

Glenfields Care Home Limited

# Glenfields Care Home Limited

## 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

Glenfields Care Home Limited is registered for 28 older people who may be living with dementia. It is set out over two floors and has all single occupancy rooms. There are several lounge areas and a separate dining room.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

People felt safe and staff had been trained and understood their responsibilities around safeguarding adults and reporting concerns.

Risks to people's physical and mental health had been identified and guidance was available for staff to manage those risks. The environment and equipment was safely maintained.

Staff recruitment was robust and there were sufficient staff on duty to meet people's needs. Staff were well trained in basic care and in specialist subjects giving them the knowledge they required to care for people who used the service.

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 had access to healthcare professionals from the community such as their GP or community nurses.

Staff maintained positive relationships with people and showed care and compassion in their interactions.

Staff were caring, maintaining positive relationships with people. Feedback was positive from people, their families and professionals.

There was a quality monitoring system in place which identified where improvements were needed. These had been acted upon.

People and staff were invited to share their views and give feedback about the service. They attended regular meetings where they could discuss any issues related to the day to day running of the service.

Further information is in the detailed findings below

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

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## **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.

The inspection took place on 3 and 4 December 2018 and was unannounced.

Glenfields 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 inspection team was made up of one adult social care inspector and an expert by experience on day one. We arranged with the provider to return on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in adult social care services.

Prior to the inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the provider. Statutory notifications, which are a legal requirement, provide CQC with information about changes, events or incidents in order that we have an overview of what is happening at the service. We also contacted the local authority to gather their feedback and views about the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist us in planning the inspection.

During our inspection, we spoke with eight people who used the service, three relatives, one care worker, the activities organiser, the deputy manager who we also observed administering medicines, the registered manager and the provider.

We spent time looking at documents and records relating to people's care and the management of the service. We looked in detail at three people's care plans, medicine records, three staff recruitment and training files and policies and procedures developed and implemented by the provider. We observed medicines being administered, the lunch time experience and activities throughout the day.

## Is the service safe?

### Our findings

People and their relatives told us they felt safe. One person told us, "Yes the home is very secure" and another said, "The staff always check on us during the night I think it is every two hours." Staff understood how to protect people from potential abuse or harm. Staff and people living in the home told us they felt confident any concerns raised would be managed effectively and thoroughly. Staff were aware of how to whistle-blow and there was a policy available for staff to use should this be required.

Risk assessments were in place for each person and these were regularly reviewed or updated when changes occurred.

Accident and incident records were recorded and analysed. HSE guidance was in the accident file and there was a flow chart showing the process for staff to follow. People had a falls incident sheet which summarised any incidents and accident forms that had been finalised. Where appropriate a diagram was completed to show the area where the accident took place and assist with the analysis of the incident.

Staffing levels were sufficient to meet people's needs. One member of staff told us, "There is enough staff on duty" and people we spoke with confirmed this.

Staff recruitment procedures were safe. People had submitted application forms, attended interview and background checks had been completed. These included references and background checks by the Disclosure and Barring Service (DBS). DBS checks provide information about people's background and help employers make safer recruitment decisions to prevent unsuitable people from working with adults who may be vulnerable.

Medicines were managed safely. There were clear procedures for ordering, administration, storage and returning medicines. Staff used a pain scale to determine if those people who were not able to tell them were in pain looking at facial expression and body language. The National Institute for Health and Care Excellence (NICE) guidance was used and the NHS England good practice guidance for care homes was displayed for staff to follow.

Servicing and maintenance checks of equipment and the building had been completed in line with health and safety guidance.

Data protection legislation was followed. Records and people's confidential information were kept in a locked office with limited access. The service was registered with the Information Commissioners Office (ICO). The ICO is the UK's independent body set up to uphold information rights.

## Is the service effective?

### Our findings

People's needs were thoroughly assessed in a pre-admission assessment prior to people coming to live at the service. Care plans were developed from this assessment and were personalised. Risk assessments were in place where appropriate.

Where people's physical and mental health conditions had an impact on their wellbeing their GP, district nurse or community mental health team were involved. Important information about their medical conditions was sent if people went to hospital to ensure they received consistent care.

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. We saw that people were asked for their consent to care and where they were unable to consent decisions were made involving their relatives and professionals in their best interest.

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 Safeguarding (DoLS). Applications had been made for DOLs where necessary.

Staff had received training in subjects such as safeguarding, MCA and health and safety as well as other subjects which allowed them to meet people's needs effectively. These included subjects such as end of life care and person-centred dementia care. Staff told us they felt very well supported through regular supervision with their manager and deputy manager.

The service was a very large family house with a newer extension. People's rooms were personalised and there was plenty of communal space where people could spend time. The registered manager had gone some way to making the service dementia friendly with signage but further work in this area would enhance people's wellbeing.

