Brunelcare

# Glastonbury Care Home

## Inspection report

Pike Close
Off Sedgemore Way
Glastonbury
Somerset
BA6 9PZ

Tel: 01458836800
Website: www.brunelcare.org.uk

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Outstanding |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

Glastonbury Care Home is a large purpose built home which provides accommodation, personal and nursing care for up to 64 older people. The home has two floors both staffed by nurses to support people who need nursing care. It is divided into four distinct areas; Tadham House, Tealham House, Sharpham House and Westhay House (which specialises in caring for people living with dementia). There were 59 people living at the home when we inspected.

The last registered manager left the service in February 2016. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. A new manager was recruited in February 2016 and has begun the registration process with us.

This inspection took place on 19 and 20 April 2016 and was unannounced.

On both days of our inspection there was a homely atmosphere. Staff interacted with people in a friendly and respectful way. People were encouraged and supported to maintain their independence and to pursue their interests and hobbies. They made choices about their day to day lives which were respected by staff. One person said "I choose what I do and staff respect that. They don't make you do anything."

People who lived in the home and their visitors described the caring approach of staff in exceptional terms. One person said "Staff are exceptionally good, wonderful." Another told us "The girls are all wonderful; they are all so very kind to you". People were involved in planning and reviewing their own care. Staff respected people's privacy and were aware of issues of confidentiality. Staff ensured people's legal rights were protected.

There were regular reviews of people's health and care needs; staff responded promptly to any changes. People saw health and social care professionals to ensure they received treatment and support for their specific needs. Care records were well kept but some medicine records needed more detail.

People told us staff took the time to really get to know them; staff asked them about their life history, their interests, hobbies and preferred routines. There was a varied programme of activities and outings each month in line with people's interests. People continued to be involved in the local community. They had a choice of nutritious, home cooked food.

People said the home was a safe place for them to live. One person told us "Yes I do feel safe; it's nice to know someone is there when you need them." People had developed friendships with others who lived in the home; they kept in touch with their friends and relations. Friends and relatives could visit at any time.

People preferred being cared for by permanent staff rather than agency staff. Permanent staff had an excellent knowledge of people's care needs. Staff received a thorough induction and ongoing training and

support. One staff member said "I love working at the home because of the difference I can make to people's lives."

There was a management structure in the home which provided clear lines of responsibility and accountability. People liked and trusted the manager. All staff worked hard to provide the best level of care possible to people. The aims of the service were well defined and adopted by the staff team.

There were effective quality assurance processes in place to monitor care and safety and plan ongoing improvements. There were systems in place to share information and seek people's views about their care and the running of the home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People were protected from abuse and avoidable harm. Risks were identified and managed well.

There were sufficient numbers of suitably trained staff to keep people safe. Staff recruitment was safely managed.

People were supported with their medicines in a safe way by staff who had been trained.

### Is the service effective?

Good

The service was effective.

People were involved planning and reviewing their care. They were cared for in accordance with their preferences and choices.

People were well supported by health and social care professionals. This made sure they received appropriate care.

Staff had a good knowledge of each person and how to meet their needs. They received on-going training to make sure they had the skills and knowledge to provide effective care to people.

### Is the service caring?

Outstanding ☆

The service was caring. People who lived in the home and their visitors described the caring approach of staff in exceptional terms.

People were supported to develop friendships within the home and see other friends and relations. People's independence was supported and encouraged.

Staff were extremely kind, caring and compassionate. They treated people with dignity and respect.

Staff took the time to get to know people so that people's diverse needs were known and catered for.

People were consulted and listened to. Their views were acted upon; they were able to influence changes to their own care and the home more generally.

People's specific wishes about the care they would like to receive at the end of their lives were carried out. The home had received the highest status in a national approach to provide high quality end of life care.

## Is the service responsive?

Good

The service was responsive.

People made choices about all aspects of their day to day lives. People took part in social activities, trips out of the home and were supported to maintain their independence and follow their personal interests.

People were involved in planning and reviewing their care. They received personalised care and support which was responsive to their changing needs.

