

Mr & Mrs A D Williams

The Glen Private Nursing Home

Inspection report

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 11 January 2017. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The service was last inspected on 7 October 2014 and was meeting the requirements of the regulations we checked at that time.

The Glen Private Nursing home is a small nursing service that provides care for up to 19 people. At the time of our inspection 17 people were living at the service. One person was receiving respite care.

There was a registered manager at the service. 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.

We found the registered manager had not followed the registered provider's recruitment policy. We found appropriate checks for two members of staff working at the service had not been completed before being employed by the registered provider. The registered manager assured us that immediate action would be taken to obtain appropriate checks. This was a breach in Regulation 19 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

We found the service had appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

People we spoke with told us they felt "safe" and had no worries or concerns. Relatives we spoke with felt their family member was in a safe place.

Staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm.

We did not receive any concerns from relatives or people regarding the staffing levels at the service. Our observations during the inspection told us people's needs were being met in a timely manner by staff.

People had individual risk assessments in place so that staff could identify and manage any risks appropriately. Care plans were detailed and person centred. Care plans were reviewed regularly and changed to reflect current needs.

There was evidence of involvement from other health care professionals where required, and staff made referrals to ensure people's health needs were met.

Staff had undertaken training which was regularly updated to ensure they had the skills and knowledge to support people effectively.

Staff had received appropriate supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform.

We saw the service promoted people's wellbeing by taking account of their needs including activities within the service and in the community.

People made positive comments about the quality of food provided and told us their preferences and dietary needs were accommodated.

People and relatives made very positive comments about the staff working at the service.

We saw that people responded well to staff and they looked at ease and were confident with staff. Staff were respectful and treated people in a caring and supportive way.

People and relatives told us they would speak with the registered manager or assistant matron if they had any concerns or complaints. They felt their concerns would be taken seriously and responded to in good time.

Resident meetings took place so people had opportunities to feedback about the service and suggest improvements.

Accidents and untoward occurrences were monitored by the registered manager and assistant matron to ensure any trends were identified.

We saw the system in place to ensure policies were reviewed so they reflected key legislation and guidance needed to be more robust.

There were quality assurance systems in place to monitor the quality and the safety of the service provided.

You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

We found appropriate checks for two members of staff working at the service had not been completed before being employed by the registered provider.

Systems were in place to manage people's medicines.

Staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm.

Is the service effective?

Good 

The service was effective

Relatives made positive comments about the care their family member had received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff had undertaken training which was regularly updated to ensure they had the skills and knowledge to support people effectively. We saw staff received appropriate support to enable them to carry out their duties.

Is the service caring?

Good 

The service was caring.

People made positive comments about the staff and people told us they were treated with dignity and respect.

Staff enjoyed working at the service. Staff were able to describe how they maintained people's privacy and dignity.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death.

Is the service responsive?

Good 

The service was responsive.

Care plans were detailed and person centred. Care plans were reviewed regularly and changed to reflect current needs.

We saw the service promoted people's wellbeing by taking account of their needs including activities within the service and in the community.

People and relatives told us concerns were taken seriously at the service, investigated appropriately and responded to quickly.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

We found the registered manager had not followed the registered providers policy and procedure for recruitment.

We saw the system in place to ensure policies were reviewed so they reflected key legislation and guidance needed to be more robust.

We saw checks were completed by senior staff within the service to check the quality of the service provided.

The Glen Private 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 inspection took place on 11 January 2017. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection team was made up of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The service was last inspected on 7 October 2014 and was meeting the requirements of the regulations we checked at that time.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury. We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used a number of different methods to help us understand the experiences of people who lived in the service. We spent time observing the daily life in the service including the care and support being delivered. We spoke with five people living at the service, five relatives, the owner, the registered manager [the matron], the assistant matron, the housekeeper, three care staff and the cook. We looked around different areas of the service; the communal areas, bathrooms, toilets and with their permission where able, some people's rooms. We reviewed a range of records including the following: three people's care records, six people's medication administration records, four staff recruitment files, three staff training and supervision files and records relating to the management of the service.

Is the service safe?

Our findings

We saw a recruitment and employment policy was in place, but it did not identify all the information as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which must be available to demonstrate fit and proper persons have been employed. This showed there was a risk that fit and proper persons would not be employed at the service. We spoke with the registered manager and they assured us this policy would be reviewed.

We reviewed four staff members' recruitment records. We saw that a range of records were retained for staff which included the following: application, references, employment contract and Disclosure and Barring Service (DBS) check information. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. We found the registered provider had not obtained a DBS or references for a bank staff member working in the kitchen before they were employed. We also found that a satisfactory work reference had not been obtained for one member of the care staff before they were employed.

