Glenfield House Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection was unannounced and took place 10 February 2016.

Glenfield Nursing Home is registered to provide accommodation and personal and nursing care for adults who may have a dementia related illness for a maximum of 46 people. There were 41 people living at home on the day of the inspection. The home is over three floors, with the main communal areas on the ground floor.

There was a registered manager in place however they were not working on the day of the inspection. 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.

People told us they felt safe living at the home. Staff knew how to safeguard people and what to do if they suspected abuse. However, nursing staff need to take steps to record the action they had taken in responses to concerns raised. Where care staff had used charts to record the detail of the incidents they were not aware of how these were used to see if improvements could be made to the person's care.

People received their medicines from nursing staff who looked after their medicines. People received support that met their individual needs and from care staff that were available when they needed them. People's risks relating to their safe care and treatment had been assessed and all staff knew the detailed plans in place to help minimise those risks.

Staff had training to do their jobs effectively in order to meet people's care and support needs. All staff were encouraged to continue to develop their skills in health and social care. All staff told us they felt supported by the management team to carry out their roles effectively. People's nutritional needs were met, choice was offered and special dietary needs were catered for. Nursing staff referred to other health professionals when needed, so people were supported to maintain their health and wellbeing.

People told us they liked living at the home and that staff were friendly and kind. People were cared for as individuals with their preferences and choices supported. Staff treated people with dignity and respect when supporting them and encouraged people to be as independent as possible. Relatives were encouraged to be involved in supporting their family members.

People's health and social care needs were reviewed regularly and people took part in some organised activities and day trips and told us there was enough for them to do. People knew how to complain if they wished to and complaints were addressed to people's satisfaction.

People, their relatives and all staff felt involved in how the home was run. The management team responded

to people's feedback in developing the service and making continued improvements. The registered manager and provider regularly checked that people received care that met their needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's incidents or the action taken by nursing staff had not always been recorded. People were cared for by staff who had the knowledge to protect them from harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Is the service effective?

Good

The service was effective.

People were supported to make their own decisions by staff that had been trained. Input from other health professionals had been used when required to meet people's health needs. Food had been prepared that reflected people's choice and their nutrition had been maintained and monitored.

Is the service caring?

Good

The service was caring.

People received care that met their needs from staff who were respectful of their privacy and dignity. People's individual preferences had been sought, acted on and recorded.

Is the service responsive?

Good

The service was responsive.

We saw that people were able to make everyday choices and were involved in planning their care. People were engaged in their personal interest and hobbies.

People were supported by staff to raise any comments or concerns with the provider.

Is the service well-led?

Good

The service was well-led.

People, their relatives and staff were complimentary about the

overall service and had their views listened to. Procedures were in place to identify and plan improvements.

Glenfield House Nursing Home

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.

This unannounced inspection took place on 10 February 2016. The inspection team comprised of one inspector and a nurse specialist advisor.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority and the local Clinical Commissioning Group for information.

During the inspection, we spoke with 11 people who lived at the home and three relatives. We spoke with four care staff, three nursing staff, the cook and the deputy manager. 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 looked at four records about people's care and their medicine records, complaint files, falls and incidents reports, capacity assessments, staff meeting minutes, people's feedback and checks completed by the registered manager and provider that related to people's care and support.

Requires Improvement

Is the service safe?

Our findings

All of the care staff we spoke told us they kept people safe from the risk of abuse and if they were concerned about a person, they would bring it to the attention of the nursing staff. The nursing staff that we spoke with understood the types of abuse people were at risk of and would not delay in reporting any concerns about people's safety to the relevant authority. They were able to provide examples of when they had made referrals to the local authority where concerns had been seen or raised by care staff. However, nursing staff had not consistently recorded the actions they had taken in response. For example, we found that one incident had been reported by care staff, but the actions taken by the nursing staff had not. Whilst the nurse who investigated the incident knew the actions taken the deputy manager and other nursing staff had not. The incident had not therefore been reviewed to ensure the person had been fully protected and potentially prevent future incidents.

We found that where people expressed themselves physically with care staff, the incidents had not been reviewed. Care staff also told us that while they used charts to record the detail of the incidents they were not aware of how these were used to see if improvements could be made for the person and care staff. For example, the best way to address the person to help them remain calm and reassured during their personal care.

