

Glenfields Care Home Limited

Adult Social Care Suite - Waters Ward

Inspection report

Bessingby Road
Bridlington
East Yorkshire
YO16 4QP

Tel: 01262423441

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Adult Social Care Suite - Waters Ward is a residential care service within the grounds of Bridlington Hospital. The service can support up to 18 people who no longer need to be in an acute health care setting and are awaiting a package of care to return to their own home or awaiting admission to a care home. There were 12 people staying at the service at the time of our inspection. Eight of these beds will be used as part of the designated scheme.

People's experience of using this service and what we found

People were not always receiving a service that provided them with safe, caring, responsive, well led care. We received mixed feedback from people about their experiences at the service. Some people's experiences were positive, however other people did not experience this same level of care or support.

Staff were not always recruited safely and appropriate checks on staff were not always completed. We have made a recommendation about this. Accidents and incidents were monitored by the provider. However, lessons learnt were not completed to support the service to avoid reoccurrence or improve practice. We have made a recommendation about this.

People were isolated upon their admission. The provider had not considered the impact of this on people's wellbeing. We have made a recommendation about this. People lacked stimulating activities to support their wellbeing. The provider had a variety of activities available, but these were not always utilised. We have made a recommendation about this.

There were sufficient staff, with the right skills to support people to remain safe. Staff used their knowledge of safeguarding systems well to support people's recovery.

Care and support was tailored to meet people's specific needs; however, some care plans and risk assessments were not completed in a timely manner.

People were supported with their dietary needs. Staff enabled people to access health care and support services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Quality assurance systems were in place to monitor the service. The provider understood their responsibilities and notified the Care Quality Commission (CQC) when needed. Staff received support to enable them to carry out their role effectively. People, relatives and staff had a say in how the service was run. The provider worked well with others to provide people with joined up care.

For more details, please see the full report which is on the Care Quality Commission website at

Rating at last inspection

This service was registered with us on 18/10/2021 and this is the first rated inspection.

Why we inspected

The inspection was prompted in part due to concerns received about medicines, staffing and management oversight. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Adult Social Care Suite - Waters Ward

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Adult Social Care Suite - Waters Ward is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The manager was awaiting documentation to be able to complete their registered managers application. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced on the first day and announced on the second day visit.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with five people who used the service about their experience of the care provided. We spoke with three members of staff including the provider, a consultant, the manager and senior care workers. We reviewed a range of records. This included four people's care records and multiple medication records and a variety of records relating to the management of the service, including policies and procedures.

The service had been identified for use by the Local Authority as a designated care setting in response to the Winter Plan for people discharged from hospital with a positive Covid-19 status. We checked to ensure that the service was compliant with infection control and prevention measures.

After the inspection

We spoke with three relatives about their experience of the care provided. We spoke with two care workers. We reviewed additional evidence, which was received using technology such as electronic file sharing as part of this inspection.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first rated inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment was not robust. Staff recruitment processes were in place, but these were not always consistently followed.
- Documentation to evidence the safe recruitment of staff was not always in place. For example, an application form was missing from one staff file and references were missing from two files.

We recommend the provider consider current guidance for the recording of staff recruitment and take action to update their practice accordingly .

- There were enough staff on duty to meet people's needs. Staff were visible at all times. One person told us, "There is enough staff, we don't have to wait very long, and they are very polite."

Learning lessons when things go wrong

- The provider had an overview in place for all accidents and incidents. We could not be fully assured that accidents and incidents were effectively managed as information requested as part of the inspection was not provided.
- Records of lesson learnt were not always robust and detailed.

We recommend the provider consider current guidance for the recording of lessons learnt and take action to update their practice accordingly.

Using medicines safely

- People received their medicines as prescribed. Records relating to 'as and when required' and topical medicines were not always in place. This was addressed by the management team during the inspection.
- Medicines were stored securely and disposed of correctly. Clinical rooms were clean and organised.
- Staff who supported people with their medicines were appropriately trained. Regular checks of their practice were carried out to make sure they were following the correct procedures.

Systems and processes to safeguard people from the risk of abuse

- People were protected from risk of abuse or harm.
- Systems and processes in place to safeguard people from abuse. The provider had an up to date safeguarding policy and staff had a good understanding of how to keep people safe. One member of staff told us, "I have no problem reporting anything that could be a safeguarding."

- The management team followed internal and external processes to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people were recorded, reviewed and managed effectively. However, these were not always completed in a timely manner.
- Risk assessments relating to the environment and other hazards, such as fire and infection control were in place and reviewed regularly. Regular maintenance checks and repairs were completed to ensure people's safety.
- The provider had a business continuity plan in place to ensure minimal disruption to the delivery of care in case of an emergency

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first rated inspection for this newly registered service. This key question has been rated good. This meant 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 from health and social care professionals were used to plan people's care. People had assessments completed by staff once they arrived at the service. However, these were not always completed in a timely manner. For example, one person's needs had not been fully assessed and they had been at the service for four days. We fed this back to the provider, so that action could be taken.
- The provider implemented an admission checklist during the inspection, for staff to follow and ensure all areas of care had been assessed and recorded within a timely manner.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively. Staff completed an induction which was supported by a variety of training.
- Competency assessments of staff's skills and knowledge were completed. This ensured they had the skills and knowledge to meet people's needs.
- The provider was committed to ensuring staff received sufficient support for their roles. A member of staff said, "The management team really support us and they are always available if there is anything, I need to speak to them about."

