

Glenfield House Nursing Home Limited

# Glenfield House Nursing Home

## Inspection report

Middle Lane  
Kings Norton  
Birmingham  
West Midlands  
B38 0DG

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26 June 2018

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Website: [www.glenfieldhouse.co.uk](http://www.glenfieldhouse.co.uk)

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection took place on 26 June 2018 and was unannounced.

The provider of Glenfield Nursing Home is registered to provide accommodation, nursing and personal care for up to 46 people. At the time of our inspection there were 45 people who lived at the home. The home is split over three floors.

At the time of our inspection there was not a registered manager in post. The deputy manager was acting as manager in their absence. 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.

The provider had failed to store people's medicines safely. Temperatures had exceeded the safe storage recommendations.

Staffing levels were sufficient to meet the needs of people using the service. Although the provider and deputy manager needed to consider the deployment of the staff on shift, especially on the first and second floor so people are not kept waiting for their meals and personal care.

People told us they enjoyed the food that was available. The provider and deputy manager needed to consider how they could improve the meal time experience for people, so their food was not left out cooling until staff were available to assist them. Snacks and drinks were provided to people throughout the day which helped people maintain a healthy weight and stay well hydrated. Fluid and food intake charts were not always completed promptly, to ensure effective monitoring of people's food and drinks.

Risk assessments were in place with regards to people's care needs to ensure risks to people were mitigated. For example, pressure area, falls and malnutrition risk assessments were in place and appropriate action had been taken to mitigate these risks as much as possible. However, we identified that there were no risk assessments in place around the risk of choking to guide staff practices in meeting people's needs safely.

People's care records contained important and up-to-date information about their care needs. These outlined to staff what level of support needed to be provided. Daily monitoring records were kept up-to-date by staff which outlined the support that had been given. However the provider did not ensure these notes were securely stored to respect people's right to confidentiality.

Although the provider had systems in place which they used to monitor and check the quality and safety of services provided, they had failed to identify the shortfalls and concerns found at the inspection.

Throughout the inspection we observed staff wearing personal protective equipment such as disposable gloves and aprons. Hand soap and alcohol gel was available at dispensing units within the premises which helped staff maintain hand hygiene.

Recruitment processes were in place to ensure the safe recruitment of staff. Recruitment records showed that prior to employment being confirmed staff had been subject to a criminal background check.

Staff had completed training in safeguarding and were aware of the different types of abuse that could occur.

Staff reported accidents and incidents to the management, however; the management team recorded what action had been taken but did not have a system to analysis patterns so reduce the risk of incidents happening again.

Staff had received the training they needed to carry out their role effectively. This helped ensure people received the care they needed.

Where required, people were supported to access support from health and social care professionals, which helped ensure people's health and wellbeing was maintained.

People and their relatives knew how to make a complaint and action was taken to resolve and drive through improvements.

We found three breaches of the Health and Social Care Act (2008) Regulated Activities 2014 Regulations. You can see what action we asked the provider to take at the back of the full version of this report.

Full information about CQC's regulatory response to the more serious 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** ●

This service was not consistently safe

Medicines were not consistently stored safely. The temperatures recorded were too high to ensure the effectiveness of the medicines.

People's risks had been identified and assessed, apart from the risk of choking.

Staff had been safely recruited, following DBS and reference checks.

### Is the service effective?

**Requires Improvement** ●

This service was not consistently effective.

People's records of their fluid and food intake were not always completed in a timely manner.

Staff had received regular supervisions and training.

People were confident staff had contacted health care professionals when they needed to.

People's consent was sought before care was delivered.

### Is the service caring?

**Requires Improvement** ●

This service was not consistently caring

People's records were not always stored in a confidential way.

Staff were kind and caring

### Is the service responsive?

**Requires Improvement** ●

This service was not always consistently responsive.

Improvements were required for the deployment of staff at meal

times to ensure people were not kept waiting for their meals.

People's care records did not reflect people's personal preferences.

People had interesting and stimulating past times provided by the activities coordinators employed at the home.

**Is the service well-led?**

This service was not always consistently Well-Led.

People and staff were positive about the support and leadership the deputy manager provided.

Quality audits were performed to identify any improvements within the home had been conducted but failed to identify shortfalls identified at this inspection.