Where a person had an accident or incident these had been recorded with details of the event and any injuries sustained. Each individual incident had been reviewed and recorded by the registered manager and were reviewed regularly to identify any reoccurring patterns. The deputy manager felt the recorded number of incidents was low and told us that additional equipment or referrals to professional advice had been done to help reduce the risk of an incidents happening. We saw that people had additional specialist equipment in place.

All people we spoke with were safe and comfortable in their home. They felt supported by care and nursing staff that they knew and trusted. People also told us that care staff supported them when they needed them and spent time with them to monitor their safety. We saw that people recognised staff and looked to them for reassurance and support. All staff we saw were considerate when responding. One person said they had been, "Very nervous about things, but it was good coming here". All family members we spoke with were happy that their family members were safe and supported by staff within the home. One relative said, "I am happy that [person's name] is not left alone at night". We saw that where people became anxious or upset staff where quick to spot the signs and provide comfort to reassure them. One relative said, "Staff deal with [person's name] anxiety well".

Three people we spoke with told us about how care and nursing staff supported them with their risks, which included areas around their mobility or health. They felt the staffing team helped them when needed and looked for improvements or changes. For example one person said that with the help from care staff they had improved their confidence in walking with a frame. All staff we spoke with knew how to help people with their personal safety and what they needed to do to minimise the risks. Records we looked at detailed people's level of risk and the actions required by staff to reduce or manage that risk. They also recorded

where people's risks had changed and the level of support had become less. For example, what equipment was needed to reduce the risk of falls. The staffing team told us they referred to the care plans often and that any safety concerns or new risks were shared at the start of each shift.

All people we spoke with said that care and nursing staff were available and they had not experienced delays when asking for assistance. One person said, "They (staff) are always around, in and out". Another person added, "I can choose to use my button (call bell) and there is never a delay".

While care staff said there were busier times during the day, they were able to ensure that people's emotional needs were met. When we spoke to the deputy manager they told us that staffing levels reflected and changed in response to people's needs. They were in the process of reviewing staffing levels and recent shift changes had increased care staff levels in the morning. However, they also planned to continue to monitor the care people received to constantly review staffing levels. Where they were short on care or nursing staff they were able to use agency staff when needed and the deputy manager and registered manager provided additional support to nursing staff during unplanned busy periods.

People's medicines were managed by nursing staff at the home. Two people we spoke told us about their medicines and were happy that they got these when needed. One person said, "They do my pills. I like them all in one pot". Nursing staff held details about what the medicines were for and provided instruction and encouragement for people. Where people received their medicines covertly, the provider had used best interest meetings to make those decisions. These were then reviewed monthly or sooner to ensure it remained necessary.

Nursing staff kept records of the medicines they had given and when. Where people required pain relief 'when needed,' we saw that staff talked with people about their pain levels and asked if they wanted medicines. Written guidance was available for medicines 'when needed' for nursing staff to follow. Where people required medicines as needed for emotional needs the use of these medicines were reviewed frequently and to ensure that people were supported with other techniques before medicines were used. The medicines were stored in a locked medicines room and unused medicines were recorded and disposed of in a safe way.

Good

Is the service effective?

Our findings

People told us they were looked after by staff that had been trained and understood their health needs. One person felt the care and nursing staff, "Know how to look after my dressings". Relatives we spoke with felt all staff knew how to provide care. One relative said, "The staff training is excellent," and was happy that their family member's needs were met.

Nursing and care staff we spoke with were happy that their training was reflective of the needs of the people living at the home. For example, how to use the equipment needed to support people or how to manage a range of health conditions. However, care staff felt further training in supporting people living with dementia and understanding the Mental Capacity Act would further improve people's experience in the home. The deputy manager told us the registered manager had recognised these areas for development and training was being arranged for care staff.

Staff told us they were supported by the deputy manager and registered manager. Care staff had supervisions that were used to talk about their care work and potential training needs. Nursing staff told us they received regular clinical supervision and had had the opportunity to develop professionally.

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 we spoke with told us they made their own decision and staff acted on these. We looked at records where nursing staff told us people did not have capacity to make a decision. We found the correct procedure had been followed. For example, people's capacity for individual decisions had been considered and a best interest decision made. The nursing staff we spoke with had a good understanding of the MCA and what this meant for people. Where a person had appointed a Lasting Power of Attorney (LPoA) to make health and or financial decisions on their behalf nursing staff knew who they were to ensure they were contacted as needed. All care staff we spoke with understood people had the right to choose or refuse treatment and ensured they responded to people's choices.