Registered providers must have effective recruitment procedures and ensure that they make appropriate checks for employees. Information about candidates set out in Schedule 3 of the regulations must be confirmed before they are employed. We also found a Disclosure and Barring Service (DBS) had not been completed for a volunteer before they started providing activities at the service. The legal requirements for registered providers includes volunteers deployed at a service. We spoke with the registered manager; they assured us that immediate action would be taken to obtain the appropriate checks and appropriate supervision of the staff and the volunteer would be put in place.

This was a breach in Regulation 19 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

We did not receive any concerns from relatives or people regarding the staffing levels at the service. People told us staff responded to their calls for assistance when they used their call bells. One person said "If you use the nurse call, they [staff] are with you in seconds". During the inspection we observed staff responding to people's calls for assistance in a timely manner.

The assistant matron told us they had recently changed the starting time of the morning shift to respond to the number of people who liked to get up early in the morning. We saw the registered provider did not have a systematic approach to determine the number of staff and range of skills required to order to meet the needs of people using the service and keep them safe at all times. The registered manager told us they were planning to put a system in place.

People we spoke with told us they felt "safe" and had no worries or concerns. Their comments included: "I must say I have had no worries since I came to live here," "I feel so secure here" and "I am absolutely safe, better than I was at home."

Relatives we spoke with felt their family member was in a safe place. Relatives were clear about who they could speak with if they were worried or had any concerns. Their comments included: "[Family member] has never been happier, we feel it's because she is safe," "They [staff] run a tight ship here, it all adds up to making sure people are safe and well cared for" and "They [staff] keep her safer here than I could at home" and "I can absolutely say this is a safe place."

People had individual risk assessments in place so that staff could identify and manage any risks appropriately. The purpose of a risk assessment is to identify any potential risks and then put measures in place to reduce and manage the risks to the person.

The service had a process in place to respond to and record safeguarding concerns. We saw that the service had a copy of the local authority safeguarding adult's procedures and the registered manager told us relevant staff followed them to safeguard people from harm.

Staff received training in safeguarding. It was clear from discussions with staff that they were fully aware of how to raise any safeguarding concerns and they were confident the senior staff in the service would listen.

Staff were also able to describe the provider's whistle blowing procedures. Whistle blowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

We found there were satisfactory arrangements in place for people who had monies managed by the service. We reviewed three people's financial transaction records and saw regular balance checks had been undertaken by staff.

People we spoke with told us they received their medication on time and could ask for extra pain medication if they needed it. Their comments included: "If my legs are hurting in the night, I can have some extra tablets; the night carers are marvellous," "I get my medication just when I need it" and "You don't get your tablets until you get up and it's up to me when I get up."

The nurse in charge administered medicines at the service. We saw medication was handled safely. We saw there were robust arrangements in place to ensure people received medicines at the right time. We did not find any concerns in regards to the management of controlled drugs.

There was information to help staff decide when to administer medicines prescribed 'when required' in people's care plans, but not with their medication records. This meant that nurses could not refer to these guidelines quickly when administering medicines. We shared this feedback with the assistant matron; they told us they would include this information in people's medication records so it was readily available.

The service had a process in place for staff to record accidents and untoward occurrences. One staff member described the process to us "we have to report every accident, each one is reported separately, it is recorded in a log and you have to put what happened and then any action you have taken. The matron [registered manager] checks these regularly and might even come and ask you more about it." These were monitored by the registered manager and assistant matron to ensure any trends were identified.

We looked at the safety of the building. We found the registered provider had up to date certificates for aspects of the building and equipment, including the servicing of the lift and bath hoist.

People and relatives we spoke with did not express any concerns regarding the cleanliness of the service.

Relatives comments included: "The cleanliness in this home is outstanding" and "The domestic team are fantastic and they care too."

The service was clean and had a pleasant aroma. During our visit we observed that staff wore gloves and aprons where required and we saw these were readily accessible throughout the service. Hand gel was available in communal areas.

Is the service effective?

Our findings

People we spoke with told us they were very satisfied with the quality of care they had received and saw the doctor when they were not feeling well. Their comments included "I have not worried about a thing since I come to live here ;the best decision I have made in a long while," "I have kept my own GP from when I was at home - that's good" and "They [staff] make all the arrangements for me to see the chiroprapist and the dentist."

In people's records we found evidence of involvement from other professionals such as doctors, optician, tissue viability nurses and speech and language practitioners.