People shared their views on the care they received and on the home more generally. People's experiences were used to improve the service where possible and practical.

Staff provided individualised care and support in line with people's preferences.

## Is the service well-led?

Good

The service was well-led. There were clear lines of accountability and responsibility within the management team.

The aims of the service were well defined and these were adopted by staff. There was an honest and open culture within the staff team.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. People were part of their local community.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

# Glastonbury Care Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 20 April 2016 and was unannounced. The inspection team consisted of one inspector, one inspection manager, one specialist professional advisor in nursing care for older people and an expert by experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

During our inspection we spoke with 20 people who lived in the home, 15 visitors, two nurses, 10 care staff, the chef, two kitchen assistants, two housekeeping assistants, one activities coordinator, one GP, the manager and the provider's head of clinical excellence and care homes director. We observed care and support in all four 'houses' and looked at the care plans for 10 people. We also looked at records that related to how the home was managed such as staff rotas, staff training records, staff recruitment records, a range of audits and the results of quality assurance surveys.

Before our inspection we reviewed all of the information we held about the home. We looked at notifications we had received. A notification is information about important events which the provider is required to send us by law. We reviewed previous inspection reports. We looked at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Good

# Is the service safe?

## Our findings

The service was safe. One person said "Yes I do feel safe; it's nice to know someone is there when you need them." Another person told us "I do feel safe and having staff around to help when needed is very reassuring." People were encouraged to discuss any safety concerns with staff. Records of resident's meetings showed that people's safety was discussed. For example during one meeting a person said they would be "Worried if someone falls in the garden." Staff assured them that staff would be vigilant when people were in the garden.

Visitors told us they had no concerns about the safety of people. Each visitor spoken with thought it was a safe place. They would be happy to talk with staff if they had any worries or concerns. One visitor said their family member "Was quite safe and well looked after." Another visitor told us "I find it reassuring to see the same faces of carers and nurses. I feel [name] is safe and well looked after."

Each member of staff told us they thought the home was a safe place for people. One staff member said "Yes, I do feel it's a safe place for people to live." Staff had received training in safeguarding adults; the staff training records confirmed all staff had received this training. All staff spoken with were aware of indicators of abuse and knew how to report any worries or concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. One staff member told us "I report any concerns I have, it doesn't matter how small they are. You are always listened to." This helped to ensure people were protected from abuse.

People were able to take risks as part of their day to day lives. For example some people who were independently mobile could walk safely in the home and in the grounds. There were risk assessments relating to the running of the service and people's individual care. They identified risks and gave information about how these were minimised to ensure people remained safe. These included assessment of people's risk of developing pressure sores, risk of malnutrition and risk of falls. There were specific risk assessments to support people to promote their independence, such as people who looked after their own medicines or their own money. Staff were knowledgeable about risks to people and worked in line with the assessments to make sure people remained safe.

The PIR stated there were plans in place for emergency situations. Regular fire drills were held. The home supported a 'stay put policy' in the event of a fire which staff were aware of. The home's emergency plans provided information about emergency procedures and who to contact in the event of utilities failures. The manager or other senior members of the staff team were 'on call' each day so that staff were able to access extra support or advice in an emergency.

A record was kept of accidents and incidents. Staff completed an accident or incident form for each event which had occurred. These records were reviewed by the manager each month to look for any trends or changes which may be needed to people's care. Details of action taken to resolve the incident or to prevent future occurrences were recorded where appropriate.

People were supported by staffing numbers which ensured their safety. Each person's 'dependency' (their care needs and the time needed for their care) was recorded in their care plan. This was then used to calculate staffing levels across the home. Staff usually worked in one of the four 'houses' so knew people well. Rotas were planned in advance to ensure sufficient staff with the right skills were on duty.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Each staff member had to attend a face to face interview. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work; records of these checks were kept in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people. References were also provided and checked. Staff were not allowed to start work until all satisfactory checks and references were obtained. This ensured staff were suitable to work in the home. Three recently appointed staff told us all of these checks had been carried out before they started working in the home.

