

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?

Good ●

Is the service responsive?

Good ●

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 20 people aged 65 and over at the time of the inspection. The service can support up to 28 people.

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

Quality assurance systems and processes were not effectively followed. Audits completed did not identify the shortfalls we found during the inspection. Records relating to risk were in place. However, there was no recorded reviews to show people's care was being monitored. We have made a recommendation about this.

People living at Glenfields Care Home Limited were happy and supported well by caring staff. Staff understood their roles clearly and knew what was expected of them. Staff were recruited safely and understood the principles of keeping people safe. Medicines were managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider worked in partnership with professionals to ensure people received appropriate care for their needs.

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

Rating at last inspection

The last rating for this service was good (published 11 January 2019). We also inspected the service on 13 January 2021. This was a targeted inspection, looking at IPC only and was not rated. (published 22 January 2021)

Why we inspected

The inspection was prompted in part due to concerns received about a lack of communication with relatives, access to visiting people and people's care needs. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

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 reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management oversight and record keeping at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

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.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Glenfields Care Home Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. During the inspection the manager applied to CQC to become registered. This means that the provider is 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 on the first day and announced on the second day.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the provider, manager, deputy manager, senior care workers and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a professional who regularly visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed. Records of recorded risks did not show reviews had taken place on a regular basis. The provider told us that the staff were working with a new electronic care plan system and further learning was required to ensure reviews are captured on the system.

We recommend the provider ensures staff receive appropriate training to record all reviews and monitoring of risks taken place and take action to update their practice accordingly.

- Staff were aware of risks to people and provided support in a pro-active way to reduce them.
- The environment and equipment were safe and well maintained.
- Fire safety was managed effectively. Staff took part in fire drills and knew how to safely evacuate people from the premises.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the service was safe. Comments included "I've never had to question safety at the service", "I feel really safe here, the staff are here" and "The staff make me feel safe, I like it here."
- The service had a safeguarding policy in place and the management team followed internal and external processes to keep people safe.
- Staff knew what action to take to ensure people were safe and protected from harm and abuse.

Staffing and recruitment

- Staffing levels were consistently maintained. Contingency plans were in place to cover staff shortages. The provider was actively recruiting to reduce the amount of agency staff supporting the service.
- Staff were recruited safely; appropriate checks were carried out to protect people.

Using medicines safely

- People received their medication as prescribed. Records relating to the application of topical medication was not in place. During the inspection the provider ensured the appropriate documentation was implemented.
- Medicines were stored securely and disposed of correctly. Clinical rooms were clean and organised.
- Staff who supported people with their medicines were appropriately trained. Regular checks of their practice were carried out to make sure they were following the correct procedures.

Preventing and controlling infection

- We were assured that the provider was accessing testing for people using the service and staff. However, people had not been tested in line with the 28-day Government guidance within May 2021. The manager and provider were unaware of this until the inspector brought it to their attention. The provider promptly arranged tests for all people at the service.
- 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had systems in place to review and analyse accidents and incidents. These were used as learning opportunities with staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were provided individualised care and support. The provider had implemented a new electronic system for storing people's personalised information. Records did not always reflect the personalised support people received. The provider was accessing further training and support for staff.
- Staff spent time with people having meaningful conversations, whilst gaining information about people's life histories, experiences and things of importance. This was communicated to the whole staff team to ensure people received the correct support and to support trusting relationships to be developed.
- A visiting health professional told us, "I find the staff welcoming and responsive to my advice. They are always wearing appropriate PPE. Staff are always ready and willing to escort me to patients and are interested in the advice and care provided."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in an accessible format to meet peoples' needs. Peoples' communication needs were assessed and recognised.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had supported people to keep contact with relatives and friends during the COVID-19 pandemic. The service was following Government guidance in relation to visiting.
 - People enjoyed a variety of activities and staff were proactive in finding out what interested people, what was important to them and what would encourage them to take part in activities.

Improving care quality in response to complaints or concerns

- Prior to the inspection there was a number of complaints regarding visiting at the service. These complaints had been acknowledged and responded to. Lessons learnt had been considered and acted upon.
- People and their relatives knew how to raise concerns and were confident these would be addressed appropriately.

End of life care and support

- Care records showed staff had taken opportunities to explore people's preferences and choices in relation

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had a clear audit schedule in place. This had not been followed by the manager, so no regular quality monitoring was carried out to identify areas for improvement.
- The manager was new to the management role and lacked understanding of the importance of quality monitoring.
- Systems and processes were not effectively followed to ensure the service was continually assessed or monitored for quality and safety in line with requirements.
- Quality monitoring tools used did not highlight areas that we found on inspection. For example, people did not receive their COVID-19 tests within 28 days, reviews on care plans were not fully documented, a lack of recording for topical medicines and a lack of personalised information on the new electronic recording system.

The provider failed to ensure systems were effective, been 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.

- Following the inspection, the provider gave assurances that immediate action would be taken to address the points identified above.
- The provider told us they have full oversight and are present at the service daily, however, did not always record their internal monitoring. Following the inspection, the provider created quality assurance checks to evidence full oversight of the service.
- The atmosphere was friendly, and staff were seen having meaningful conversations with people.

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

- The provider understood their responsibility under the duty of candour and was open and honest throughout the inspection process.
- The provider took immediate action to address the shortfalls identified during the inspection.

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

characteristics; Working in partnership with others

- People and their relatives were happy with the care and support provided at the service, comments included, "The carers are very friendly. Nothing is too much trouble for them", "Overall the home is managed well. They did absolutely listen and act on my complaint" and "It is an excellent service, I'm immensely grateful to them."
- Regular meetings were held for people, relative and staff.
- The service worked in partnership with other agencies to meet people's needs. Such as, dietician, speech and language therapists and the falls team.

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 maintain accurate, complete and contemporaneous records for people. Quality assurance processes had not been followed to assess, monitor and drive improvements. Regulation 17 (1), (2), (a), (b) (c) (d(ii))