

Meadowcare 2

# Glenview Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

What life is like for people using this service: People were relaxed, comfortable and confident in their home. The feedback we received from people and relatives was good. Staff we met and spoke with were happy working at Glenview and enjoyed their roles and responsibilities.

Staff understood their responsibility to keep people safe from harm. People were supported to take risks and promote their independence. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support. Checks were carried out on staff before they started work to assess their suitability to support people in a care setting. Medicines were well managed and people received their medicines as prescribed. People were protected by the homes infection control policy and procedures.

The service was effective in meeting people's needs. Staff received regular supervision and training. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were provided with a healthy, balanced diet whilst promoting and respecting choice.

Everyone we spoke with agreed that staff were caring and kind. Comments included, "The staff are kind, caring and patient", "Staff make you feel very welcome" and "They have very good staff". Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. They were knowledgeable about people's lives before they started using the service.

The service was responsive to people's health and social needs. People received person-centred care and support. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals. Where necessary care and support had been changed to accurately reflect people's needs and improve their health and wellbeing. People were encouraged to make their views known and the service responded by making changes.

People benefitted from a service that was well led. One relative recently submitted feedback about Glenview Nursing Home on a national care website. They wrote, "They provided excellent care and friendly attention to my relative. The home is run very efficiently and nothing was too much trouble for the nurses and the care staff". Quality assurance systems were in place and based upon regular, scheduled audits, which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

Rating at last inspection: This was the home's first inspection since their registration in April 2018.

About the service: Glenview is a care home providing, nursing care, personal care and accommodation for up to 40 people. At the time of the inspection there were 32 people living at the service.

Why we inspected: This was a planned comprehensive inspection. All services registered with CQC must have an inspection within the first year of their registration.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Glenview Nursing Home

## Detailed findings

### Background to this inspection

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

**Inspection team:** The inspection was carried out by a lead inspector, a second inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** Glenview is a care home with nursing. People receive accommodation, nursing and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the registered manager was not available. The registered manager from the providers other care home had a good knowledge of the service since Glenview's opening and assisted us during our visit.

**What we did:** Before the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law.

During our visit we spent a period observing how people were spending their time and the interactions between them and the staff team. We did this to assess what the quality of care was for those people who could not describe this for themselves. This was because some people had a degree of cognitive impairment or were living with dementia.

We spoke individually with seven people. Five families were happy to speak with us and share their thoughts about the home. We spent time with the provider and registered manager. We spoke individually with nine

staff. We looked at four people's care records, together with other records relating to their care and the running of the service. This included six staff employment records, policies and procedures, audits and quality assurance reports.

# Is the service safe?

## Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

People and relatives told us they felt safe and in 'good hands'. Comments included, "I do feel safe. I like it here", "Oh yes I feel very safe, I'm quite happy", "It's reassuring to be safe at night, my relative has door sensors as an increased safety measure", "Staff are here all the time, I'm impressed with the staff" and "I feel reassured when I am not visiting that my relative is safe and being looked after well".

### Assessing risk, safety monitoring and management

- Staff managed risks relating to people's health and well-being. This included risks associated with weight loss, moving and handling, maintaining skin integrity and difficulty with swallowing and potential choking risks.
- Some people required equipment to keep them safe. This was risk assessed and staff received training on how to use the equipment to reduce risks to people. Specialist equipment included pressure relieving mattresses, profiling beds, mobile hoists and equipment to help people shower and bathe safely. One relative told us about their loved one who required transfers with a hoist. They said, "We have no concerns and we have seen people being moved safely, staff are compassionate".
- Equipment was checked by the maintenance person and maintained by an outside contractor where necessary.
- Emergency plans were in place to ensure people were supported in the event of a fire.

### Staffing levels

- During the inspection, the atmosphere in the home was calm and staff did not appear to be rushed, they responded promptly to people's requests for support.
- People, relatives and staff confirmed there were sufficient numbers of staff on duty.
- Staffing levels did not alter if occupancy reduced. If people's needs increased in the short term due to illness or in the longer term due to end of life care, the staffing levels were increased. At the time of our inspection one person's needs meant they required a member of staff with them at all times.
- The service ensured there was a suitable mix of skills and experience during each shift.

### Systems and processes

- The provider followed safe recruitment procedures. Disclosure and Barring Service (DBS) checks had been carried out for all staff to check whether they were suitable to support vulnerable people.
- Staff understood the processes to follow to safeguard people in their care. The manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse, had occurred. Agencies they notified included the local authority, CQC and the police.

### Using medicines safely

- Policies, procedures, records and practices demonstrated medicines were managed safely. There had

been no significant errors involving medicines in the last 12 months. One nurse we spoke with confirmed that systems in place worked well.