People had medicines prescribed by their GP to meet their health needs. People told us staff usually gave them their medicines, although people could look after their own medicines if they wished to as two people currently chose to do. One person told us "I keep my regular medicines beside me." Each person had a list of their medicines and their possible side effects within their care plan. Any allergies people had were clearly recorded.

Nurses and senior carers gave medicines to people. Senior carers had been trained and were assessed by a nurse to enable them to do this although they did not administer some medicines such as those which required injection, such as insulin. A local pharmacy supplied medicines to the home. These were usually delivered as a monthly supply, although additional medicines were supplied if people needed them, such as antibiotics. Medicine administration records showed that medicines were signed for when received from the pharmacy and when they were administered or refused. Medicines no longer required or refused were returned to the pharmacy. Each was recorded, witnessed and signed for on removal. This gave a clear audit trail and enabled staff to know what medicines were on the premises.

There were adequate storage facilities for medicines including those that required refrigeration or additional security. Medicine fridge temperatures were checked to make sure these medicines were stored at the right temperature so were safe to use. Some medicines needed dating when they were first used. We found these medicines had been dated so staff knew how long they been in use.

We saw medicines being given to people on both days of our inspection; this was carried out appropriately and safely. Staff explained to people what the medicines were. For example one member of staff said about one person's food supplement "I've a nice milkshake for you. It's strawberry flavour and is full of vitamins and minerals for you." Staff giving medicines explained the medicines administration procedures to us and demonstrated a good knowledge of how to maintain safety when storing and disposing of medicines. Some people were prescribed medicines which required their pulse rate, blood pressure or blood sugar level to be checked before medicines were given. We saw this was done.

We looked at 40 people's medicine administration records. Whilst recording was generally clear there were two areas which were not. Most people took some medicines 'as and when required', such as pain killers. A record was made when these were administered to people but there was no record as to why they had been given or if the medicines had been effective. Several 'as directed' topical medicines were used, such as eye drops and creams. There was no information to indicate where they were to be applied (such as in which eye). A record was made when these were administered but not where. Permanent staff knew people well so knew where to apply these medicines but there was a risk that temporary staff, such as agency staff, may

not. This was discussed with the manager who ensured these records would be improved.

Good

# Is the service effective?

## Our findings

The service was effective. People said permanent staff at the home had an excellent knowledge of their care needs gained from reading their care plans, spending time with people getting to know them and from the training staff received. Staff were able to tell us about how they cared for each individual to ensure they received effective care and support. People spoke very highly of the permanent staff who worked in the home. One person said "They are excellent; nothing is too much trouble for them." Visitors told us staff understood people's care needs and provided the support they needed.

Most people said staff responded promptly when they needed care or assistance. People understood there were particularly busy times, such as when people were getting up in the morning. They had a call bell to use if they needed staff support. One person said "When I ring my bell they come, usually straight away." During the inspection we saw that people were generally responded to promptly by staff, although on two occasions one 'house' appeared to lack staff and people did have to wait for care. This was discussed with a senior member of staff who explained that some staff had attended training for part of the afternoon and this had reduced staffing numbers for a short time. The manager monitored call bell response times. We saw this showed they were usually answered promptly; any unreasonable delay was followed up by the manager and discussed with staff.

People told us they did not like being cared for by agency staff. The comments made about agency staff were in contrast to those about permanent staff. People did not always feel agency staff understood their care needs or had the right training or experience. We saw that agency staff were provided with concise details of people's care needs whilst working in the home. One person said "The agency staff are not skilled or anywhere near as helpful as permanent staff and residents have to ask every little thing." There were many other similar comments. People said a lot of night shifts were covered by agency staff and the rotas we looked at confirmed this. Discussions with the manager confirmed that recruitment was ongoing but a number of new staff had been recruited. Agency staff usage had reduced. We did note that regular agency staff were used and those who fell below the expected standard of work were not used again.