**Requires Improvement** 

# 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.

Inspection site visit activity started and ended on 26 June 2018 and was unannounced. The inspection team consisted of one inspector and a nurse specialist advisor and an expert by experience who had experience of residential care settings. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the home and looked at the notifications the provider had sent us. Statutory notifications include information about important events which the provider is required to send us by law. The inspection considered information of concern in relation to people's care that was shared from the local authority and the Clinical Commissioning Group (CCG) who are responsible for commissioning some people's care. We also contacted Healthwatch to see if they had any information to share with us. [Healthwatch is a consumer champion representing people using health and social care services].

Before the inspection, the provider 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.

During the inspection, we spoke with ten people who lived at the home and seven visiting friends and relatives. 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 also spoke with four care staff, the activities coordinator, the cook, one nursing staff member, the clinical lead and the deputy manager who was present for the inspection. We reviewed the risk assessments and plans of care for three people and 42 medicine records. We also looked at provider's records for Deprivation of Liberty Safeguards, staff meeting minutes and 'residents' meeting minutes and daily records and governance audits.

# Is the service safe?

## Our findings

At our previous inspection on 10 February 2016, we rated the service as Requires Improvement, under the key question of Safe. This was due to concerns that nursing staff had not consistently recorded the actions they had taken in response to an incident. At this inspection we found that although incident and accident forms had been reported and actions recorded, there was no monthly analysis to identify any trends undertaken. Therefore, there was a missed opportunity for the provider to see where lessons could be learnt and prevent further occurrences.

We looked at how medicines were managed and we identified some areas of improvement were required. We found one liquid medicine in current use expired on 11 May 2018, this was brought to the attention of the clinical lead and removed. The medicine trolleys were secured to the wall in the dining room this was in line with good practice. The room temperature was being recorded this was not safe storage as the temperature was noted to be 28 degrees at 2.20 pm and 30 degrees at 3.55 pm. This showed the temperature was too high to ensure medicines were stored safely so they would remain effective. We brought this to the attention of the deputy manager and clinical lead who told us they would move the medicine trollies to a cooler room.

We saw prescribed thickeners were not appropriately stored, as these were left on the sideboard and in the window in the dining room. People were free to move around the home so could easily access the thickeners. Thickeners can be a danger to people who required support due to their cognitive impairment and may not understand the danger if they ingested them.

Where people were prescribed medication on a PRN [as required medicines] basis, there were not always clear protocols in place. This meant there was a lack of clear guidance for staff to follow, to show when PRN medicines should be offered to people. The provider's policy for PRN medication stated, "To ensure the medication is given as intended a specific plan for administration is recorded in the care plan and kept with the MAR chart "[A MAR chart is a Medicine Administration Record].

We saw some people were prescribed PRN pain relief on the MAR charts but did not indicate how their pain was assessed. This was important because some people living at the home, had identified cognitive difficulties and without the guidance in place for staff to follow there was a risk of people receiving inconsistent responses to their symptoms. By describing specific behaviours for staff to be aware of, would have helped staff to know when the person was experiencing pain or discomfort.

We found hand written prescriptions were not always signed on the MAR sheets, This does not follow good practice and NICE guidance "Managing medicines in care homes" which states, "Care home providers should ensure a hand-written administration record is created by an appropriately trained person, and should be checked by a second appropriately trained member of staff. "We also found the start date was not always completed on the medicines, so auditing the medication to ensure people continued to receive their medicines as prescribed would prove difficult.

All of the above constitutes a Breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Safe care and treatment.

People we spoke with told us they were given their medicines on time and they were happy for staff to support them with their medicines. One person we spoke with told us, "I always get my medicine on time." We saw one of the medicines rounds, where the nurse explained to each person what their medicine was for, before giving them to the person. We noted the whole process was unhurried, so people could take their time to take the medicines.

People and their relatives told us they felt the home was a safe place to live. One person said, ""I like it here I always feel safe I have never known anything happen here. They [staff] all know how to do their job I have never had any trouble " Another person told us, "I like it here I don't want to move." A relative told us, "Overall I am happy with the care."

Staff we spoke with could explain to us their understanding of abuse and what the reporting procedures were, including the involvement of external agencies if they felt it was necessary. One member of staff told us, "If I was concerned, I would report it straight to the registered nurse, or the deputy manager or if they didn't do anything I'd go the local authority or Care Quality Commission."