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

- Care plans contained information of people's food preferences and specific instructions around their diets and cultural requirements relating to these. However, monitoring charts for food and fluid intake were not always completed correctly or consistently by staff.
- People told us they enjoyed the food at the service. comments included, "The food is very good, we always get a choice. It's always warm and nice" and "The food is good."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received support from staff to access healthcare facilities if required. Due to people's length of stay at the service they were not registered with a GP, the staff contacted urgent health care where they had concerns about people.
- Staff liaised with professionals to ensure people's health needs were supported.
- Care records showed health and social care professionals were involved in people's care and support. Information and advice given was recorded.

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

- Due to the design and the service being a short stay facility people did not always personalise the area in which they stayed.
- Communal areas were available for people to relax in.

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 when this is in their best interests and legally authorised under the MCA.

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

- The service was not providing care to any people who required a DoLS or lacked capacity at the time of the inspection.
- Staff had a good understanding of the principles of the MCA and confirmed capacity assessments and best interest decision would be made if people required these.

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.

This is the first rated inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- We received mixed feedback from people at the service about the caring nature of the staff. Some people spoke positively, and some were not happy at the service. Comments included, "Some staff talk to me as though I am child" and "I am ok here, the staff are good ."
- Records maintained by staff were not always written in a person-centred manner. We shared these concerns with the provider during the inspection, who provided assurance that they would address these concerns.
- The provider had daily welfare checks in place to ensure people were happy with their care and support. We reviewed a sample of daily welfare check from the management team; These were all positive.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke with respect about the people they supported, and showed understanding of the importance of ensuring people's privacy and dignity was maintained. However, this was not consistently promoted.
- People privacy and dignity was not always respected. We observed staff supporting one person with personal care through the door window which was clear glass. Staff had not considered how this may have compromised the person's privacy and dignity. One person told us "The hospital gowns are un-dignified and not well fitting. The buttons are too small for me to handle. I often spend days holding my own trousers up, which feels very undignified."
- The provider ensured privacy screens were available for staff to use to maintain dignity within shared bays.

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

- We saw people offered opportunities to make choices. For instance, what they would like to eat at mealtimes.
- People and their relative were consulted about their care and support needs. Staffs interactions with people was kind.
- People and relatives took part in surveys where they were able to express their views about their care and the service. We reviewed a sample of completed surveys which reflected that people experienced a good service which offered choice and inclusion.

Is the service responsive?

Our findings

This is the first rated inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were isolated on their admission in line with Government guidance. Some people found this difficult and felt lonely. The provider did not always consider the risk management of people's wellbeing when people were admitted to the service.

We recommend the provider reviews good practice guidance regarding isolation and visiting so that risk is suitably managed and people's wellbeing is considered at all times.

- We could not be fully assured people were consistently supported to take part in activities. Staff told us they facilitated activities for people. However, people told us, "I would like to play cards or dominos but "can't play on my own". I have never been offered any activities", "Today is the first time ever that anyone has ever asked me to do anything" and "I haven't had a "real conversation" with anyone. Nothing meaningful at all."
- There were activities available for use, we saw playing cards and dominoes in communal areas. However, these were still sealed in packaging and had not been opened until the day of inspection.

We recommend the provider considers meaningful activities for people and update their practice accordingly.

- People contacted their relatives using their personal devices. The provider supported people to speak to their relatives when they contacted the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained personalised information about people's likes, dislikes and what was important to them.
- Staff knew people well and were aware of their preferences. Staff described how they endeavoured to ensure the care and support they provided was tailored to individual needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in an accessible format to meet peoples' needs. Peoples' communication needs were assessed and recorded.

Improving care quality in response to complaints or concerns

- The service had a complaints policy. Records of formal (written) complaints and feedback that had been received were investigated and responded to by the management team.
- People and their relatives knew how to raise their concerns. A relative told us, "I am happy with the service and have no complaints, if I did, I would contact them to discuss them."

End of life care and support

- The service was not providing end of life care at the time of the inspection.

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.

This is the first rated inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear audit schedule in place. The management team provided a variety of different audits in different formats. It was not clear which were being used to support the quality assurance systems.
- We could not be assured audits were consistently completed. The audits reviewed showed the service was meeting the providers expected standards. However, risk management was not always considered within these audits.
- Improvements were needed to ensure opportunities were not missed to identify lessons learnt and ways of preventing future incidents.
- Documentation was not always completed, clear or available. For example, food and fluid charts were not always completed correctly and where care plan audits identified gaps, these were not always promptly addressed.
- The provider was passionate about creating a unique service to support peoples interim care needs to support them to return home or to an alternative care setting. However, the culture created did not always support a person centred approach.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider understood their responsibility to be open and honest when things had gone wrong. There was a system in place to manage this.
- Staff were supported and felt the service was continuously improving. One staff member told us "There have been lots of improvements since the new manager came, we are well supported."
- The provider acted immediately on feedback given during the inspection to address the concerns identified.
- The provider understood their role in terms of regulatory requirements. For example, notifying CQC of events, such as safeguarding's and serious incidents as required by law

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider engaged with numerous stakeholders to ensure that the service provided appropriate care and support for people. In addition to this the provider was working with a consultant to further improve and develop the service.

- The provider sought views from people, staff, relatives, local authority care home support teams and health professionals. We were provided with a sample of feedback, all of which was positive feedback. However, feedback received during the inspection identified concerns with clothing, activities and staff approach.