

Glenfield House Nursing Home Limited

Glenfield House Nursing Home

Inspection report

Middle Lane
Kings Norton
Birmingham
West Midlands
B38 0DG

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Website: www.glenfieldhouse.co.uk

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?

Requires Improvement ●

Summary of findings

Overall summary

Glenfield Nursing Home is a nursing home providing personal and nursing care to 42 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 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 home was clean and odour free and staff took pride in keeping the home clean and minimising the risk of the spread of infection.

People's needs were assessed, and care was planned in line with best practice. Care was delivered by staff who received support and guidance to meet people's needs. People liked the choices offered to them at mealtimes. Where people required support, this was offered. Staff understood when to escalate concerns about a person's health and when to seek additional help. 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.

People were cared for by staff who were caring and who people liked and valued. People and their relatives felt involved and supported in decision making. People's privacy was respected, and people were supported to maintain their independence in ways that were important to them.

The registered manager had worked to continually improve care at Glenfield Nursing Home. Care plans had been reviewed and systems to review and monitor care had been enhanced. However, more time was needed to embed the changes.

People and staff felt able to speak to the registered manager about any concerns they may have and staff enjoyed working at Glenfield House Nursing Home. The registered manager worked with other stakeholders 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

The last rating for this service was Requires Improvement (published on 16 August 2018). There were three breaches of regulations in 9 (Person Centred Care), 12 (Safe care and treatment) and 17 (Good governance) Of the Health and Social Care Act (2008) Regulated Activities 2014.

Why we inspected

This was a planned inspection based on the previous rating.

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 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?

Requires Improvement ●

The service was not always 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 Care Act 2014.

Inspection team

There was one Inspector, one inspection Manager and an Assistant Inspector in the Inspection Team.

Service and service type

Care Homes

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

This inspection 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. We also used the action plan sent to us following the last inspection to help plan this inspection in order to assess what progress has been made.

During the inspection-

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, 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 two people's care records and multiple medication records. We looked at two 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

At our last inspection the provider had not ensured the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. At our previous inspection, people's medicines were not stored correctly.

Using medicines safely

- Medicines were stored appropriately, and systems were in place to order and restock medicines. Checks were undertaken by the clinical lead to ensure people received the medicines appropriately. The clinical lead told us, "When the Doctor comes he electronically sends a prescription to the pharmacy and the pharmacy deliver the medicine the same day, they are really good."

Systems and processes to safeguard people from the risk of abuse

- People felt safe around staff. Permanent staff had been recruited and people felt they knew staff and gave them a sense of reassurance.
- Staff told us they received training on how to recognise and protect people from abuse and understood how to report if there were any potential concerns. Staff had confidence that concerns raised would be acted upon. The registered manager understood how to notify relevant stakeholders of concerns that had been made.

Assessing risk, safety monitoring and management

- People's risks to their health and wellbeing were known to staff. Risks were documented in care plans for staff to refer to, which had been reviewed and updated regularly.
- Care staff told us they attended handover meetings at the beginning of their shift this was where people's most up to date care needs were shared.

Staffing and recruitment

- People were supported by enough staff to meet their needs and staff were available when needed.
- The registered provider had systems in place to check the background of potential staff. This included a DBS (Disclosure and Barring Service check). A DBS check allows employers to review whether potential staff have any criminal convictions.

Preventing and controlling infection

- The home was clean and odour free. Staff had received infection control cleaning and we saw staff use best practice to minimise the spread of infection. Staff had access to gloves, aprons and alcohol gels, which they were seen to use.

- The RM checked the home environment to ensure the home was clean to minimise the risk of infection

Learning lessons when things go wrong

- Staff understood how to record and escalate any accidents and incidents. Accidents and incidents were monitored to understand if changes were needed to people's care. Changes were then communicated to staff to ensure people's needs were understood.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. People's food and fluid intake was now being completed in a timely manner.

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

- People's needs were assessed by the registered manager before they moved into the home.
- People and their families were involved in discussions about people's needs and could express their expectation and wishes.
- People's needs were reviewed to ensure they continued to be met and to ensure staff had the necessary skills to support people.

Staff support: induction, training, skills and experience

- People were supported by staff who they felt confident had the knowledge and skills to care for them. Staff were supported and received guidance from the management team. Nursing staff told us they had training and support to ensure their knowledge and their professional registration was up to date.
- Staff were offered opportunities for training in order to continually update and inform their skills and knowledge in line with best practice.
- New staff told us they shadowed experienced staff as part of their induction which helped them get to know people and their needs.

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

- People liked the food and choices offered to them. People who required support to meet their nutritional needs were given this. Staff understood which people required a special diet and where appropriate, food, fluids and weights were monitored.

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

- Care staff told us daily handovers allowed them to receive the most up to date information about a person's care and seek guidance if needed. Care staff described nurses as supporting and accessible if they needed advice.
- Nursing staff described an improved relationship with the doctors surgery. Regular staff and better communication had helped nursing staff anticipate what was needed to better support people.

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

- People told us they were able to bring in items of importance with them from home.