People's nutritional needs were assessed and met with the support, where necessary of specialist services such as dietician. Where people had any changes in their weight they had been referred to a GP and where appropriate a dietician. We saw people get plenty to eat and drink throughout the day.

The dining room was bright and clean and the atmosphere was pleasant. Occasionally residents chatted with each other. The staff working in the dining room chatted with the residents about the service of the meal and also general conversation. It was clear that the staff were familiar with the residents like and dislikes in relation to food. The staff ate their lunch with the residents making this a social occasion.

## Is the service caring?

### Our findings

We observed staff being patient and considerate of people giving them the time they needed. We observed a staff presence in most areas of the service throughout the day, chatting to people and providing reassurance. This created a relaxed atmosphere. Staff were patient and knew people well.

We observed care interactions around the home. Staff were polite and sensitive to resident's needs. They knocked on the doors of resident's rooms before entering. Staff also helped residents around the home, including taking them to the dining room or back to their rooms.

People were encouraged to be independent and act as they would at home. On day two of the inspection we sat with two people who used the service chatting and they ordered tea and biscuits. Their request was responded to immediately. They told us they could manage some of their own personal care and staff let them do that and just helped where necessary.

People were comfortable around the staff. When we asked people about the staff one person told us, "If I have any worries I will talk to the staff and they will sort it out."

We saw that people were happy, content and well cared for which demonstrated the positive impact for people living at Glenfields. There was a strong focus on relationships with people and their families. This was demonstrated in the way staff interacted with people throughout the inspection.

Staff supported people to maintain their personal relationships. This was based on staff understanding who was important to the person. One person told us, "They have a good mixture of staff and they know people well."

People were involved in discussions and decisions about their care including any changes where possible. People told us the registered manager had an open-door policy and was always available for practical and emotional support.

People were treated with dignity and respect by staff and their privacy was respected. A relative told us, "[Relative] is treated with total dignity and respect."

People had opportunities to give feedback in surveys and at resident's meetings.



## Is the service responsive?

### Our findings

People received personalised care that responded to their needs because staff knew them very well. Care plans captured the information needed to respond to people's needs effectively.

The care plans were devised in consultation with people and their care was designed to provide oversight to maintain the persons safety.

Care plans and risk assessments were reviewed regularly and where changes were necessary these were clearly recorded. We did note some minor omissions in care plans but these were completed as soon as the registered manager was informed. There was no impact for people.

People's activities were planned with them by the activities co-ordinator and a plan was devised. The activity schedule showed activities would take place each week day, morning and afternoon. We saw evidence of a quiz taking place in the lounge during the first day of inspection.

When asked for their views on the activities being offered people told us, "I try and join in when I can"; "There are lots of activities [Name of activities coordinator] is very good" and "I prefer not to join in with most of the activities but like to join in with the singing sometimes."

Relatives told us, "The activities have got better they are more diverse. Children from the local school visit and the residents really enjoy that"; "My [relative] likes jigsaws and will sometimes join in with the quiz"; "As relatives we get involved in the activities."

The service had linked with a local school and children and service users were paired. This had been a positive initiative. The staff told us that one person had become more positive and looked forward to the children visiting.

There was a complaints policy and procedure for people to follow. There had been five complaint this year which had been dealt with according to the providers policy and procedure. The provider had responded by letter to the complainants and people were satisfied with the responses they received. Where necessary an apology had been made.

Where people were receiving end of life care there was an advanced care plan in place recording their wishes. One person who had been receiving end of life care received equine therapy when ill. A pony was brought to them and they appeared to find this calming and reassuring according to staff.

## Is the service well-led?

### Our findings

Glenfields Care Home Limited is a family run business serving the East Riding of Yorkshire. Day to day the provider is involved in the running of the service. A relative told us, "She is down to earth and knows what people want."

There was a registered manager employed at the service who was new to the role. They were being mentored by the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A deputy manager supported the registered manager. The provider supported them both.

The staff referred to the service as being like a family. They told us they enjoyed working at the service which was clear during the inspection. People who used the service and their relatives felt they could approach staff with any problems.

There was a quality monitoring system in place which identified areas for improvement. There were plans to make improvements across the service with changes to carpets and décor planned.

The registered manager was aware of their regulatory responsibilities. In the last survey people who used the service had identified a number of people who did not like the décor. This was now being addressed demonstrating that the provider listened to what people said.

People had opportunities to express their views. They had regular meetings where they could discuss a variety of issues and gave feedback. Staff meetings were also held where they could share ideas and insights.

The service worked closely with healthcare professionals to ensure good outcomes for people.

The provider had recently attended an event organised by East Riding of Yorkshire council which looked at services reaching an outstanding rating. This showed a commitment to improvement by the registered manager. They also sat on the East Riding of Yorkshire safeguarding adults board. They were a board member of Hull and East Riding Care Association and had completed training in dementia care with Bradford University.