

Meadowcare 2

Glenview 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

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

At our last inspection in May 2019 we found that quality audits were not effective and they had not picked up risks and areas of concern. For example around safe use of slings. At this inspection we found quality checking systems of the home were still not fully effective. A manager's quality checking system was in place, however there was no evidence it had been used in the last 12 months to drive improvement. Nor was there any evidence recorded that certain risks had been identified and actions put in place.

The new area manager had put in place a slings audit to check and ensure slings were used safely. This had been a shortfall identified at the last inspection. They had also written a full action plan to address shortfalls in the home, including the ones found at this inspection.

People were supported by staff who were wearing suitable personal protective equipment. There were clear, easy to follow guidance in place to minimise risks to people and staff from Covid 19. There were no known cases of Covid 19 amongst staff and people who lived at the home when we visited.

Moving and handling risk assessments were now clear and set out how to keep people safe. These had not been in place at our last inspection. Staff were recruited safely. Checks of suitability were up to date. This had been a further shortfall at our last inspection. Concerns had been raised around wound care management. Care plans and risk assessments were in place to help staff support people around wound care management. Relatives told us these concerns had now been addressed.

Relatives gave us overall positive feedback about the care and support their family members received at the home. Relatives said since the area manager had started working with the service in August 2020 there had been real improvement. Specifically, around addressing shortfalls when they occurred and communication with them about their family member.

Staff also felt better supported and told us about ways that care had improved since the new area manager had taken up their post. They also said they now felt very able to make their views known to the management of the service who they said listened to them and were respectful of their views.

Why we inspected

We undertook this focused inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in response to concerns received about wound care management, care and cleanliness in the home. A decision was made for us to inspect and examine those risks.

At this inspection we found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However there continued to be shortfalls around the Safe domain. Specifically around health and safety audits not being fully embedded in the home. The provider recognised this and the area manager was putting in place a range of health and safety audits

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 coronavirus and other infection outbreaks effectively

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 not always safe.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Requires Improvement ●

Glenview 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

A safeguarding investigation raised by the area manager had been ongoing at the time of our inspection because there had been concerns relating to the care and treatment of people and the ability of staff to effectively meet people's needs. We found that the concerns raised had been addressed when we visited.

Inspection team: The inspection team consisted of one inspector and an assistant inspector.

Service and service type: Glenview 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.

There was no registered manager in post. An acting manager had been in post since December 2020. A new manager was going to complete the registration process with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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: The inspection was announced, so the provider, acting manager and staff team knew we would be visiting. We gave the service two days notice of our visit

Is the service safe?

Our findings

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

At this inspection this key question has remained as Requires Improvement. At our last inspection we found that staff were not always safely recruited, appropriate actions were not always taken when people sustained injuries, moving and handling was not always safely undertaken and appropriate infection prevention and control measures were not in place for slings. We found measures had been taken to address these concerns . However some aspects of the service continued to remain not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Health and safety audits of the home, general health and safety and equipment checks were not up to date. These checks were needed to assess risks and manage them safely. The area manager was putting in place systems to address this. However, these had only been put in place since August 2020 when they started work at the home. They were not fully up to date. This meant there were increased risks that people could be harmed. The provider's action plan had clearly identified the need for more effective health and safety quality checks to be in place. These new systems were being put in place and embedded into the way the staff work.
- The risk management records for people who needed to be moved with hoists were now completed. The records set out details of the type of hoist or sling each person required. This information had been put in place since our last inspection when shortfalls were found in this area.
- Risk assessments and care plans were now in place to support people with wound care management. The area manager and acting manager told us the home worked closely with GP's, tissue viability nurses and district nurses. This had been raised as a safeguarding concern with the Local Authority before we visited. A relative told us their family member had had a health need around wound care but this was now addressed.

Systems and processes to safeguard people from the risk of abuse.

- People living in the home were protected from the risk of abuse.
- Staff had now received safeguarding training so they knew how to recognise signs of abuse and that written guidance was provided.
- Relatives told us staff were respectful and polite to their family members.

Staffing and recruitment

- At our last inspection we had found that staff recruitment procedures were not always safe. At this inspection we saw that gaps in employment were fully explored. Additional checks, such as confirmation of current registered nurse registration with the Nursing and Midwifery Council (NMC), were completed.
- Checks were completed with the Disclosure and Barring Service (DBS) so that staff unsuitable to work with vulnerable people, were identified.
- Staff told us there were enough staff on duty to provide the care and support people needed.