- Glenfield nursing home had been adapted to meet the needs of people there. Dementia friendly signage and equipment made it easier for people living there.

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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the importance of gaining a person's consent before supporting them. Best Interest decisions had been made and recorded where appropriate.
- Care plans detailed whether a person had a Deprivation of Liberty in place and any conditions in place.
- Systems were in place to monitor applications and ensure people's care was within the remit of the law.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. Care plans were now stored appropriately and locked away which helped maintain people's confidentiality.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they liked the care staff supporting them. We saw people chat with staff about things which were important to them. Staff chatted to people and exchanged light hearted jokes. We also saw where people became upset, staff offered reassurance and guidance.
- People were supported by a diverse team of staff. Staff told us they had received equalities training and understood how to celebrate people's individual care needs.

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

- People told us they were involved in decisions about their day to day care. We saw staff ask people about where they wanted to sit and where they wanted to spend their time.
- Where people expressed an opinion, staff supported them to achieve it. For example, one person decided they did not want desert and wanted to return to their room and staff supported them.

Respecting and promoting people's privacy, dignity and independence

- People and their families told us they were cared for staff that respected their dignity and independence.
- Relatives felt assured their family member was cared for with dignity. For example, one person told they chose what to wear each morning and this was important to them.
- Staff told us about the people they supported and about they knew about the support each person needed. For example, one staff member told us about one person's personal care preferences and about they supported them to retain their independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. People's preference were now detailed for staff to refer to and people were offered opportunities to pursue interests they liked.

This meant people's needs were met through good organisation and delivery.

At our last inspection the provider did not ensure people consistently received person centred care. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

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

- People's had shared their preferences with staff and care plans were reviewed and updated in line with people's changing needs.
- Care plans were detailed and contained information that was specific to each person such as their background. For example, were people required more support, people's plans was adjusted. Some people had also been at Glenfield House Nursing Home for some time as their health had progressively deteriorated, their support had been adjusted.
- We saw care plans had been reviewed and changed in line with the provider's plans. People and relatives told us they were given opportunities to speak to the registered manager and make changes when needed.

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.

- The management team were aware of the accessible information standards and told us of ways in which they were meeting the standards, such as having the information available in different formats.
- Staff knew how to communicate with people to understand their wishes. For example, some people were shown items to support them in making choices.

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 and their families told us they were lots of opportunities to take part in activities and individual interests. People spoke positively about receiving support to be able to maintain and enjoy their individual

interests. The activity co-ordinator told us they spoke with people and their families to understand what people might like.

- One relative told us they family member had been offered numerous opportunities and staff respected when they sometimes did not want to take part.
- Where people had religious or spiritual beliefs, people were supported to achieve these.

Improving care quality in response to complaints or concerns

- People told us they felt able to speak with staff if they were unhappy with anything or to the speak with the registered manager.
- The registered provider had a complaints system in place. Complaints were reviewed, acknowledged and responded to. Copies were also shared with the registered provider to monitor.

End of life care and support

- People, along with their families had had an opportunity to discuss and share their end of life care needs. Staff worked with other health professionals to ensure anticipatory medicines were in place when people were reaching their end of their lives.
- Staff had received end of life training and nurses knew how to use specialist equipment needed to administer pain relief.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

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.

At our last inspection the provider had not ensured the quality of service people received was checked to sustain improvement. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, improvements needed time to be imbedded into practice and demonstrate sustainability .

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

- The registered manager and new manager understood their roles and responsibilities and were working to achieve targets to improve people's experience of care. They were working to an action plan, a copy of which was sent to the CQC after the last inspection. Whilst we noted significant progress in the provider's quality assurance systems, some progress had not yet been imbedded and systems were not yet robust. For example, regular checks on beds had been scheduled but not completed. The systems in place had not identified the missed checks. There were other checks within systems for monitoring people's care where gaps existed. Whilst no risk of harm, the provider could not demonstrate the systems were robust and fully implemented.

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

- People and their families told us they felt comfortable speaking with staff, nurses and management. Regular meetings were held for people, their families and staff so the provider and registered manager had the opportunity to share their progress and listen to others.
- Staff reported the home as being a pleasant place to work and having an easy relationship with the registered manager.
- Staff told us they felt part of a team and understood why change had been needed.

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

- The registered provider understood their obligations under a duty of candour and worked with the

registered manager in ensuring all notification were submitted correctly and investigations undertaken were appropriate and open. The registered provider shared with us some of the challenges they had had in driving improvements, but felt progress was now being made.

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

- People and their families felt able to share their ideas about the home and service received. One relative told when asked if they felt involved told us, "Yes, as a family we are." People and relatives told us they were invited to meetings and could speak with staff if they needed to.

Continuous learning and improving care

- The manager told us they were working hard to achieve objectives the provider had agreed and sent in their action plan following the last inspection. Care plans had been updated to detail people's preferences, storage facilities for medicines had been improved

Working in partnership with others

- The registered manager had improved their working relationship with the local authority and clinical commissioning Group. Staff reported recent visits had been positive and had a better understanding of what was expected of them.