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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty.

People we spoke with told us they enjoyed the food and the meal options. One person said, "I am diabetic and I am able to monitor my own food". One person told us, "My breakfast is good, I had sausage and

pancakes yesterday". People were able to choose where they ate their meals. A dining area was used by some people who were enjoying chatting with staff and other people. People told us and we saw that drinks were available and offered throughout the day. We saw that each person was offered a choice at the point of serving and were shown the food to help them choose. Where people required thicker drinks or assistance with eating their meal care staff were able to provide this assistance. We saw that care staff were sat with people individually without interruption.

We spoke with the cook who told us they knew people's preferences and used these to plan the meal menus. This included where people required an alternative diet. For example, softer foods or where certain foods needed to be avoided. The cook also prepared a hot choice for the evening meal alongside a variety of cold options.

Two people we spoke with told us about how they received external help to remain healthy. They told us appointments were arranged with opticians and dentists who visited the home. People were supported with additional aids that promoted their wellbeing. For example, reading glasses and hearing aids. Staff also supported people with arranging reviews and assessment for equipment. For example, walking aids or specialist mattresses.

The deputy manager confirmed that the local GP visited the home once a week or when requested. One relative told us they were, "Impressed with the speed that the GP comes out. Last time [person's name] was on the required antibiotic in less than 24 hours". Where people required a regular blood test to monitor and maintain their health condition, these had been arranged and completed as required. One person told us they monitored their own blood sugar levels but nursing staff would help if they needed it. People also attended hospital appointments and we saw that care staff were able to accompany the person if required.

Good

Is the service caring?

Our findings

People we spoke with told us they liked living at the home, they were pleased with their care and they liked the nursing and care staff. One person told us they would, "Thoroughly recommend it, they are great here." People knew the care and nursing staff well and enjoyed their company. All staff we saw spoke and engaged people in a calm and friendly manner. One person said, "She's a darling," when referring to a member of care staff. People felt that care staff were happy to chat with them and would spend time with them. One person said, "Everyone one smiles and are lovely". We saw that people, care and nursing staff knew each other well and looked relaxed and spent time chatting with one another.

Where people told staff their views, they responded by involving the person or offering suggestions to help with decisions and the amount of staff assistance needed. For example, one person was supported to walk with an aid with staff guidance; the person was joking and laughing with staff in response. People were confident to approach staff for support or requests and one person said they had access to, "Everything I need, I chose well coming here". One relative said, "The little things are important to [person's name] and the staff know them. In fact they are good with everyone."

People told us that they chatted to staff about their life histories. Care and nursing staff told us they also enjoyed learning about people's lives and spending time with them. Relatives or friends of people we spoke with said that if their loved ones were not able to tell care staff about themselves they had been able to share their histories, preferences and routines. Records showed that information had then been considered when completing and reviewing people's care plans. Care staff told us that over time they recognised people's preferences and things they enjoyed or liked to be involved in, like some of the group activities.

People were given time to respond to care and nursing staff and were not hurried by them. We saw that staff were caring, respectful and knowledgeable about the people they cared for. Staff spoke with people about their current interests and were thoughtful to comment on people's appearances. For example, how nice they looked or how smartly they were dressed. People were pleased that staff had noticed and smiled and agreed in response. People were also supported through touch and facial expressions by care staff who used this as a way to help understand responses.

People we spoke with told us they chose where they spent their time and how it was important for them to be as independent as possible. Where people had chosen or needed to spend time in their rooms this was supported and staff checked on people regularly. Two people felt the care staff were supportive of this and whilst there were certain things they could not do staff were careful not to do everything for them. One person said, "Care staff encourage and support me to use my frame, (to remain independent)." People told us that how they dressed and presented themselves was important to them and felt staff knew and appreciated this. Four people we spoke with had enjoyed visiting the hairdresser and were pleased that this was offered at the home.

People's visitors told us they were made to feel welcome by staff and could visit at any time. One relative was complimentary that they were able to stay overnight if needed. Where people required personal care

they were assisted to their rooms to ensure privacy and dignity. One relative said, "They are wonderful at ensuring people's privacy here". People told that special events were celebrated and on the day of our inspection we saw that one person celebrated with entertainment that was enjoyed by all in one of the lounges.

Good

Is the service responsive?