- A dependency assessment tool had been introduced to calculate staffing levels required. At the time of our inspection the acting manager, area manager and staff told us there were enough staff to support safely.

Using medicines safely

- People were supported to take their medicines safely and as prescribed.
- Medicines were safely obtained, stored, administered and disposed of. Enough storage was provided, and systems were in place for medicines that required cool storage and medicines that required additional security.
- Audits were completed that showed actions taken when shortfalls were identified.

Learning lessons when things go wrong

- There was a procedure in place for reporting and recording accidents and incidents.
- Action plans had been developed in response to safeguarding concerns and incidents. Improvements needed and actions required were clearly identified and being implemented as planned.

Preventing and controlling infection

- The areas of the home we saw were clean and tidy and odour free.
- We saw domestic staff who were maintaining the cleanliness of the home and since the pandemic started have increased the hours they work. Areas were regularly cleaned and sanitised where people were in the home.
- The acting manager checked staff practice and checked on cleanliness and making sure staff wore personal protective equipment (PPE).
- Staff came into the home already wearing a face mask.
- Hand sanitising dispensers were on the walls in the hallway.
- GPs, community- based nurses or other allied health care professionals with a recent negative COVID-19 test also entered the home the same way. All visitors had to book their visit, wear a facemask and complete a health questionnaire. They also had to complete a lateral flow test.

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 this inspection we found some shortfalls had been addressed. However, there were still shortfalls in the provider's quality assurance systems. The rating for this key question remains Requires improvement: 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.

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

- Systems to monitor the safety of the service were still not fully up effective. The checks of the safety and quality of the service were not completed fully and up to date. Actions needed had not been recorded and there had been no record and plan of who, how and by when shortfalls in the service would be addressed. For example, around ensuring safe medicines management.
- The area manager had completed a full action plan. They had identified a need for quality checks to be up to date. The action plan had identified more effective ways to monitor, with a new quality assurance system. There were clear timescales in place and these covered the areas of concern that were identified at this inspection.

We found no evidence that people had been harmed however, systems and processes were not robust enough to demonstrate quality and safety were effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- It was clear from our discussions with the area manager that they aimed to provide an excellent service.
- The relatives we spoke with were positive about improvements in the care and service since the new area manager and acting manager had taken up their posts. One said, "I'm much, much happier with the new manager, when we have complained she's always kept in touch. They've moved her to a new room so they can keep an eye on her. I am much happier now; the activities team are amazing one on one and group activities."
- Staff felt well supported and told us that there had been many positive recent changes. For example, staff said the new area manager had introduced a more social and person-centred way for meals to be served to people.

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

- Relatives told us that since the new area manager had taken up their role in August 2020 there had been clear improvements in communication and engagement. One said "It's better with the new management,

the new manager and the general manager." Another comment was "Yes, absolutely my concerns were responded too, more so now. 'it was a bit of a surprise when I heard the other manager had resigned and I started to reflect on how things had been, then thought things are better now."

- We also asked relatives how the home had been supporting them to keep in touch with family members during lockdown. One relative told us, "It was ok until the middle of March when everything went in to lockdown. It then took a month to set up anything like Skype so that was difficult. I did have a significant issue then, but things got better and I was able to go in and see him between July and September, lockdown again in September. They started visiting with the lateral flow testing just before Christmas. We went to see him on Christmas day which was amazing." Another relative said "Under X (the area manager)'s management style things have simply taken a turn for the better in terms of the communication we get. I've spoken to my dad recently and he sounds a lot brighter." Another relative told us "The nurses ring me once a week to tell me all about him. I can phone up and speak to him on the phone. This is a recent thing really but I can phone up any old time and they give me the information." Further relative feedback included "Sometimes I can't understand what some of the nurses are saying. I'm not very critical as they are doing a wonderful job. X has had a couple of falls and was taken straight to hospital. They had marks on her legs which I thought would be ulcers but they've treated them and they've gone."

- Surveys were completed for people using the service.

- Staff meetings were held, and staff felt confident their views and feedback would be listened to and acted upon.

Continuous learning and improving care and working in partnership with others

- There had been a period of change and challenges since the departure of the previous registered manager in 2020. However, an area manager was in place and there was a new acting manager. The acting manager previously worked for the provider in another of their services.

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
Treatment of disease, disorder or injury	Quality checking systems were not being used effectively to ensure the service was fully safe.