the most out of life

Improvement had been made to make more opportunities available for people, supporting them to contribute to home life. Staff were very proactive in making sure that people's lives were enriched with a variety of activities.

1.3 People's health benefits from their care and support

There was an improvement in staff awareness and training specific to the needs of the people being supported and there had been an increase in staffing numbers. Work was underway to improve care planning, with attention given to ensuring that information was available to support people with pain management.

We have re-evaluated the service to be performing at a good level across the areas inspected. We will track progress through routine inspections. (See 'What the service has done to meet any requirements'.)

How good is our care and support during the COVID-19 pandemic?

3 - Adequate

The numbers of permanent staff had increased and staff were deployed where they were needed most. The needs of people now informed the number of staff on duty. This resulted in people receiving their care and support when they wanted and needed it. (See 'What the service has done to meet any requirements'.)

We have re-evaluated the service to be performing at an adequate level for this key question. We will continue to track progress through regular inspection processes.

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

Requirements

Requirement 1

The provider must, by 11 October 2021 ensure people can enjoy spending their time in ways that are meaningful and purposeful for them. In order to achieve this you must:

- (a) Record information about activities that are meaningful and purposeful for people.
- (b) Develop care plans regarding people's social and emotional needs.
- (c) Record one-to-one support with meaningful activities for people who require this level of support.
- (d) Collect and act upon feedback from residents, relatives or carers about the support provided.

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

'I can maintain and develop my interests, activities and what matters to me in the way that I like.' (HSCS 2.22); and

In order to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SS1 2011/210.

This requirement was made on 17 August 2021.

Action taken on previous requirement

The provider had spent time gathering information about people's histories, what they enjoyed doing and what they did not. This meant that activities and plans were individualised to each person.

The provider had found novel ways of engaging people in activities that not only sparked an interest for them, but also promoted physical activity and helped people engage with one another.

People's care records demonstrated how and when people were being supported and information was written in a person centred way.

The service had recorded verbal feedback from residents, and staff demonstrated an awareness of when people who could not communicate were enjoying activities. We spoke with residents and their families who were able to support the evidence we had found.

Met - within timescales

Requirement 2

The provider must, by 29 October 2021 ensure staff have the knowledge, skills and abilities to provide effective and person-centred support for people living with dementia. This includes having systems to demonstrate staff's understanding and ability to transfer learning into practice.

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

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

In order to comply with Regulation 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SS1 2011/210.

This requirement was made on 17 August 2021.

Action taken on previous requirement

Staff had completed dementia specific training. This had been accomplished by completing online and practical classroom work. The staff were able to demonstrate a good working knowledge of supporting someone with dementia and were able to apply this knowledge to individual residents needs. Systems were in place to ensure that staff understood and practiced in a way that supported individuals in a way that was right for them.

Met - within timescales

Requirement 3

The provider must, by 13 September 2021 ensure people's pain levels are recognised, assessed and managed appropriately. In particular you must:-

- (a) Put in place, implement and continually assess, effective pain management procedures; and
- (b) Take action to ensure that staff recognise and manage pain when people cannot communicate verbally or are cognitively impaired; and
- (c) Take action to ensure that people have access to and receive appropriate service from external health care professionals where this is required.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24); and

In order to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SS1 2011/210.

This requirement was made on 17 August 2021.

Action taken on previous requirement

The provider had carried out individual pain assessments for residents and put in place systems to continually review peoples needs. Staff were able to demonstrate a knowledge of signs that individuals may

be experiencing pain and how to act upon this information. Quality assurance processes were in place to ensure that standards were maintained.

Met - within timescales

Requirement 4

By the 11 October 2021, the provider must ensure that the skill mix and number of staff on duty is sufficient to ensure that there is consistency in how the care needs of residents are met, and that sufficient levels of observation are in place to ensure people's safety and wellbeing. The staffing arrangements must be responsive to the changing needs of residents and to any changes within the service.

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

'My needs are met by the right number of people.' (HSCS 3.15); and

In order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 210/2011) Regulation 4(1)(a) - Welfare of Users.