Our findings

Five people we spoke with told us that they were happy that care and nursing staff helped them maintain or improve their health conditions and knew when they were not feeling well. For example, one person told how they were supported with wound dressing as needed and their wounds were healing. Where other people required assistance, nursing staff told us about the level of support needed. People also had their health needs assessed by having specific assessments and ratings scales. Nursing staff then used these to monitor the condition and if needed had referred to external agencies for support. For example, referring people to a tissue viability nurse to ensure they were supported.

All relatives we spoke with told us the nursing and care staff looked after their family members health needs and they were kept informed of any changes. One relative told us that, "The nurses are excellent. They keep an eye on [person's name], very responsive and work well with the GP". We saw that nursing and care staff took time to talk with people's relatives about how their family member had been since their last visit.

Care staff told us they recorded and reported any changes in people's care needs to nursing staff, who took action where needed. For example, noticing changes to people's emotional and physical needs. Nursing staff and records showed that people had been supported to have their conditions managed or improved. Nursing staff had developed an information board in the office that provided an overview of each person's main needs and held a diary of appointments and reminders where needed.

We looked at four people's care records all of which had been kept under review and updated regularly to reflect people's current care needs. These detailed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. All staff told us the care plans were updated and used to ensure that people received the care and support needed.

People discussed their wellbeing and wishes with care and nursing staff and we saw that any requests were responded to. For example, people were asked how they were feeling or where they wanted to spend their time. Seven people we spoke with told us they were able to do the things they enjoyed throughout the day. For example, reading the newspaper, watching television and going out to the shops with a member of staff. One person commented, "Oh I love the entertainment here. Singing and games with some little prizes". One person said, "I get to go out and there is lots to do here." People we spoke with who had not been able or had not wanted to take part in group activities said that care staff spent time with them individually.

All people we spoke with told us they had no current concerns or issues. People and their relatives told us they would raise any issues or concerns with any staff within the home. All relatives felt their family member received the care they would expect and had no complaints. The deputy manager said that when people or relatives raised a matter they always tried to resolve it immediately. However, where people had raised complaints records showed these had been recorded and we saw that a response had been sent. Learning from complaints had been detailed, for example following one complaint all staff were reminded about people's preferences at meal times.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. However, they were on leave at on the day of the inspection. The deputy manager was available and was able to provide the information requested.

All people we spoke with were positive about their home and knew the registered manager, whom they were happy to approach and talk with. We saw that the deputy manager, nursing and care spent time with people and their relatives. One relative said the, "The manager is very good and has a clinical background". All staff were able to respond to people's requests or provide general social conversations. One relative said, "The company is prepared to invest in extras. [Person's name] bedroom is as it was at home". Three relatives said they also got to talk to each other and had the opportunity to raise anything at 'Residents and relatives' meetings.

All staff working at the home had been trained in providing care and support so they were able to be involved in all aspects of people's care. For example, the administration staff were booked to attend a dementia awareness course. They told this would benefit people at the home as they often came and spent time in the office. We saw that information and training had been provided to relatives to help understand dementia related illness and how it may affect their loved one. Comments received from relatives were positive about these sessions and more had been requested.

People had been asked for their views and opinions about the home and had the opportunity to attend monthly meetings so they could discuss life at the home. Two people we spoke with felt involved in the home and had attended these meetings. They felt listened to and that action had been taken where needed. For example, records showed that people views were used to choose activities and how staffing was used on each floor at night.

The provider had a clear management structure in place with the registered manager post being supported by a deputy manager and a Clinical Nurse Manager. Nursing and care staff felt able to tell people in a management position their views and opinions at any time or at staff meetings. One staff member commented that the working environment was positive and that contributed to, "A positive atmosphere for both staff and patients". One relative also felt that the staff morale had improved since the registered manager had been in post since August 2015. Care staff also said the registered manager was flexible towards staff training and allowing them time to study.

Monthly checks had been completed by the registered manager and deputy manager. These include looking at the environment, medicines checks and reviewing people's care plan information. The provider also visited the home to talk through any changes or improvements with the registered manager. The provider had also recorded conversations with people and staff at the home to see how they felt about their care. The last visit recorded no issues and that a review of activities would benefit people.

The deputy manager told us they were supported by the provider in updating their knowledge and

continued to identify further professional training opportunities. The nursing staff were currently up to date with their registrations. The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, accidents and deaths that had occurred at the home, in accordance with the requirements of their registration.