

Glens Nursing Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010272012

About the service

Glens Nursing Home is a nursing home for adults 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 handwash 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 follow up inspection which took place on 1 and 3 November 2022. The inspection was carried out by three 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 17 people using the service
- spoke with 10 of their family and friends
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People were enjoying more organised activities, further improvement is necessary in meaningful activity for individuals.
- The provider should improve upon staff's understanding of the electronic care planning system.
- Quality assurance systems were in place and staff continue to develop in improvement-focussed practice.
- Communication with families and friends has improved but should continue to develop.
- Further consideration is needed with deployment of staff to improve observation and reduce risk during periods of high clinical activity.
- Improvement is needed in the understanding and application of the Health and Social Care Standards (HSCS).

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?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	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?

3 - Adequate

We made an evaluation of unsatisfactory for this key question at our last inspection. This has now been changed to adequate. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

One requirement and one area for improvement was made at the previous inspection. As a result, the service implemented an action plan to help drive forward improvement. The service did not meet the requirement. We have reinstated this requirement with a new extended timescale of 31 January 2023 (**see requirement 1**).

The area for improvement was met (see 'What the service has done to meet any areas for improvement we made at or since the last inspection').

We undertook observations of practice and saw that staff engaged with people in a warm and friendly manner. Staff were observed to support and encourage people to carry out tasks as independently as they could in an effort to maintain people's skills.

Some staff appeared rushed, sometimes care and support was delivered around routines and tasks. When we spoke with people, they told us that they sometimes had difficulty in finding staff or felt that, at certain times, observations of communal areas was not safe. While we saw that there were sufficient staff on duty, improvement is necessary in the continuous assessment of risk and clinical activity to ensure that staff are deployed to the areas that need the greatest support (**see area for improvement 1**).

The atmosphere in the home was upbeat. People expressed that things were improving. They told us that staff were "marvellous" and that they were happy with their care and support. We saw lots of positive engagements and heard staff and residents joking and laughing together.

Since our last inspection, an activities coordinator had been employed, although the hours of support were only weekdays meaning that less activity would happen in the evenings and weekends. People had the option of taking part in group activities and some people had enjoyed spending time walking around the village. People spoke positively about the improvement around activities and families were pleased to see that something was now in place. Further improvement is needed to ensure that people are engaged in activities that have meaning for them as individuals and at a time that is suitable to their needs. Meaningful engagement is something that the whole team should be involved in.

Most people were now enjoying a much more positive mealtime experience. We saw that menus were made available, tables were set, and people could choose meals at the point of service. There was a greater awareness of fluid and nutritional requirements and some staff had attended nutrition training. However, there continued to be some confusion around specific requirements for some people. When we spoke with people they told us that they enjoyed the food on offer and there was always plenty to eat and drink.

People were able to enjoy their meals in an unhurried, relaxed atmosphere. People who required support to eat and drink were supported in a discrete manner. We saw, however, that some people were not offered clothes protectors when they ate, resulting in clothes becoming contaminated with food residue.

When we spoke with staff, some were unclear about the Health and Social Care Standards (HSCS) and the application of this to practice. Improvement is necessary around how the standards support good outcomes and experiences for people **(see requirement 1)**.

People's plans contained relevant health assessments which were being reviewed regularly. The provider had a continually developing relationship with the local health and social care partnership and were engaging frequently and seeking advice and support appropriately.

Systems were in place for recording contacts and outcomes with health professionals. However, we found that this was not always implemented, meaning that it was difficult to trace advice that had been given or to ensure that it was being followed.

While we saw that all staff now had access to the electronic care planning system, some staff were not recording information accurately or sufficiently **(see area for improvement 2)**.

The service was operating in line with 'Open with Care' guidance and improvements had been made in communication with people's families and legal representatives. Ongoing improvement is necessary to continue to develop relationships and rebuild trust.

Requirements

1. By 31 January 2023, the provider must ensure that all service users experience dignity and respect in all aspects of their care and support.

To do this the provider must, at a minimum, ensure that:

- a) Staff have a clear understanding of, and always implement, the principles of the Health and Social Care Standards.
- b) Dignity and respect is part of a quality framework that assess the service performance and forms part of any plans for improvement.