Staff had training which helped them understand people's needs and enabled them to provide people with the support they needed. New staff received a thorough introduction to the service. They were mentored by and 'shadowed' experienced members of the staff team before they supported people on their own. Induction training for new staff was taking place during our inspection. All staff received basic training such as first aid, fire safety, health and safety, manual handling and food safety. Staff had also been provided with specific training to meet people's care needs, such as equality and diversity and caring for people living with dementia. One staff member said "The induction is excellent and the ongoing training is very good, especially the dementia training. They encourage us to refresh our training." The service had a dedicated trainer and had close links with a local college who provided diploma courses for care staff. Nursing staff had attended courses which enabled them to assess and support nursing students who worked in the home.

Staff told us they were well supported and that communication in the home was good. Staff had regular

formal supervision (a meeting with their line manager to discuss their work) and annual appraisals to support them in their professional development. There were also regular staff meetings, house meetings and a handover of important information when staff started each shift. We saw a number of records which confirmed this.

People told us their health care was well supported by staff and by other health professionals. One person said "I have really thrived since I came here. My hands have got better partly due to the warm wax bath I use and I have put on about half a stone since coming here from eating better." People saw their GP, dentist and optician when they needed to; nurses were always on duty in the home. People saw other health care professionals to meet their specific needs, such as a chiropodist, a district nurse or speech and language therapist. One GP spoken with said the home was known as a good home locally. They commented nurses never appeared flustered and knew people well. The GP had not identified any trends or concerns within the home or learning needs for staff.

People's communication skills varied. Some people were able to express themselves and make decisions about all or most aspects of their care. Other people, such as those with impaired hearing or living with dementia, had difficulty communicating. We saw staff generally communicated effectively with people. However, staff did not communicate well with one person with impaired hearing. They did not move closer to this person or speak 'head on' to improve communication. Their care records did not mention their hearing impairment. When we raised this with staff they added this to the care plan immediately.

Some people were unable to make all decisions for themselves and we therefore discussed the Mental Capacity Act 2005 (MCA) with staff. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Staff were knowledgeable about how to ensure the rights of people who were not able to make or to communicate their own decisions were protected. One staff member said "This depends on each individual and how much capacity they have. We think about this a lot." We looked at care records which showed that the principles of the MCA had been used when assessing an individual's ability to make a particular decision. For example, a sensor mat was used to alert staff when one person got out of bed. The person had been unable to consent to its use so other people close to them had made the decision in their best interests. The PIR stated there were 25 people who had another person with the legal right to make decisions about their care in their best interests. The home kept copies of the documents which confirmed this. We saw these people had made decisions for people. For example, one person's relative had signed the plan to say their family member was not to be resuscitated.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable about DoLS and how this related to their care. The PIR stated 39 DoLS applications had been approved. We checked whether any conditions on the authorisation to deprive a person of their liberty were being met and found they had been.

People were generally happy with the meals and drinks served in the home. One person explained "Staff come round and give you two choices every day. If you don't want either they will make you something else." A 'light bite' menu was also available each day. Comments about the meals included: "The food is quite nice; I really enjoy it", "I am well fed" and "The food is alright." The chef met with each new person who

came into the home and undertook a dietary assessment with them. Special diets, such as a soft or low sugar diet, were catered for. The chef told us people "Discuss the menu with me when I go out on the floor both during service and to retrieve the hot trolleys at the end of service." We observed this during our inspection. People also discussed menus at the resident's meetings. They could choose where they preferred to eat their meals.

We observed people having lunch on both days of our inspection. Some people chose to eat in their own rooms; others ate in the lounges or dining areas. Some people ate independently; adapted cutlery was provided to people who found this easier to use. Staff showed people plated meals so they could choose the meal they preferred. People had a wide choice of hot and cold drinks. Where people had requested a different meal to the menu choices this was served to them. We saw people who needed assistance were well supported by staff. Staff explained what the meal consisted of and let people eat at their own pace. They did not rush people. Staff checked that people had enough to eat and drink. Everyone appeared to enjoy their meals. There was chatter and laughter during lunchtimes; we saw staff made them pleasant, sociable times.