Relatives we spoke with told us they were very satisfied with the quality of care their family member had received. Their comments included: "We are delighted in the change in her [family member] since she came to live here" and "The care provided is excellent, I would recommend the service" "Brilliant nurses" and " She [family member] is well looked after and enjoys the company of the other residents."

We spoke with the cook who described how they planned people's meals. They were aware of the people who needed a specialised diet and/or soft diet. This told us that people's preferences and dietary needs were being met.

Relatives we spoke with made positive comments about the support provided by staff at meal times. Their comments included: "The staff work so hard to make the meal times quiet and dignified," "They make sure mum eats well, even when she is off her food," "There are always jugs of water and juice around and they [staff] refresh it throughout the day" and "My relative is eating so much better than she was at home."

People could choose to eat their meals in the dining room or in their room. Most people we spoke with made positive comments about the quality of the food at the service. Their comments included: "The food here is just how I like it," "You can have anything you like, you need to tell someone though" and "The cooks know how we like our food cooking, its good home cooking," "Everything we eat is fresh, all the vegetables are fresh" and "They [staff] always make sure we get plenty to drink, they [staff] are always encouraging us to drink."

People told us their dietary needs were accommodated. One person told us the gluten free bread used by the service was too dry. We spoke with the cook, they told us they were looking at changing the brand of the gluten free bread they ordered so it was more palatable.

We found staff received regular supervision and an annual appraisal. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

Staff told us they had training to enable them to perform their roles and were able to improve and develop

new skills. Some staff we spoke with gave examples how they had been supported to gain further qualifications and to develop professionally. We saw that staff were provided with a range of training including the following: fire safety, moving and handling, food hygiene and dignity and respect. The registered manager had completed a staff training audit at the end of 2016. This had identified that some of the bank staff working at the service had not completed all their refresher training. The registered manager assured us that action was being taken to ensure these staff completed their refresher training.

The service was participating in the 'React to Red skin' campaign. This is the latest pressure ulcer prevention campaign to be held by NHS Trust tissue viability nurses. On the day of the inspection a group of staff were attending training with an external trainer. The external trainer made very positive comments about the staff's knowledge.

The competency of nurses who administered medication was checked on an annual basis. The assistant matron told us they checked the competency of care staff who administered people's eyes drops and creams. We saw examples of these competency checks in staff training and supervision files.

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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. We checked whether the service was working within the principles of the MCA.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with demonstrated a good understanding of MCA and DoLS

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.

Throughout the inspection there was a calm atmosphere within the service. People were able to navigate through the service independently or by using a walker. Equipment was available in different areas of the service for staff to access easily to support people who could not mobilise independently.

Is the service caring?

Our findings

People we spoke with made positive comments about the staff and told us they were treated with dignity and respect. Their comments included: "We are so fortunate to be cared for by such a great team of people [staff]," "This is home from home for me; the staff keep an eye on us all the time" and "They [staff] are very good to us," "The carers are so kind," "They [staff] always knock on my door before calling out their names and coming in" and "The staff are wonderful at reassuring me, that makes me feel safe and well."

Relatives we spoke with made positive comments about the staff and told us their family member was treated with dignity and respect. Their comments included: "Staff always speak to us when we come, it's very reassuring," "I have never known carers be so good," and "This place is amazing, I'm so impressed," "They make [family member] happy and as comfortable as possible" and "There is such compassion and kindness in the whole team" and "I tell everyone I know how wonderful the staff are."

We saw that people responded well to staff and they looked at ease and were confident with staff. Staff were respectful and treated people in a caring and supportive way. It was clear from our discussions with staff that they enjoyed caring for people living at the service.

Staff we spoke with were able to describe people's individual needs, life history, people's likes and dislikes. Staff described how they maintained people's privacy and dignity. One staff member commented: "We have to maintain people's dignity, it is about making choices, and all residents must have the right to choose what they want to do and when. We always knock on doors and close doors behind us when doing personal tasks."

We saw that people's care plans contained information about the type of decisions people were able to make and how best to support people to make these decisions.

Where people found it difficult to communicate they were in pain, the nurses used a pain tool to help people tell them where the pain was located and the level.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death.

In the reception areas of the service there was a range of information available for people and/or their representatives. Details of advocacy services available for people to use were available for people or their representatives to take away. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

Is the service responsive?

Our findings

People's care records showed that people had a written plan in place with details of their planned care. We saw that personal preferences were reflected throughout their care plan. People's care plans and risk assessments were reviewed regularly and in response to any change in needs. During the inspection we observed the assistant matron contacting a person's doctor to discuss a person's change in needs.