This is to comply with Regulations 4(1)(a) (Welfare of service users) and 4(1)(b) (Privacy and dignity of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the principle of 'dignity and respect' as stated within the Health and Social Care Standards (HSCS).

Areas for improvement

1. To ensure that care and support is responsive to people's changing needs, the provider should improve upon how staff are deployed throughout the day to take into account risk and changing levels of clinical activity.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

2. To ensure that people consistently receive the care and support that is safe and right for them, the provider should improve upon the way in which staff record healthcare information about them. They must ensure that it is accurate, that it is in line with the provider's recognised systems, and that the data can be easily tracked.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27); and 'I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me' (HSCS 3.4).

How good is our leadership?

3 - Adequate

This key question was subject to an improvement notice at the previous inspection. Since then, the service put in an action plan to help drive forward improvement. The improvement notice was met at this inspection.

We made an evaluation of unsatisfactory at the previous inspection for this key question. This has now been changed to adequate. While strengths had a positive impact, key areas need to further improve.

The management team worked alongside staff to help deliver care and support. This meant that oversight of clinical activity had improved and any corrective measures needed to support systems or practice were identified and addressed at an early stage. As a result, people received a better quality of care.

The provider had launched a new quality assurance system and all staff had an awareness of this and their responsibility in the assurance process. Leaders were setting aside time to carry out the necessary checks and identifying and acting upon areas for improvement.

Communication within the team had improved and staff felt able to raise concerns or share ideas for service improvement. This helped create a culture where staff were beginning to feel supported, valued, and respected.

How good is our staff team?

3 - Adequate

We made an evaluation of unsatisfactory for this key question at our previous inspection. This has now been changed to adequate. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

Two requirements were made at the previous inspection. Since then, the service had put in place an action plan to help drive forward improvement. The service has met these requirements (see 'What the service has done to meet any requirements we made at or since the last inspection').

Additionally, one area for improvement was made at the previous inspection. This area for improvement has been met (see 'What the service has done to meet any areas for improvement we made at or since the last inspection').

The provider had an ongoing process for recruitment and had been successful in filling most vacancies. Staff continued to work hard to meet the needs of the people living in the home and when there were uncovered shifts, staff would work extra shifts to ensure that people were supported by staff that they knew.

Staff had completed a variety of training relevant to their roles to improve safety and the quality of care for the people being supported. However, some people had reported inconsistencies in levels and quality of care. For instance, sometimes certain communal areas within the home, while occupied by residents, had no staff observation or instances where engagement had been poor (**see area for improvement 1**).

Safer recruitment and induction practices were being followed and staff were familiar with what was required of them in their role.

Areas for improvement

1. To ensure that people consistently receive care and support that is right for them, the provider should invest further time for staff to receive training in the application of the Health and Social Care Standards and ensure that staff receive support and supervision in line with the requirements of their registering body.

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 professional and organisational codes' (HSCS 3.14).

How good is our setting?

3 - Adequate

We made an evaluation of unsatisfactory at our last inspection. This has now been changed to adequate. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

One requirement was made at the previous inspection. Since then, the service had put in place an action plan to help drive forward improvement. Improvement has been made (see 'What the service has done to meet any requirements we made at or since the last inspection').

In addition, one area for improvement was made at the previous inspection. Insufficient progress has been made in this area. We have, therefore, reinstated this area for improvement to allow the service to continue to focus on making improvements in providing an environment that is in line with best practice for supporting people experiencing dementia (**see area for improvement 1**).

Significant work had taken place to improve the environment, furniture, and fixings to support health and safety and infection prevention and control requirements.

Improved performance for recognising and reporting environmental concerns was observed. Systems were in place to prioritise repairs, meaning that risk of harm from environmental factors was reduced.

There were sufficient supplies of cleaning materials, personal protective equipment (PPE), and clinical waste bins. Staff were aware of and followed the relevant guidance.

Areas for improvement

1. To promote calmness, safety, and security, the provider should develop a more supportive environment for people experiencing dementia.

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

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

How well is our care and support planned?