Many people commented on how nice the environment was and how fresh and clean it was kept. One person said "It's really nice in the summer if the weather is warm. All the windows and doors in the lounges and dining room and the rooms and corridors are opened up. It's lovely and airy. It's really nice, like bringing the outside in." Another person told us it was "A beautiful home." One visitor said "The decor I experienced on my initial visit was very attractive and that was one of the reasons I chose the home" for their family member.

People had personalised their own rooms with pictures, photographs and other personal items. There were wide doorways to assist people who used wheelchairs and handrails for people to help them walk safely around the home. A passenger lift was installed for people who couldn't manage the stairs. The communal areas, and in particular corridors, had been made 'dementia friendly' with varied use of colour, decoration and things to touch and feel. Sayings had been painted on some walls. One said "Our residents do not live in our workplace, we work in their home" which reflected the ethos of the home and was demonstrated by staff in their caring approach.

Outstanding ☆

# Is the service caring?

## Our findings

The service was caring. There were many positive comments about how caring staff were. These included: "Staff are exceptionally good, wonderful", "The girls are brilliant", "The care is as good as it can be" and "The girls are all wonderful; they are all so very kind to you". Visitors praised the caring nature of staff highly; they said staff "Went the extra mile." One visitor said "We are just like a big family here." We read in the 2015 relative's and visitor's survey several comments about how kind and caring staff were. One relative wrote "Staff are wonderful" and another wrote "The wellbeing of mum is testimony to the excellent care provided by all staff."

People had developed friendships with others which staff had helped to facilitate. People were introduced to each other by staff. Staff told people about others had similar interests to them. For example people with a shared interest in knitting, sewing, reading, watching sports or playing cards were introduced to each other. People said friendships had developed because of this. One person told us "They introduce new people to you. I have made friends here. I love chatting to people and my friends pop in for a chat every day. I also chat to other people's visitors. It's lovely."

There was a good rapport between people; they chatted happily amongst themselves and with staff. Throughout both days of our inspection staff interacted with people who lived at the home in a very caring way. One staff member said "I really care about the people here; I don't do it for the money." Another staff member said "I love working at the home because of the difference I can make to people's lives."

People told us staff took the time to "really get to know them." Staff had built close, trusting relationships with people. They knew people very well and talked about the things which were important to each individual in some depth. For example staff spoke about people's working lives, their families and their interests and hobbies. Often, objects or pictures reflecting these topics were hung on walls outside people's own rooms. One staff member said "This is [name's] room. He used to be a farmer so all those tools are things he would have used." One person said "I love art and they know that about me. We had a coffee morning and they showed us all these pictures which children from a local school had done. I said I loved one picture and the next day they brought it and said you can have it. That was so lovely of them. I love looking at it." Staff spoke with people in a polite, patient and caring way. People looked happy and settled; there was a calm and homely atmosphere. One visitor said "I think they treat everybody as an individual, which is really nice, irrespective of their condition or ability."

Staff were aware of and supported people's diverse needs. Staff knew how to support people as care was well planned. Some people had served in the armed forces and staff had developed close links with the local branch of The Royal British Legion to help support them. People's religious or cultural needs were assessed when they first moved to the home. One person said "A volunteer runs a church service once a week. This has been moved to the small lounge to which is nice as we can concentrate on the service and not on everything going on around us." Church ministers visited the home regularly; one was visiting on the second day of our inspection. They told us "I've been visiting for almost seven years. I find it a very good home. I hold a service every week. It's amazing how much people seem to get out of them. I'm happy to see people

individually as well. People, or the staff, just have to ask me."

The provider had developed their own purpose and principles. These described people's right to be listened to, to be involved in decision making, encouraging them to make suggestions to enable them to make the most of their lives. Staff spoke with us about these principles and we saw staff worked in line with them. For example, staff told us they had encouraged one person to participate in the drama group because they knew "They would be brilliant at it." This person told us they enjoyed re-writing plays and musicals to make them shorter and easier to learn so they could be performed in the home by the drama group. They said this group had recently performed Singing in the Rain and were planning other productions. People received information about the home and the service they could expect to receive. Brochures were available which explained how the service operated and the facilities offered. Information about the type of care and support offered was also available on the provider's website. An informative newsletter had been introduced which we saw people had copies of. The most recent edition included staff changes, planned events and improvements made in the home.