We saw risks to people's safety had been identified and guidance was available to staff about how to reduce risks. Staff told us and we saw that they had access to information and guidance on risks such as people in danger of falling. However, we did not see any risk assessments had been completed for people who were at risk of choking despite being prescribed thickening fluids. When we spoke to the deputy manager and clinical lead about this shortfall, they told us they would act promptly to keep people safe and add a choking risk assessment to people's care plan. We saw the provider had guidance for staff to follow in the form of Personal Emergency Evacuation Plan [PEEPS] to keep people safe in the event of a fire.

We looked at how the provider and staff managed infection control measures to help people stay healthy. We saw medicine pots were left drying on a radiator in the lounge area, this was not good infection control practice, as it could put people at risk of cross contamination. We brought this to the attention of the clinical lead who told us they would stop this practice happening again. We saw staff wearing aprons and gloves when assisting people with personal care.

Staff recruitment files and all the staff we spoke with confirmed that the provider's recruitment processes promoted the protection of people who lived in the home. This included a formal interview, two references with at least one from a previous employer, and a Disclosure and Barring Service check [DBS]. This showed that checks had been completed to make sure staff were suitable to work with people who lived at the home.

People and relatives, we spoke with felt there was enough staff employed to meet their needs. One person commented, "Yes I think there is enough staff." During our inspection visit, we observed people's needs were met and interactions took place. However, this was less evident on the first and second floors where there were periods of time when people were left unsupervised. No-one experienced any risk or harm because of this, but people did have to wait for long periods of time to be assisted with their meals. When we discussed this with the deputy manager and clinical lead they told us, they would revisit the way staff were deployed throughout the home and acknowledged as most activities happened on the ground floor, so there had been higher staffing levels there.

# Is the service effective?

## Our findings

At our previous inspection on 10 February 2016, we rated the service as Good, under the key question of Effective. At this inspection we found further improvement was required so have changed the rating to Requires Improvement.

Prior to the inspection CQC had received concerns about the provider not ensuring that people's fluid and food intake charts were completed in a timely manner. At our inspection we looked at people's fluid and food intake charts. We found not all people's charts had a daily target indicator at the top of the chart and the total intake of fluid was not consistently completed. We also found gaps in people's food intake charts with one person having no intake of food recorded for three consecutive days, staff had failed to record the information. This meant the provider could not be assured how much people were eating and drinking.

When new staff started their employment at the home they told us they received a two-day induction to their role and responsibilities. The clinical lead said, "When I first came to the home I was given an induction that was tailored to my previous experience."

In the Provider Information Return [PIR] the provider stated "Compulsory Mandatory Training including yearly update NVQ Level 2 and above, we encourage our staff to attend our internal training courses covering topics.... .... are run throughout each quarter during the year."

People and relatives told us staff were well trained for the duties they performed. A staff member told us they felt, "The training they received was very good, they bring people into the home to train us." A relative told us, "It's very good here. [Person's name] was very frail when they came here they are much better now, in my experience the staff look well trained there is a large regular base of staff."

Staff told us they had regular supervision with the deputy manager or clinical lead every two to three months. However, this would be more frequently if a staff member needed more support or there were issues with their practice.

When we spoke to one staff member they told us, "The staff are trained, that when giving personal care they routinely check the integrity of the resident's skin to help avoid pressure sores." We saw from records where some people had sore skin it had improved with the use of pressure relieving equipment, regular checks of the equipment and re-positioning was being carried out as prescribed. We noted staff followed good practice guidelines as the home photographed all wounds, however the quality of some photographs was poor and did not state the size and depth of the affected area to support evaluation of the treatment plan. We discussed this with the clinical lead who told us they would make the necessary improvements to ensure photographs provided all the details to assist staff to effectively monitor people's wounds.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us and we saw staff got people's consent before supporting them. Staff understood their responsibilities under the MCA and DoLS legislation. We saw the deputy manager had made DoLS applications to the relevant authorities, so they could be legally authorised. This protected people who could not make all their own decisions by ensuring restrictions were proportionate and were not in place without the relevant authorisation. For example, where people were given medicines covertly [medicine administered within a person's food]. We found each person's capacity to agree to this had been assessed, and a decision to administer medicines covertly had been documented in people's 'best interests'. We also saw DoLS applications had been submitted to the relevant authority.

