

Meadowcare 2

# Glenview Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Glenview Nursing Home provides personal and nursing care for up to 40 people. The service is provided in accommodation over four floors. At the time of the inspection, 39 people were living at the home.

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

There had been significant improvements following the inspection of 2 February 2021. Positive changes had been made to health and safety audits of the home, and the general health and safety checks of equipment. New systems and processes had been put in place and embedded into the way the staff worked. This demonstrated that the quality and safety of the home was managed effectively.

A computer system had been put into place to help monitor the overall health and safety of the home and the general maintenance. The registered manager met every weekday with the maintenance person to discuss the day to day maintenance of the home. Referrals were made to external contractors when needed. Clear quality assurance systems were in place with audits of the home and of the health and safety of the building regularly carried out.

People told us they felt safe living at the home. Staff were trained in safeguarding and understood their responsibility to protect people from avoidable harm and abuse. Risks to people's health and safety were assessed with guidance for staff to follow. Staff were recruited safely and there were enough staff to provide safe and effective care. Medicines were stored and administered safely in line with people's prescriptions. Accidents and incidents were reported and recorded with audits in place to help identify any trends or patterns. We were assured by the infection, prevention and control measures.

People and staff felt positive about the registered manager and the management of the home. The registered manager was aware of their duty of candour. Effective quality assurance systems were in place to monitor the quality and safety of care. Audits had improved which helped to identify any shortfalls. There was an open and inclusive culture in the home. The registered manager worked closely with the clinical lead. The provider had good oversight of the home and visited daily.

Rating at last inspection

The last rating for this service was Requires Improvement (published 6 March 2021). At our last inspection we found there were shortfall in the systems to monitor the safety of the home and they were not effective. Health and safety audits of the home, general health and safety and equipment checks were not up to date. At this inspection we found improvements had been made.

Why we inspected

We carried out an inspection of this service on 2 February 2021. We rated the service requires improvement in Safe and Well Led due to the shortfalls, which we identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led.

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 changed from Requires Improvement to Good. This is based on the findings at this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glenview Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 carried out by one inspector.

#### Service and service type

Glenview is a nursing home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered manager

The home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information, we had received about the home since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who lived at the home, the registered manager, clinical lead and three staff. We observed how staff interacted with people. We considered all this information to help us to make a judgement about the home. We looked at a range of records relating to the management of the home, quality assurance, staff recruitment, medicines records and health and safety checks.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At the last inspection we found that the 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. At this inspection we found improvements had been made.

### Assessing risk, safety monitoring and management

- Following the last inspection, the provider had introduced a computer system which had now been fully embedded. This was put into place to help monitor the overall health and safety of the home and the general maintenance.
- The provider employed a maintenance person at the home. Referrals were also made to external contractors when needed. Health and safety audits of the building were regularly carried out.
- The registered manager and maintenance person completed regular checks on the physical environment to ensure it was safe for people to live in. This included, regular fire safety system checks, potential trip or fall hazards and legionella checks.
- People were supported to identify and mitigate risks associated with their care and support. The registered manager assessed risks to people to help reduce the risk of harm. Measures were put into place to help keep people safe. Some people's rooms were fitted with door sensors to help alert staff when people had left their rooms. Some people displayed behaviours that could challenge. Measures were put in place to help reduce the risks to people and others.

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

- People told us they felt safe. One person told us, "Yes, I do feel safe. The care is good here and the staff are lovely". Staff told us they felt confident in raising any concerns. One staff member told us, "If I am concerned about anybody then I report this straight away. I know how to escalate concerns. The manager does listen and is approachable".
- The provider had systems and processes in place to protect people from the risk of abuse and avoidable harm. The registered manager investigated safeguarding concerns and ensured risk assessments and management plans were in place to keep people safe.
- Safeguarding alerts were raised externally when required to the local authority and the CQC. A tracker helped the registered manager to monitor the safeguarding process when any concerns were raised. This was regularly reviewed.
- Staff knew how to report any concerns they may have about people's care and wellbeing. They told us their managers responded promptly to any concerns raised.

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 home was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Five people that lived at the home had an authorised DoLS in place. The conditions related to people's DoLS authorisation were monitored. Some people had been appointed an Independent Mental Capacity Advocate (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options.