Relatives we spoke with told us they were fully involved in their family member's care planning. Their comments included: "When [family member] needs to go to the hospital, the staff have [family member] ready and we take her," "They [staff] never hesitate to call the doctor if necessary and they [staff] always keep me informed" and "The staff call me if ever there is a problem" and "Communication is excellent, they [staff] let us know if anything changes in her care needs."

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities and in the community. The service's activities worker had recently retired. During the inspection a volunteer was working at the service providing activities in the lounge area. People we spoke with expressed how much they had enjoyed the activities. Their comments included: "I loved going to the Sheffield Museums," "We do some lovely art work and crafts," "I am fascinated with jigsaws, the staff make sure I have room to do them" and "I have been on two trips, the Christmas lights and a garden centre." Relatives we spoke with also made positive comments about the activities provided at the service. Their comments included: "My [family member] is really encouraged to join in the leisure activities," "I think they will miss the last activities worker, she knew everyone so well" and "She [family member] loves the various trips out."

We found the service had responded to people's and/or their representative's concerns and taken action to address any concerns. However, we noted the registered provider's complaint procedure needed updating. For example, it did not contain any information about the Local Government Ombudsman. People can contact the Ombudsman if they are unhappy with the provider's response to their complaint. The Ombudsman has a dedicated team for dealing with these issues and they will provide people with advice and guidance. We spoke with the registered manager, they acknowledged that the procedure needed to be updated and assured us it would be reviewed.

People and relatives told us they would speak with the registered manager or assistant matron if they had any concerns or complaints. They felt their concerns and/or complaints would be taken seriously and responded to in good time. Relatives comments included: "The matron always takes your worries and concerns very seriously," "You can go to [assistant matron] about anything, she will sort it out" "I would see the matron if I had any worries" and "I would see the deputy [assistant] matron if there are any problems." □

Is the service well-led?

Our findings

There was a registered manager [matron] in post. People knew who the registered manager was and knew they could ask to speak with them if they had any concerns. One person commented; "I have no problems with the management of this place". Relatives told us they felt the service was well managed and made positive comments about the registered manager. Their comments included: "The matron maybe a bit of a dragon, but she is very friendly and approachable," "Matron is very helpful, she can be very firm with the staff," and "The home is run very well" and "We have every confidence in the matron and her team." People and relatives also made positive comments about the assistant matron. One relative commented: "The deputy [assistant] matron is very efficient and knowledgeable."

During the inspection we found the registered manager had not followed the registered provider's recruitment and employment procedure. This had resulted in two members of staff being employed by the registered provider without the appropriate checks being completed. The registered manager told us a bank kitchen staff member had been employed in November 2016 to cover unexpected staff sickness. The registered manager told us the kitchen assistant had been supervised by the cook whilst working at the service. This showed there was a risk that people would not be cared for by suitably qualified staff who had been assessed as safe to work with vulnerable people. It is important that registered managers adhere to the provider's policies and procedures to ensure people are safe. This showed the service was not consistently well led.

We also found appropriate checks had not completed for a volunteer providing activities at the service. The registered manager told us they would obtain the appropriate checks.

We also saw the process in place to ensure policies and procedures were updated and reviewed so they reflected key legislation and guidance required improvement. These policies and procedures promote the safety of people living at a service.

We saw some of the systems in place at the service would benefit from being more systematic to monitor the quality of the service and minimise the likelihood of risks. For example, a systematic approach to determine staffing levels at the service.

People told us regular resident meetings were held at the service. Their comments included: "We can discuss anything at the meetings," "I go to all the meetings, the matron [registered manager] is easy to discuss things with" and "We have asked for some extra activity equipment; things to do French knitting and foot-spas, the matron said she will get them." The registered manager told us two foot spas had been purchased and were being stored in the laundry room. This showed that people had opportunities to feedback about the service and suggest improvements.

There were planned and regular checks completed by the registered manager and assistant matron within the service to assess and improve the quality and safety of the service provided. For example, medication checks and a range of health and safety checks. The service had also completed additional checks as part of

the 'React to Red Skin' campaign. The registered manager showed us a copy of an infection control mattress audit check that had been completed at the service, which had resulted in some new mattresses being ordered.

Staff we spoke with made positive comments about the staff team working at the service and the senior staff working at the service. Staff also told us the owners regularly visited the service. One staff member commented: "Both the matron and deputy [assistant] matron are so good, they can be very strict about standards, but they will help you whenever they can. I could go to any one of them about anything."

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	The registered provider had not ensured the information about candidates set out in Schedule 3 of the regulations had been confirmed before they were employed.
Treatment of disease, disorder or injury	