#### Preventing and controlling infection

- The home was exceptionally clean, homely and free from any unpleasant odour.
- The provider had infection prevention and control policies in place and staff had received training and had access to the equipment they needed to prevent and control infection including, disposable gloves, aprons, sluicing facilities, and cleaning materials.

#### Learning lessons when things go wrong

- Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation required a little more detail to provide a clearer picture including the lead up to events, what had happened and, what action had been taken.
- There was evidence of learning from incidents that took place and appropriate changes were implemented.



# Is the service effective?

## Our findings

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were completed for those who were considering moving into the home. The information supported the registered manager and prospective 'resident' to decide as to whether the service was suitable and their needs could be met.
- Care and support was reviewed and evaluated so that people received support that was responsive and person centred.

Staff support: induction, training, skills and experience

- People and relatives said they felt staff were suitably trained and experienced to support them. Comments included, "The staff know what they're doing, I'm relaxed about it" and "I trust the staff".
- The service ensured staff received training updates and they were suitably skilled to meet people's needs. Collectively they had the skills and confidence to carry out their roles and responsibilities effectively. Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain professional qualifications.
- The service had a small, steadfast group of staff. Staff worked well as a team and there was a continuous theme of supporting and supervising each other. Staff received supervision and felt they were supported by the provider and registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People received a healthy balanced, nutritious diet. The chef was accommodating and respected choice and preferences at mealtimes.
- People enjoyed freshly prepared meals and told us they were enjoyable and there was plenty to choose from. Hot and cold drinks, cakes, biscuits and fruit were available throughout the day including night time.
- People who were at risk of dehydration or weight loss were monitored and specialist advice was sought where required.

Staff working with other agencies to provide consistent, effective, timely care

- The service ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services.
- Staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected. One nurse spoke with us about how the Dementia Wellbeing team had helped to support them with a person who raised anxiety levels, including strategies to calm and distract them.

Adapting service, design, decoration to meet people's needs

- Prior to the home opening the provider had extensively reconfigured the premises internally to ensure the design was suitable for its intended need. The home had a pleasant calm ambience, was extremely clean and well maintained.

- Great care and attention to detail had been taken into consideration with regards to furniture, fixtures, equipment and soft furnishings. In addition, people had made their bedrooms feel homely with their own with personal effects. Each bedroom had a spacious en suite with a large wet room.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the principles of the MCA, how to implement this and how to support best interest decision making.
- There were no restrictive practices. We observed a member of staff providing one to one support. The person was distressed, the staff member was attentive and professional. They provided a good balance of maintaining safety and allowing freedom to move and respecting independence.
- Daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home and socialising together.
- The service had submitted DoLS applications for people. These were waiting to be processed by the local authority.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect, and involved as partners in their care.

Ensuring people are well treated and supported

- People had good relationships with staff and they looked comfortable and relaxed when approached. The atmosphere appeared to be good and we observed a lot of friendly, caring interactions, and smiles. There was a good staff presence in the communal areas, they were responsive to the needs of individuals and gentle with assistance.
- We received some lovely compliments from people and their relatives about the staff. This included, "We are satisfied with the care. The staff keep my relative calm, they are brilliant and very professional", "I am happy with the quality of care", "Staff are very kind and caring. I like how they encourage families to be included, things like Christmas lunch, summer barbeque and parties".
- Staff were proud about how they supported people and felt they received care that was caring and respected individual wishes. The provider told us, "I know what good care looks like and I will expect nothing less".
- During our visits we saw staff demonstrating acts of patience and kindness. Mealtimes were a good example, where staff promoted an atmosphere that was calm and conducive to dining.
- Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to lounge/dining rooms in the home. Family and friends were invited to special events.

Supporting people to express their views and be involved in making decisions about their care

- We saw throughout our visit people choosing how they spent their day. Two people had decided to have a lie in bed that day. Staff respected this decision and periodically went to see if they were ok and if they required anything. People told us, "It's all very flexible, I feel in control", "The staff are good in supporting me to make choices and do my own thing" and "I feel listened to and that's what matters".
- Staff told us they had time during the day to sit with people individually and this provided an opportunity for people to talk about their day and if needed anything.
- People and relatives confirmed making decisions and independence was promoted.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with agreed they were treated with respect and dignity, and their privacy was maintained. We heard a person who sounded distressed and anxious in their bedroom. A member of staff was supporting them. They calmed the person and alleviated any distress by introducing a soft speaking tone and by maintaining a positive, smiling demeanour. It was a positive observation.
- People looked well cared for. They were supported with personal grooming and staff had sustained those things that were important to them. This included preferred style of clothes that were clean and ironed, shaving, manicures, and access to weekly visits with the home's hair dresser.
- Independence was always promoted. We saw people had been assessed for walking aids due to restricted