#### Staffing and recruitment

- There were enough staff to meet people's care needs. The registered manager assessed the number of care staff, based on their dependency tool. Some people were receiving funded one to one care to ensure their needs were being met. One person said, "Staffing seems good. Look around and you will see plenty".
- We received positive feedback from staff about staffing levels which they felt enabled them to provide safe care and carry out the support to minimise risks to people.
- Staff were recruited safely. References and Disclosure and Barring Service (DBS) checks were requested prior to new staff commencing employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People's prescribed medicines had been administered and managed safely, including the ordering, storage and disposal of medicines.
- Protocols were in place for the safe administration of as and when necessary (PRN) medicines, such as pain relief or laxatives.
- Staff that administered medicines had been trained and assessed as competent. The clinical lead audited medicines regularly to check people had received their medicines safely. They maintained good oversight of medicines and they worked closely with the GP surgery and pharmacist to ensure adequate stock levels were managed.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.



- 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.

#### Visiting in care homes

The registered manager facilitated visits for people in accordance with government guidance. We observed during the inspection that people were able to see their friends and relatives.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded correctly. Staff discussed any incidents or accidents in handover meetings and with the registered manager or the nurse in charge. Any actions arising were addressed.
- The registered manager operated an open and transparent culture whereby staff were encouraged to report concerns or safety incidents.

# 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 has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we found that systems and processes were not robust enough to demonstrate the quality and safety of the home was effectively managed. Audits were not completed fully and up to date. At this inspection we found improvements had been made.

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

- Following the inspection of February 2021, the provider had introduced a computer system to help audit the health and safety checks of the home. We reviewed the system and found that this had now been fully embedded. Actions needed in relation to the ongoing maintenance and health and safety of the home had been recorded. An example included that one part of the roof had been identified as leaking. As an action this had been referred to an outside contractor to fix.
- The registered manager had implemented a service improvement action plan. The action plan identified effective ways to monitor the home. There were clear timescales in place to address any shortfalls. This had helped to drive improvements within the home.
- The registered manager regularly undertook audits of the quality of the home. Each aspect of people's experience of the home was regularly assessed to ensure people received safe, consistent care. These checks included audits in relation to medicines, the environment, people's care plans and the health and safety of the home.
- The registered manager had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check appropriate action had been taken.

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

- The home had a welcoming, positive culture. The registered manager and staff were friendly, accommodating and approachable.
- Staff said there was good working culture in the home, and they worked together in the best interest of the people who lived there.
- People benefited from a clear management structure, consisting of the registered manager and clinical lead. They were clear about their roles and responsibilities and staff told us they were visible and approachable.
- Staff were person centred and positive about making changes to improve the care and support people received. One staff member told us, "People receive good care that is person centred. We try hard to get to

know people well".

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

- Staff meetings were held with each team of staff and they discussed a range of topics. A full staff meeting held in March 2022 discussed people's needs, along with roles and responsibilities, infection control and training and development. The meeting minutes were shared with staff.
- People were positive about the registered manager. One person told us, "He is wonderful and really caring towards us". Another person told us, "He is good to talk with and we see him walking around the home a lot".
- Staff spoke highly about the registered manager. One member of staff told us, "He has been really supportive of me and helped me settle into my job. I feel his door is always open and nothing is too much trouble. Another staff member told us, "We have seen so many positive changes since he started over a year ago".
- Annual surveys were sent out to people and their relatives. They were able to give feedback about the care and support they received. Action plans were in place to address any shortfalls within the home.

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 registered manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm or there were shortfalls with people's care, relevant people would be informed, in line with the duty of candour requirements.
- The registered manager had a clear vision for the home. They demonstrated ambition and a desire for people to achieve the best outcomes possible. The registered manager shared with us an ongoing quality development plan which they used to drive continuous improvements to the home.
- The home worked with health and social care professionals to provide joined up and consistent care for people. This included, social workers, GP surgery, SALT team, physiotherapists, occupational therapists, tissue viability nurse's, local pharmacist, local authority and the dementia wellbeing team. They worked with other stakeholders to ensure the best possible outcomes for people.