3 - Adequate

We evaluated this key question as being weak at our last inspection. This has been changed to adequate. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

Most people reported that there had been an improvement in communication with families and friends since our last inspection. Although, anxieties remained as to whether improvement would continue.

Some people had been able to be involved in supporting their loved ones at mealtimes. However, there had been some confusion in the guidance around this, resulting in people not knowing if this was something they could or could not do. Improvement should continue so that people can support their loved ones, as necessary.

The provider had given regular updates to families during the period that the service was subject to the improvement notice and family meetings were held. There had been a reduction in the use of the home's Facebook page, some people missed the updates and photos of activities that their loved ones had been engaged in as it provided comfort to those who lived far away.

Improvement should continue in building relationships with people's representatives and ensuring that those with legal powers are kept up-to-date and informed in line with guidance.

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

Requirements

Requirement 1

By 24 May 2022, the provider must ensure that all service users experience dignity and respect in all aspects of their care and support.

To do this the provider must, at a minimum, ensure that:

- a) Staff have a clear understanding of, and always implement, the principles of the Health and Social Care Standards.
- b) Dignity and respect is part of a quality framework that assess the service performance and forms part of any plans for improvement.

This is to comply with Regulations 4(1)(a) (Welfare of service users) and 4(1)(b) (Privacy and dignity of

service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the principle of 'dignity and respect' as stated within the Health and Social Care Standards (HSCS).

This requirement was made on 19 April 2022.

Action taken on previous requirement

Insufficient progress has been made on this requirement.

It has, therefore, been reinstated (see requirement 1 under 'How well do we support people's wellbeing?').

Not met

Requirement 2

By 19 July 2022, the provider must ensure that people are supported by staff in the correct numbers in care and leadership roles who have the knowledge, skills, and confidence to provide safe care that meets people's health, safety, and wellbeing needs as set out in their support plan.

To do this, the provider must:

- a) Undertake a dependency assessment on a planned and regular basis to help identify the correct numbers and skill of staff required to meet people's needs.
- b) There are adequate numbers of staff, adequately trained, employed, and working at all times to deliver people's planned care and to support a safe living environment.
- c) Provide a robust induction process for staff that orientates them to their role and to internal and regional policy and procedure.
- d) Provide training relevant to the staff team's care and leadership roles, in particular all training identified as mandatory by legislation and by the organisation and any other training relevant to providing a well led service that meets people's individual needs.
- e) Implement a process to assess how well staff in care and leadership roles put learning from training into practice and support staff to make improvements to their knowledge, skills and the quality of care, when necessary.

This is to comply with Regulation 15 (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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 professional and organisational codes' (HSCS 3.14); and 'My needs are met by the right number of people' (HSCS 3.15).

This requirement was made on 19 April 2022.

Action taken on previous requirement

The provider had carried out dependency assessments for all residents as part of their care planning, which was being reviewed regularly.

Since the last inspection the provider has experienced some difficulties in the retention and recruitment of staff and recruitment is ongoing. However, wherever possible, the provider made attempts to cover vacant shifts by current staff working extra shifts to fill voids and with the support of staff from other Balhousie homes. Sometimes agency staff were employed. However, the provider attempted to ensure that there was a consistency in staff utilised.

An induction plan was in place for new employees and only those with the relevant experience and qualifications were performing in leadership roles.

A system of staff supervision was in place to monitor and assess competency and practice.

Met - outwith timescales

Requirement 3

By 16 May 2022, the provider must ensure that all staff providing care and support to people experiencing care have access to care plans detailing how their needs are to be met.

This is to comply with Regulation 4(1)(a) (Welfare of service users) and Regulation 5 (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This requirement was made on 19 April 2022.

Action taken on previous requirement

Sufficient handheld care planning devices were made available to staff, including temporary and agency staff. Senior staff carried out checks to ensure that staff had these at all times. Some improvement is needed in how these devices are used in an effective and consistent way.

Met - outwith timescales

Requirement 4

By 30 May 2022, the provider must ensure that people live in an environment that is safe, clean, and well maintained.