mobility. Staff were seen assisting discreetly, keeping an eye on them, but giving them the space and room to move around independently.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans and they took part in developing these so that they respected individual wishes. This meant care documentation provided staff with details about how people wished to be supported and cared for. Work continued to make the plans reflect the person-centred care people were receiving.
- Staff were knowledgeable about people and how they wished to be supported. They knew about people's lives before they moved to the home and their past and current medical history and needs.
- During our visit we saw people being cared for and supported in accordance with their preferences. People told us, "Yes, I do get looked after in the way I like to be looked after", "They listen to me" and "They know what I like to do. We're all friends".
- People's changing needs were responded to quickly and appropriately. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required. One person told us, "They always know if I'm not well. I can see the doctor if needed".
- People were offered and provided with activities, outings and things of interest. They handpicked what they liked to do or take part in and staff respected their decisions.
- Activities were discussed at the 'residents' meetings. People took ownership about preferred interests and hobbies and were encouraged to express, discuss and share new ideas. One relative told us, "There is always enough to do but my relative chooses not to take part, despite staff encouragement".
- Systems were in place when information needed to be shared with people in formats which met their communication needs. This was in line with the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People felt they had formed relationships with staff and they felt confident to express their views. Small things that had worried people or made them unhappy were documented in the daily records. There were clear accounts of any concerns raised, and how they were dealt with and communicated to staff. This information was also shared with staff in shift handovers. Two relatives told us, "Communication is very good" and "Staff communicate very well. They treat you like family".
- People told us they were listened to and concerns were taken seriously and acted upon. Comments included, "I have a say", "If there was a problem I'd speak to the manager. They deal with things and are very good at resolving issues" and "I've no complaints at all".

End of life care and support

- People were cared for when they required end of life care, with the support of GP and other community health care professionals.
- Staff told us they felt privileged to care for people when they were dying and took pride in making sure they respected choices and maintained people's dignity. We saw that all staff had received training in

supporting people when they are dying.

- Staff had received some lovely written comments from relatives when they had lost a loved one, thanking them for their kindness and support. One person wrote, "Glenview Nursing Home provided excellent care and friendly attention for my husband during the last weeks of his life. Nothing was too much trouble for the nurses and care staff."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Systems in place contributed to the smooth, effective operation of the service whilst still retaining its personalisation. Considering the short length of the time the service had been registered there was a good, cohesive group who worked well as a team.
- The ethos of a person-centred approach to care and treating people as individuals was consistent amongst all staff. The provider was proud of their service, empowered staff at all levels and told us it was important they felt valued. Staff spoke with us about the provider. Comments included, "I can always talk to him", "He is calm and composed in his approach" and "I feel respected and he is very fair".
- The registered manager led by example and was 'caring, kind and respected'. People and staff spoke well about her and their overall satisfaction of the whole service provision. Comments included, "The manager has been very helpful and kind", "I get to see the manager, she is lovely", "I know who the manager is she comes to see me", "The care quality is excellent. It's all very good" and "Yes, we would recommend the home to others. We are here because we were told it was exceptional".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had considered the Key Lines of Enquiry (KLOE) which CQC inspect against and how they will plan to improve and further enhance current good practice they were achieving.
- The registered manager and nurses knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- Systems were in place to monitor and evaluate services provided in the home. Concerns, incidents, accidents and notifications were reviewed. This was to analyse and identify trends and risks to prevent re-occurrences and improve quality.
- Monthly audits were carried out for health and safety, infection control, the environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handover reports, staff meetings and written daily records.
- The service sought the views of everyone using the service by way of annual surveys. This information was

being collated at the time of the inspection so that the registered manager could respond to any concerns/suggestions. We had a look at some of the completed surveys which evidenced positive outcomes. Comments included, "Very many thanks for all your hard work and wonderful care for my uncle" and "The home is beautifully fitted out and comfortable".

- The service promoted and encouraged open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis. Relatives told us communication was effective and they felt fully informed about their loved ones and any significant changes. However, some people and relatives did find it difficult to understand some staff whose first language was not English. We fed this back to the provider who told us he had previously enrolled staff on an English language course which had been successful and he would consider this resource again.
- Other methods of communication included planned meetings for 'residents', relatives and staff. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. The minutes reflected meetings that were effective, meaningful and enjoyed.
- Social events were organised to enable people and their families to get together.

#### Working in partnership with others

- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC.
- The provider and registered manager attended local provider and care home forums and Care and Support West meetings, in order to network with others, share ideas and keep up to date with best practice.