People were supported to maintain their health. A relative told us, " They [staff] always update me after the doctor visits" Another relative said, "Yes they [staff] have called the GP and they [family member] see the chiropodist." Staff knew the action to take should they have concerns about a person's health. People's medical history was available to those supporting them and we found that staff worked closely with healthcare professionals where this was required to help people to remain well. The care records evidenced that the home was responsive to fluctuations in people's physical health needs and when necessary a doctor was called. The record has a section logged any visits from medical staff and other professionals, SALT [Speech and Language Therapist] and dietician, district nurses.

People's nutritional needs were met with meals, snacks and drinks offered and available throughout the day. One person told us, "The food is alright, no I have never chosen" Another person told us, "No there is no choice what you have to eat." The cook catered for people with special dietary needs, for example a diabetic, soft or pureed diet, following guidance from health professionals. Staff supported people with eating if required, offering encouragement and practical assistance. Although we did note the absence of aids such as plate guards, or specialised cutlery to assist people to maintain their independence. We discussed this with the deputy manager, who told us specialist aids were available in the home and they would remind staff members to offer them for people to use.

We found there was no signposting information to assist people to find their way around their home and to promote people's independence. Although we saw the home was very clean and people's bedrooms were decorated to the person's taste.

# Is the service caring?

## Our findings

At our previous inspection on 10 February 2016, we rated the service as Good, under the key question of Caring. At this inspection we found further improvement was required so have changed the rating to Requires Improvement.

Staff did not always respect people's right to confidentiality. We saw although people's care plans were stored securely, the daily care records were left on top of a table in the lounge area, unsupervised so anyone living or visiting the home could access people's personal information

People we spoke with told us staff were kind and caring. We heard staff using people's preferred names and people smiling when they interacted with staff. One person described staff as, "Everyone [staff] is kind if there are any who are not I haven't met them." Another person said, "They [staff] are lovely very caring, they are really lovely and kind." A relative commented, "They [staff] are kind and considerate some have a natural empathy with the residents." Another relative told us "The staff are very good nice to all the residents [people who lived at the home], they are so friendly it's a nice environment."

Many staff were observed, when bedroom doors were closed, not always to knock on the door and identify themselves on entering each person's room. We also saw one member of staff walked into one person's room unannounced and put the light on without checking with the person they would be doing this and or giving the person warning. The person was asleep and was startled by the actions by the staff member. The deputy manager was apologetic when we told them and assured us this was not acceptable behaviour and would speak to the staff member concerned.

Staff were observed and heard to be discreet when people needed assistance. They reassured people who were anxious and distressed by responding promptly, calmly and sensitively. We heard and observed staff being respectful to people's privacy and dignity by seeking consent to interventions where people required support with personal care. Comments we heard staff members ask, "Can I help you with that [person's name]? Are you comfortable? "

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, providing people with pictures to assist people when making their own choices in different aspects of their daily lives. We saw the provider had arrangements in place so there were pictures of meals, available at lunchtime. However, there were no days of the week on the menus and the meal served did not match the photograph on the menu. On the day of our inspection according to the menu people were expecting chicken pie when in fact steak was the meal served. We saw in the dining room the calendar was showing the wrong day and date. This could be confusing to people with a cognitive impairment.

## Is the service responsive?

### Our findings

At our previous inspection on 10 February 2016, we rated the service as Good, under the key question of Responsive. At this inspection we found further improvement was required so have changed the rating to Requires Improvement

We looked at how the provider responded to people's individual needs. People did not receive personalised care to meet their needs. We found at the lunchtime meal it was not always a pleasurable experience for people. Staff were task orientated, as a lot of people required some support to eat their meal. There were no aids or adapted cutlery in use to help promote independence or to keep food warm for people who ate their meals more slowly. All people wore protective clothes protectors whether these were needed or not with people were not given a choice. We saw the staff serve people's food and place it in front of people before staff were available to assist them eat their meals. Consequently, some people's meals were left out for a period of up to fifteen meals, before they were consumed. When we spoke to the deputy manager about this occurrence they told us staff had been directed not to do this and they would remind them to leave food in the heated trolley until people were ready to eat their meal. They suggested they would introduce a two-setting meal time so staff had more time to assist people on the three floors to promote people receiving personalised care.

