

Glenfields Care Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Glenfields Care Home Limited is a residential care home providing personal care to up to 28 people who may be living with dementia, physical disabilities or sensory impairments. At the time of the inspection, 25 people were using the service.

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

Quality assurance systems had not identified and addressed shortfalls which were found during the inspection which included issues with medicines and records including risk assessments, fire and recruitment. People's medicines were administered safely and staff were knowledgeable about when people needed their medicines, although there was a lack of guidance in place for staff. We have made a recommendation about medicines processes. The manager and provider started working to address the shortfalls we found.

People were supported by trained staff with the skills and knowledge to meet people's needs safely and in a timely manner. Recruitment processes helped ensure staff were suitable to work with people, although recording and organisation systems needed reviewing. The manager monitored staffing levels which were safe. We received mixed feedback about staffing levels. However, people and their relatives were positive about staff and the care they provided.

Although shortfalls were found in the regular reviewing of risk assessments and fire records, staff effectively managed risks to people's safety and wellbeing. People were protected from abuse, one relative said, "The best thing about this service is that it is clean, friendly with no fear my relative is suffering any abuse."

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.

There was a caring, positive culture at the service and most people, and their relatives were happy with the service provided. Systems were in place to gather feedback from people, their relatives and staff to develop the service. Staff were supported by the provider and the manager and were positive about the changes made since the manager had been in post.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 July 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulation.

At our last inspection we recommended the provider ensured staff received appropriate training to record all reviews and monitoring of risks and take action to update their practice accordingly. At this inspection we found some improvements had been made.

The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to care provided, cleanliness, staffing levels and records. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed and remains requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glenfields Care Home Limited on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to the quality assurance systems at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Glenfields Care Home Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was completed by 2 inspectors and an Expert by Experience who made calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Glenfields Care Home Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Glenfields Care Home Limited is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager was in place at the time of the inspection and had started the process to register.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at information sent to us since the last inspection, such as notifications about accidents and safeguarding alerts. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We contacted the local authority safeguarding and contract teams and Healthwatch for feedback. 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 all this information to plan our inspection.

During the inspection

We spoke with 8 members of staff including care staff, senior staff, the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 4 people who used the service, 6 relatives and observed staff interactions.

We looked around the home to review the facilities available for people and the infection prevention and control procedures in place. We also looked at a range of documentation including care files, daily records and medication administration records for 4 people. We looked at 3 staff recruitment files and reviewed documentation relating to the management and running of the service such as staff rotas, training and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were administered safely by trained and competent staff.
- Staff knew when people needed their 'as and when required' (PRN) medicines. However, there was a lack of protocols to guide staff when they should be administered. We raised this with the manager who started to address this during the inspection.
- We identified a discrepancy with medicine stock which the manager promptly investigated and appropriately responded to.
- Medicines processes were kept under review to ensure they remained effective. The manager reviewed and updated recording systems during the inspection to ensure records continued to be detailed and accurate.

We recommend the provider reviews their medicines processes and updates their practice in line with their policies and current guidance.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider ensured staff received appropriate training to record all reviews and monitoring of risks and take action to update their practice accordingly. The provider had made improvements.

- Most risk assessments were in place but had not always been regularly reviewed, though this had improved. We found one person had a catheter. However, a relevant risk assessment was not in place. We raised this with the manager who promptly addressed this.
- Staff knew people and their needs well, including risks to their health, safety and wellbeing. Staff were knowledgeable about how to manage these risks. A relative said, "[Person's name] is safe at Glenfields, they were not safe in their own home but now we can rest because they are not in any danger."
- People and their relatives told us staff kept people safe and gave examples of how they did this. One person's records showed they had complimented agency staff as they felt safe when being supported by them.
- The provider ensured the safety of the building and equipment through regular servicing and maintenance.
- Regular fire safety checks were completed, though we found fire drill records needed further detail to allow for effective monitoring of response times and any actions taken.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people were safe.
- Staff were knowledgeable about identifying safeguarding concerns and how to report them.
- Staff felt confident they could report any concerns to the management team, and they would be addressed.
- Safeguarding concerns had been reported to relevant professionals, although there was a delay sharing one concern and lessons had been learnt.

Staffing and recruitment

- Staff were recruited appropriately. Systems were in place to ensure the safe recruitment of staff, although they needed reviewing to ensure information was stored together and easily accessible.
- The provider was actively trying to recruit more permanent staff and where possible, used regular agency staff to support staffing levels.
- Staff received an induction and completed regular training to ensure they were able to meet people's needs.
- People and their relatives told us staff had the right skills to support them and staff were positive about the training provided. A relative said, "Staff seem well trained and they are pleasant and patient with my relative."
- There were sufficient numbers of staff to keep people safe and to meet their needs in a timely manner. Processes were in place to review and adjust the number of staff needed to keep people safe.
- We received mixed feedback about staffing levels at the service, but people and their relatives were consistently positive about the staff who supported them. A relative said, "We have nothing but admiration with what they do. My relative is very happy with the carers who look after them."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- People were supported to have visitors and staff worked flexibly to facilitate visits. Visitors were asked to wear full PPE, though this was not in line with current guidance. We discussed this with the provider and processes were changed during the inspection to reflect national guidance.

Learning lessons when things go wrong

- Accidents and incidents had been appropriately responded to and reported on the provider's monitoring system. Action was taken to reduce the risk of them happening again.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent and did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure systems were effective, being completed and robust enough to demonstrate the service was effectively managed. This was breach of the regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider's quality assurance systems needed further improvement. A wide range of audits were in place; however, they had not identified the shortfalls we found with medicines and records relating to risk management, fire and recruitment.
- Action plans had been created to address issues, though these needed further detail adding to show how and when they would be completed.

The provider had failed to ensure governance systems were robust and effective to identify shortfalls in the service. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager acted promptly during the inspection to start resolving shortfalls and shared with us a more detailed action plan.
- Since being in post, the manager had made positive changes to the service and had started the application process to register.

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

- We received consistently positive feedback from staff about the manager, their leadership of the service, support and being approachable. A staff member told us, "I must say, I am amazed to find somewhere where you have got not a manager, but a leader in [Manager's name]. They're so approachable and supportive. There just aren't words for her, she's fantastic."
- There was a positive culture at the service which promoted people's rights. We received positive feedback about people's experiences. People said, "The home is wonderful, and I am happy" and "The food is excellent, and we get plenty of choices. I am happy here and would tell other people to come and live here."

- Staff treated people with dignity and respect. We received mostly positive feedback from people and their relatives about the care people received. One person said, "Staff always knock before they come into my bedroom and I feel they respect me when I ask for anything." A relative told us, "[Person's name] always looks well cared for and clean and tidy. Staff always seem to have time to chat with them and always treat [Person's name] kindly and with dignity."
- Care plans promoted person-centred care as they contained important information about people's abilities, their needs, personal preferences and any religious needs.

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

- The provider and manager engaged with people who used the service, relative and staff to get feedback about the service and how it should be developed.
- Staff meetings were held to share any changes to the service with the aim of improving the overall quality and safety of the care provided.

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; Continuous learning and improving care; Working in partnership with others

- The provider and manager understood their responsibilities under the duty of candour and notifications had been appropriately submitted.
- We found the manager to be knowledgeable and transparent about how the service was operating and where they were working with the provider to make improvements. Staff told us they had seen improvements in the service since the manager had been in post.
- Staff worked closely with other organisations to help ensure people received the support they needed. Concerns were shared to help all organisations learn lessons and improve support available in crisis situations.

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 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure governance systems were robust and effective to identify shortfalls in the service. Regulation 17 (2)(a)(b)