This requirement was made on 17 August 2021.

Action taken on previous requirement

Staff recruitment had taken place resulting in greater number of staff being available within the home. Processes were in place to continually assess support needs of the residents and to direct staff to work in areas required. Levels of observation were increased in communal areas and engagement between staff which improved safety for people living in the home.

Met - within timescales

Requirement 5

By 11 October 2021, the provider must have in operation a system of regular, formal supervision, and ensure that every member of nursing and care staff have engaged in at least one session. This is to ensure that staff have access to support and guidance in line with professional codes of conduct.

This is in order 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); and

Scottish Social Services Council (SSSC) Code of Practice 3.5: Provide effective, regular supervision to social services workers to support them to develop and improve through reflective practice.

Also in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) and (d) - Welfare of Users.

This requirement was made on 17 August 2021.

Action taken on previous requirement

The provider had a formal supervision and support policy in place. All staff had successfully completed at least one formal supervision with further sessions planned.

Met - within 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

The provider should ensure that people are supported to maintain good hand hygiene practices to minimise the risk of the spread of bacteria.

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

'I receive high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

This area for improvement was made on 17 August 2021.

Action taken since then

People were being supported to carry out hand hygiene at appropriate times. People were being encouraged to wash hands in the first instance, and hand wipes were available throughout the home where this was not possible and staff were observed to encourage and support residents with the use of these.

We consider this area for improvement to be met.

Previous area for improvement 2

The provider should ensure that all staff are compliant at all times in the use of personal protective equipment (PPE) by carrying out regular quality assurance checks and encouraging staff to remind one another where they witness a lapse in standard of practice.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

This area for improvement was made on 17 August 2021.

Action taken since then

Staff were observed to use personal protective equipment appropriately at all times. there was evidence to support that competency checks occurred regularly and advice and support was given to staff where required.

We consider this area for improvement to be met.

Previous area for improvement 3

The service needs to continue with a robust programme of quality assurance, and that the improvement plan and continues to maintain an active partnership with staff, residents and relatives to ensure that people have opportunities to have their say and ensure that improvements are everyone's responsibility. The manager should continue their approach to further develop the service.

This is in order to comply with Health and Social Care Standards (HSCS) 4.6, which states: 'I can be meaningfully involved in how the organisations that support and care for me work and develop'

And HSCS 4.7, which states: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.

This area for improvement was made on 18 October 2019.

Action taken since then

The provider has an improvement plan and quality assurance processes in place. Evidence supported that they worked in partnership with residents, their families, staff and other professionals.

We consider this area for improvement to be met.

Previous area for improvement 4

The service should continue to ensure the environment is well maintained and suitable to meet the needs of the residents.

This is to ensure care and support is consistent with the Health and Social Care Standard: 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support' (HSCS 5.1).

and: 'If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax' (HSCS 5.6) and: 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18).

5.11 I can independently access parts of the premises I use and the environment has been designed to promote this (HSCS 5.11).

5.19 My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes (HSCS 5.19).

This area for improvement was made on 18 October 2019.

Action taken since then

Quality assurance processes were in place to identify any issues within the environment. There was evidence of improvement work ongoing.

We consider this area for improvement to have been met.

Previous area for improvement 5

There is a need to continue to further develop the service, improve recordings and documentation and embed practice.

Personal plans should be accurate and up-to-date, providing guidance for staff on how individuals are to be supported to have their needs met. Plans should be further developed to be person-centred and recordings should be detailed and evaluative.

This is in order to comply with Health and Social Care Standard 1.15, which states: My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

And 3.19 which states: 'My care and support is consistent and stable because people work together well.'

This area for improvement was made on 18 October 2019.

Action taken since then

The provider had begun to update personal plans in an electronic document. Descriptions of care and support required were written in a detailed and person centred way. As a result, people were more likely to receive care that was right for them in a way that they preferred. From plans that we viewed, we saw that recordings were accurate and up to date.

We consider this area for improvement to have been met.

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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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