Staff were keen to develop and improve the care provided to people to ensure it was centred on each individual and the things which were important to them. A recent project had been started which looked at people's spiritual beliefs and how to enable people to practice their beliefs and lifestyles at the home. Staff also wished to ensure the aims of the service were put into practice. For example a dignity audit had been carried out in August 2015. This focused on areas such as how to ensure choice, decision making, privacy and dignity for people.

People told us they liked to do things for themselves if they could. For example, if people only needed minimal support with their personal care or with dressing or undressing this was respected. One person said "I can do a heck of a lot for myself. I can manoeuvre my own wheelchair; I keep my own medicines and look after my own money. I'm going to tidy my room today; I like keeping it tidy." Another person told us "I like putting my own laundry away. I asked staff if they could leave it on my bed when they brought it back and they do that so I can put it away how I choose." A visitor told us their relative "Helps with cleaning and helps with washing up in the kitchen because that was the sort of thing they did at home." Staff encouraged people to be as independent as possible. Staff saw their role as supportive and caring but were keen not to disempower people.

Staff treated people with respect. People chose what they wanted to do and how and where to spend their time. People's privacy was respected. People had their own room and there were ample communal spaces so they could spend time alone or in small groups when they wished to. We observed staff always knocked on bedroom, bathroom and toilet doors before they entered the room.

Staff had a good understanding of confidentiality. Staff had read and had ongoing access to the provider's policies on protecting personal information. Staff did not discuss people's personal matters in front of others. All records containing confidential information were kept securely.

People were supported to maintain relationships with the people who were important to them, such as their friends and relations. They were encouraged to visit as often as they wished; some people went out with their friends or relations. One person said "I have sons and grandchildren who come in to see me. They come in when they like". One visitor said "There is open visiting; it's no problem if people want to visit at any time." We read in the 2015 relative's and visitor's survey people were very complimentary about their experience of visiting the home.

People's wishes relating to the care they wanted when they were nearing the end of their lives were clearly

recorded in their care plan. This included details about people's individual or religious beliefs. The home had received the highest status in the Gold Standards Framework (a national approach to enable staff to provide the highest level of care to people nearing the end of their lives). One visitor told us about the end of life care for the person they were close to. "The staff were very caring here but he wanted to move to a hospice. That was always his choice and where he wanted to go. Staff knew that and made sure his wishes were followed. He moved there yesterday morning." An Ascension Day service was held. Families whose relatives had passed away were invited to the service and then spent time informally with staff who offered their support and memories of each person.

Good

# Is the service responsive?

## Our findings

The service was responsive. There was a varied programme of planned activities and outings which people said they enjoyed. One person said "Oh yes, there is always a lot going on here." One visitor told us "The activities and trips are great. Things go on every day. I think that's so important for people here."

People could choose to join in or not. The plan was displayed in the home and we saw that people had also been given their own copy. The current week's plan showed gardening, whist drives, colouring, church services, belly dancing, quiz, piano songs, a sherry morning and trips to theatre had been organised. Two activity coordinators worked in the home. They spend time with people every week and ask them what activities and trips they wanted. One person told us one activity organiser "Asked me what I would like to do. I said a quiz. I love quizzes. We get an activity list once a week so you always know what's going on." Two people told us they "Liked playing cards." Staff had arranged for volunteers to come in to play cards with them, which we observed during our inspection.

A creative group visited each week and gave interactive touch sessions for people living with dementia. We observed this group; people responded positively. It was a calm and reassuring session which encouraged movement and verbal interaction for people who had limited mobility and limited verbal communication. The home had one vehicle to take people out in; people said this was well used. Some people had asked to go out to a local ice cream parlour on the first day of our inspection. This was organised for them. Records showed people went to a local school to watch sports in their sports centre, on theatre and shopping trips and trips to local places of interest.