To do this the provider must, at a minimum:

- a) Ensure that damage to or faulty fixtures, fittings, or equipment are reported and assessed for risk at the earliest opportunity.
- b) Ensure that repairs are attended to in a timeous manner; where delays are anticipated actions must be

taken to reduce the risk and review progress on works on a planned and ongoing basis.

c) Ensure that personal care equipment is clean and a system is in place to support effective cleaning and maintenance on a planned and ongoing basis

This is to comply with Regulation 10(2)(c) (Fitness of premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment' (HSCS 5.22).

This requirement was made on 19 April 2022.

Action taken on previous requirement

A system for reporting of repairs was in place and was being managed in a priority of risk. Since the last inspection there has been significant work carried out by the provider to improve the environment.

Met - outwith timescales

Requirement 5

The provider must, by 5 August 2019, make proper provision for the prevention of under nutrition and/or dehydration for people using the service. In order to achieve this the provider must:

- a) Ensure that the risk of under nutrition and dehydration are fully and accurately assessed.
- b) Ensure that care and support is effectively planned and consistently reviewed, particularly when the risk is increased due to changes in health.
- c) Ensure that action is taken in response to weight loss or reduced fluid intake, such as increased monitoring, prompting, encouragement, and assistance.
- d) Ensure the consideration of adapted equipment to support independence for people using the service.
- e) Ensure that supplementary evidence, where required, is completed accurately and consistently.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

This requirement was made on 7 May 2019.

Action taken on previous requirement

The provider completed nutritional and hydration risk assessments for all residents. These were being reviewed regularly through people's personal plans to identify any changes in presentation.

In addition, information sheets were implemented to inform staff of how people were to be supported. A range of high calorie foodstuffs were available and offered as supplements to those with specific nutritional needs.

People were being weighed regularly and a system was now in place to respond to those who had experienced weight loss. Referrals to dietetics were being made, as necessary, and the staff had received advice and guidance from a dietitian around specific types of diets.

Adapted equipment was available in the home.

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

To support effective communication and involvement, the provider should ensure that systems are in place to inform and involve people's next of kin, welfare guardian, or power of attorney in matters affecting their wellbeing. This should include, but is not limited to, accidents, incidents, and significant changes in their presentation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

This area for improvement was made on 19 April 2022.

Action taken since then

People's personal plans recorded who had been identified as their next of kin and where they were subject to a power of attorney or guardianship order. Improvement had been made in communicating important information to people's representatives. The provider made frequent contact to update families regarding the enforcement process. The provider continues to develop ways in which contact suits individual families and representatives.

We consider this area for improvement to have been met.

Previous area for improvement 2

To ensure that only people with the right skills and values are employed in the service, the provider should ensure that safe recruitment and induction practice is followed. This should include, but is not limited to, full implementation of the provider's own recruitment and induction procedures and a quality assurance process to ensure compliance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This area for improvement was made on 19 April 2022.

Action taken since then

The provider was adhering to safer recruitment and induction practice guidance. We reminded the provider at the time of inspection around the importance of ensuring records were up-to-date.

We consider this area for improvement to have been met.

Previous area for improvement 3

The provider should ensure that the care home has adequate records in place that will provide information about residents' attendance at GP appointments and the outcome of these visits

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This area for improvement was made on 6 September 2019.

Action taken since then

The provider had systems in place for recording information about people's contacts with health professionals and the outcome of those visits.

We consider this area for improvement to have been met.

Previous area for improvement 4

The provider should ensure that the care home has adequate care plans in place for individuals who experience stress and distress, in order support and manage mental health.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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' (HSCS 1.15).

This area for improvement was made on 6 September 2019.

Action taken since then

People's plans contained information around stress and distress. The provider had engaged with specialist services around specific plans to support some individuals.

We consider this area for improvement to have been met.

Previous area for improvement 5

To promote calmness, safety, and security, the provider should develop a more supportive environment for people experiencing dementia.

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

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

This area for improvement was made on 19 April 2022.

Action taken since then

The provider had made insufficient progress on this area for improvement.

It has, therefore, been reinstated (see area for improvement 1 under 'How good is our setting?').

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	3 - Adequate
1.2 People get the most out of life	3 - Adequate
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	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
2.4 Staff are led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.2 Carers, friends and family members are encouraged to be involved	3 - Adequate

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