Care records did not hold personalised information to promote person centred care and to guide staff practices so people received consistent care which met their preferences. The care plans did not always record in detail people's preferences such as what they liked to wear, whether they preferred a bath or a shower, so it would be difficult for any unfamiliar or new staff to know people's likes and dislikes. Where people were not able to be involved with the development of their care plans we saw family members and other social care professionals had been involved. When we spoke to the clinical lead they told us they would make sure this was included to care plans in the future.

This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Person centred care

People told us staff met provided their care the way they liked it. People felt that staff knew their preferences and these were respected. One person told us "I always have a female carer that's my choice." We saw staff knew people well and had a good understanding of each person's individual needs. Staff spoken with could tell us about people's individual care and health needs. A staff member told us, "Some people can't tell you what is wrong but you can tell by little changes in their behaviours that something is not right "

People's care records showed that where they had a Do Not Attempt Cardiopulmonary Resuscitation [DNACPR], in place. There was supporting documentation in place to support the decision and the person had been involved in the discussion where they had the mental capacity. The care records also had an advanced plan stating how the person should be supported at end of life and family members were also consulted on this. This meant the provider had respected people's end of life wishes.

People who lived at the home and staff told us about the opportunities people had to do fun and interesting things. Most people we spoke with enjoyed the social events on offer and said they could choose what they did each day. The provider had employed two activities coordinators which between them ensured activities were on offer daily. They took time to engage with people on a one to one basis if they preferred. For example, we saw they took time to sit and read a book to one person, as they told us, "I don't like being in a group."

We saw relatives had opportunities to give their views and opinions about life at the home. Surveys had been sent to relatives to gain their views and opinions about aspects of the service their family members received. We looked at the surveys received and saw that these provided positive comments about the service provided. Where comments were not so positive the registered manager had acted to drive through improvements.

We saw the complaints policy was displayed in the hallway for people living at the home and visitors to access. One relative told us they had used the complaints procedure when they raised concerns with the previous registered manager because their relative's toiletries were going missing. They said "[Family member's] toiletries were going missing, the carers [staff] were using them for other residents, I discussed it and it does not happen anymore"

We saw a recent complaint had been received by the deputy manager and they had responded promptly to the relative. The deputy manager told us they were in the process of investigating the complaint in line with the providers complaints policy

## Is the service well-led?

### Our findings

At our previous inspection on 10 February 2016, we rated the service as Good, under the key question of Well-Led. At this inspection we found further improvement was required so have changed the rating to Requires Improvement.

At the inspection we were told by the deputy manager, the registered manager was no longer employed by the provider. The provider had not notified CQC of the registered manager's absence in the form of a notification. This is a breach of Regulation 18. of the Health and Social Care Act 2008 Regulated Activities 2014 Regulations.

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

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. .

The management structure was clear within the home and staff knew who to go to with any concerns or advice needed. The deputy manager was acting as the home manager in the absence of a registered manager. Staff felt the home was well-led and they understood their roles and responsibilities. Staff understood their responsibilities regarding whistle-blowing, should they have any concerns. We saw the deputy manager and provider regularly checked key areas of the care provided to people, so they could be assured people were provided with safe, care based on their needs and wishes. This included auditing people's medicines, the environment and people's experiences of living at the home.

A staff member said, "The current deputy manager is approachable and visible. She is very supportive,....she is so person centred and all for the residents." Another staff member commented, "We work well as a team and all the nurses are professional" A relative shared their views about the management team with us they said, "Management is very approachable I have raised issues the overall management of the place is good."

We found the recording of monitoring charts for fluid and food intake was inconsistent. Staff did not always 'total up' intake and output and there was no optimum amount of fluid indicated for care staff to encourage people to aim for. There were gaps in the charts for monitoring food and fluid intake, so the provider could not be assured people were eating and drinking enough to stay healthy.

Not maintaining accurate, complete and contemporaneous records is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance

We saw the deputy manager and provider regularly checked key areas of the care provided to people, so

they could be assured people were provided with safe, care based on their need and wishes. This included auditing people's medicines, the environment and people's experiences of living at the home. So, quality of care and support was continually improved.

The deputy manager told us people who used the service, and their relatives had been sent questionnaires about their experience of the service and any improvements they would like.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the entrance hall way.

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 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	People did not consistently receive person centred where their needs and personal preferences were met.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider did not ensure the proper and safe management of medicines
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The providers quality checking arrangements did not consistently improve and sustain the quality of the experience of people who used the service.
Treatment of disease, disorder or injury	