Staff were keen to develop the service in line with people's wishes or interests. One small lounge (with garden access) had been turned into 'The Garden Tearoom' where tea and cakes were served each week. People could also use this room for family gatherings if they wished. A sewing area had been developed with a sewing machine and fabrics available for people to use. The home had its own hair salon and spa area with a nail bar. One room was designed as a pub with a bar. This room was being refurbished when we inspected.

People who wished to move to the home had their needs assessed to ensure the home was able to meet them. This assessment was then used to create a plan of care once the person had moved into the home. People participated in the assessment and planning of their care as much as they were able to. Others close to them, such as their relatives or other professionals involved in their care, were also consulted. One visitor said they were "Involved in the setting up of the initial care plan and there was an assessment visit prior to admission. We are kept well informed by staff should there be any difficulty or problem." Another visitor told us their relative "Had taken a good year to settle and staff had worked really hard to make this happen and still were."

We looked at ten people's care plans. A document called "This is Me" was used to gain a life history of each person to inform their care planning and support. Care plans included people's routines, interests, likes and dislikes, nursing and personal care needs. Any risks were carefully considered. Plans were detailed; for

example one person's plan contained pictures which showed the required mattress and bedrail positioning to guide staff and help minimise the risk to this person. All of records were kept up to date and reflected people's current needs.

People and their visitors told us staff understood people's needs and adapted care and support if needs changed over time. We read that staff had acted upon recommendations from health care professionals. For example, one person who had lost weight had been referred to a weight loss clinic. Their advice had been followed by staff. One visitor said about their relative "As their needs have changed, the home have adapted to be able to meet those needs."

People's care and support was discussed and reviewed regularly to ensure it continued to meet their needs. Each person had named staff to oversee their care and make sure their care records were accurate. These staff reviewed people's care plans and updated them when necessary. This was supported by the home's 'Star of the Day' scheme which ensured a focus on a particular person's care and their records a minimum of one day a month. Care review meetings were attended by the person, their relatives, a social worker and staff from the home. One visitor told us "The family were involved in the care plan on admission and reviews that have taken place since."

People made choices about their day to day lives. Three people told us they "Can get up and go to bed" when they chose. People spoke about choosing what to wear, having their hair or nails done, how and where they spent their time, choosing meals and whether to join in with the planned activities. One person told us "I stay in my room out of choice but I do have a computer and Internet access here and I spent some time on the Internet." Another person said "I choose what I do and staff respect that. They don't make you do anything. I spend time inside and I go out of the building on my own which I am well able to do."

People said they knew they could complain if they were unhappy about their care or the home more generally. People knew how to make a formal complaint if they needed to but felt issues could usually be resolved informally. One person said "I tell the staff when I'm not happy so they know how I feel. We also have [name] from head office who comes in who you can also tell about any complaints you have." Another person told us "I would be happy to raise a concern or make a complaint if I needed, but the staff are very obliging and it never seems to come to that."

Visitors spoken with knew they could complain if they needed to and knew who to complain to. One visitor said they would be happy to make a complaint if they needed to "But it doesn't usually get to that as situations are resolved before this." They told us they had raised a concern with staff; they had asked for their relative to have a hairdresser's appointment but this had not been done. However they had been assured it would "Take place this week." Records showed there had been no formal complaints made in the last 12 months.

Good

# Is the service well-led?

## Our findings

The service was well led. People said the home was well managed. There was a management structure in the home which provided clear lines of responsibility and accountability. The manager had overall responsibility for the home. They were supported by a deputy manager (who was also the clinical lead in the home), 10 nurses, four unit care leaders (one for each of the four 'houses') and four senior carers. There were 'heads of' the housekeeping, activities, handyman and training teams. The provider's head of clinical excellence and care homes director supported the manager and staff at the home. They provided advice, guidance and helped to assess the quality of the service. Both visited regularly; they were both at the home on the second day of our inspection on a planned visit.

