

Glenfield House Nursing Home Limited

Glenfield House Nursing Home

Inspection report

Middle Lane
Kings Norton
Birmingham
West Midlands
B38 0DG

Website: www.glenfieldhouse.co.uk

Date of inspection visit:

11 January 2022

20 January 2022

Date of publication:

09 February 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Glenfield Nursing Home is a nursing home providing personal and nursing care to 40 people aged 65 and over at the time of the inspection. The service can support up to 46 people.

Glenfield nursing home is an adapted building with bedrooms available over three floors. There were lounges and dining areas on two floors with access by lifts and stairs.

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

People were complimentary about staff who supported them. People were cared for by enough staff who knew how to keep them safe and understood the risks to their health and wellbeing. Risks to people's health were documented in care plans for staff to refer to.

The registered provider checked the background of potential staff to ensure their suitability to work at the home.

Accidents and incidents were analysed to identify trends and changes needed to people's care. People received their medicines regularly and systems were in place for the safe management and supply of medicines.

The provider had taken action to ensure the home was clean and odour free. Staff wore Personal Protective Equipment minimising the risk of the spread of infection.

The registered manager had worked to continually improve care at Glenfield Nursing Home by completing regular quality audits. Care plans had been reviewed and systems to review and monitor care had been improved.

People and staff felt able to approach the registered manager about any concerns they may have and staff enjoyed working at Glenfield House Nursing Home. The registered manager worked with other health and social care professionals to improve people's experience of care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 18 October 2019).

Why we inspected

The inspection was prompted in part due to concerns received about infection control. 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. This included checking the provider was meeting COVID-19 vaccination requirements.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-Led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed from good based on the findings of this inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Glenfield House 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. 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector on 11 January 2022 and on 20 January 2022 an inspector and a Specialist Advisor [who was a registered nurse] continued the inspection.

Service and service type

Glenfield Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of our inspection 11 January 2022 was announced. We gave the service 48 hours' notice of the inspection. We needed to be sure that the provider or registered manager would be in the home to support

the inspection.

The second day of our inspection 20 January 2022 was unannounced.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, senior care workers, care workers, nurses and clinical lead. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care they received from staff. A person told us, "They (staff) treat me very well."
- A relative told us, "I am very pleased with the care (person's name) gets. They are always kept clean and dressed so nicely." Another relative commented, "I cannot speak highly enough of the care (person's name) receives."
- The provider had systems and policies in place and staff had received training in how to protect people from harm and abuse. One staff member told us, "We have a handover every shift to ensure continuity of care. If ever I was worried or concerned about a person I'd report it to my senior."

Assessing risk, safety monitoring and management

- People told us prior to moving into the service they had a pre-admission assessment to ensure their needs could be met safely.
- Risks assessments regarding people's care and support were in place. Staff were knowledgeable about risks and updated them in a timely way if required.

Staffing and recruitment

- The provider followed safe recruitment practices. Before a new staff member started work, employment histories, references and a DBS check were obtained. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us they thought there were enough staff on duty to meet their needs.
- Staff felt there was enough staff on duty to ensure people's needs were met.
- The registered manager told us they monitored and adjusted staffing levels in response to people's current care needs.

Using medicines safely

- Medicines were stored and administered safely.
- Topical creams were applied by staff, as prescribed. Where people had as necessary medicines prescribed [PRN] such as for pain relief, we saw how staff asked people if they required any as per their written protocol.
- Where people received their medication via a trans-dermal patch a chart was available for staff to record the site of application and record the removal of the previous patch. The actual number of sites to be used for full safe rotation was stated. (Rotating the site is important to avoid sensitivities developing and thinning of the skin can develop if routinely applying the patch to the same area and the rate of absorption into the

blood stream can be higher leading to overdose).

- Regular checks on medicine records ensured any errors were minimised. This system assisted staff in identifying any medicine discrepancies to ensure these were rectified without delay.
- Where people were receiving their medication covertly, there were protocols in place (covert medicines are medicines administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink). A Mental Capacity Assessment / Best Interest Meeting and a pharmacist had been consulted on the safe administration methods.

Preventing and controlling infection

- On the first day of our inspection we identified improvements were required in the provider's infection control practices for example some furniture was soiled, bathrooms had soiled toilets and soiled hoists. When we returned for the second day of our inspection the provider had taken action, furniture and bathrooms had been cleaned. Broken equipment had been replaced.
- 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.

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Visiting in care homes

- The provider had made a bespoke visiting area for people to receive visits from family and friends (in order for people to stay safe during the COVID-19 pandemic).
- Relatives confirmed before visiting they were asked to undertake a Lateral flow test, their temperature was taken and their COVID-19 vaccination status were recorded, before entry to the home. One relative told us, "They [staff] give us gloves and aprons to wear."

Learning lessons when things go wrong

- The provider and registered manager monitored and took action to implement any required learning from accidents and incidents. These were shared with the staff team.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives we spoke with were complimentary about the registered manager.
- People felt able to approach the management team with confidence they felt they would be listened to. One person said, "The registered manager is very nice, approachable, I would go to them with any problems." Another relative told us, "The registered manager encourages us to get involved in the home, previously we had get togethers in the form of garden fetes."
- Staff spoke with enthusiasm about their work at the home. One staff member said, "The registered manager is very supportive and staff morale is good" Another staff member said, "We aim to be nice and friendly, so there is a connection between people and staff. We do form bonds with people; we are like a family."

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. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their responsibility to be open and honest with people in the event things went wrong with the care and support provided.
- The provider understood their responsibility to notify the Care Quality Commission [CQC] and other agencies of any significant events. Notifications had been submitted appropriately which meant the CQC could check appropriate action had been taken.
- Staff and management were clear what was expected of their respective roles at the service. For example, care staff told us, if they had concerns about a person they supported, they would report these to the senior on duty or the registered manager.
- Quality assurance systems were in place to monitor the service and identify areas for improvement. For example, the registered manager had improved the homes cleaning schedules.
- Staff had regular supervisions and staff meetings, which were planned, and minutes of these meetings were shared with staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Continuous learning and improving care

- People's individual care plans detailed their personal choices, sexuality and religious preferences.
- People were involved in day to day decisions about what they wanted to eat and what entertainment they wanted to take part in.

- People and relatives told us their feedback was sought and had been used to continuously improve the service.

Working in partnership with others

- Staff worked closely with other agencies to ensure positive outcomes for people. This included health and social care professionals.