The manager, nurses and senior care staff worked in the home throughout the inspection. We observed that all took an active role in the running of the home and had a good knowledge of people and the staff. We saw that people appeared very comfortable and relaxed with the management team. We saw members of the management team chatting and laughing with people. Staff told us, and duty rotas seen confirmed, there were always nurses and senior carers on each shift. Staff said there was always a more senior person available for advice and support. One staff member said "It's nice to have people to ask, to help you."

The manager said they had a very good staff team who worked well together to meet people's needs. Care staff were honest and open; they were encouraged to raise any issues they had and put forward ideas and suggestions for improvements. One staff member told us "If you need to raise anything they do listen." Staff were very positive about the manager. One staff member said the manager was "Really supportive and understanding."

The aims of the service were defined in their 'purpose and principles'; these were all centred around "Helping people to make the most of their lives." The PIR stated the service "Fully supported the NHS 6Cs strategy" in how care was provided to people. (The 6Cs are Care, Compassion, Competence, Communication, Courage and Commitment). These aims were discussed with staff to make sure staff worked in line with them; we saw they did during our inspection. Staff described the care they provided. One staff member said "We care for people the same way I would want one of my family to be cared for." Another member of staff said "I have a lot of respect and affection for the residents. I care for them as I would my own family."

There were systems in place to share information and seek people's views about the home. Staff spoke with people informally every day. Regular resident's meetings were held. People told us they could discuss things important to them such as the meals served in the home or activities provided. One person said "I go to the resident's meetings. It's essential we all get together. I tell them what I think. If they can do something about it they do." Records we looked at showed people were kept informed of developments, such as staff recruitment or the introduction of the newsletter. Where people had made suggestions their views were acted upon.

Relatives and visitors were surveyed each year. The most recent survey (completed in Autumn 2015) showed

high levels of satisfaction with the service; 23 people had shared their views. One relative had commented the home "Is a model of how all care homes should be." A comprehensive action plan had been developed for any areas for improvement which had been suggested, such as in the activities provided and accessibility of management. In addition the service had a suggestions box and reviewed complaints and compliments to develop the service. Compliments about the care and support provided by staff were kept. This enabled the home to monitor people's satisfaction with the service and ensure any changes made were in line with people's wishes and needs.

Staff at the home had been able to build strong links with the local community. Students from local colleges and schools visited and spent time with people; the home also supported students on work placements. Students from one local college visited on the first day of our inspection and helped serve drinks to people. The home also had eight volunteers who came in to spend time with people or help on outings. People's friends and relations were invited to attend events at the home such as when the Mayor of Glastonbury visited the home earlier this year and at the upcoming tea and cake afternoon to celebrate the Queen's ninetieth birthday.

The home had attained the highest status in the Gold Standards Framework for the end of life care provided to people. They also participated in local health authority initiatives such as the 'Pressure Ulcer Collaborative' (a group working together to eliminate avoidable pressure sores). The provider was accredited by Investors in People (a scheme that focused on good business and people management). They were members of the Registered Care Providers Association and attended their events where good practice was shared between providers. Two staff from the home had been nominated at the Care Awards South West awards; one person won their award and one was runner up.

The provider had quality assurance systems to monitor the quality and safety of the service and to identify any areas for improvement. A wide range of audits were carried out by the manager. These included accidents and incidents, call bell response times, unplanned hospital admissions and falls. Where patterns were identified, such as with people's falls, action was taken. For example, two people who had fallen now had one to one care at times. Their falls had significantly reduced. The provider's head of clinical excellence completed a quality audit in line with how we inspect. They looked at safety, the effectiveness and responsiveness of care, how caring staff were and how well led the service was. An independent consultant had completed observations of staff practice to look at the quality of care provided to people living with dementia. Where any areas for improvement were identified in these audits, they were acted upon.

There were a variety of meetings for staff, such as 'house' meetings, senior meetings or general staff meetings, where issues which were identified by the quality assurance systems could be discussed. Staff told us these were very useful as they could learn from them and try to improve the service if they could. Staff ensured the environment remained safe by carrying out regular tests and checks such as on fire safety procedures and equipment. The service had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.