

# Glenfield Health Care Limited

## Glennfield Care Centre

### Inspection report

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### Ratings

#### Overall rating for this service

**Good** 

Is the service safe?

**Good** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

### Overall summary

This inspection was carried out on 30 October 2014. It was an unannounced inspection and was undertaken by two inspectors.

Glennfield Care Centre provides accommodation, support and care, including nursing care, for up to 88 adults and older people, some of whom have mental health needs. At the time of our inspection there were 84 people living in the home.

At our previous inspection on 07 July 2013 we found the provider to be meeting all the regulations that we looked at.

At the time of our inspection the home had a registered manager in post. 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 Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation on Liberty Safeguards (DoLS)

# Summary of findings

and report on what we find. We found that people's rights were being protected and DOLs applications were in progress. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). This meant that they were working within the law when they cared for people who lacked the capacity to make their own decisions. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people, who could not make decisions for themselves were protected.

There was process in place to ensure that people's health care needs were assessed, so that care was planned and delivered in a consistent way. Staff were seen to support each person according to their individual needs. This included people at risk of malnutrition or dehydration who were being supported to have sufficient quantities to eat and drink.

We saw that staff respected people's privacy and dignity. They knocked on people's bedroom doors and waited for a response before entering. On entering they asked people if everything was alright and if they needed anything.

People confirmed they were able to participate in a variety of chosen hobbies and interests and were able to change their minds if they did not wish to take part in these.

There was a complaints process in place which was available in the entrance hall to people, relatives and others who used and visited the service. Regular meetings were held for people and their relatives to provide them with an opportunity to provide their view about the home and to receive information about what was happening in the future.

The provider had clear recruitment process in place that were being followed. Records we looked at and staff we spoke with confirmed that staff were only employed within the home after all essential safety checks had been satisfactorily completed. This meant that only people suitable for the role were employed.

The provider had an effective quality assurance system in place to monitor and improve the quality of care that was provided. There was a programme of audits that involved people who used the service, families, health care professionals and others on a regular basis.

# Summary of findings

## 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.

Good



Staff were trained and knowledgeable on how to recognise signs of abuse. They knew how to respond and report any concerns that they may have, so as to reduce the risk of abuse occurring.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

### Is the service effective?

The service was effective.

Good



Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

People had their health care needs met and were provided with a well-balanced diet.

Staff demonstrated their understanding about meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The registered manager was aware of the appropriate steps to take to ensure that people's rights were protected when their freedom was restricted.

### Is the service caring?

The service was caring.

Good



People who lived in the service and their relatives told us that they were very happy with the care they received.

Staff showed respect towards people and maintained their dignity.

There was a homely and welcoming atmosphere in the home and people could choose where they spent their time.

### Is the service responsive?

The service was responsive.

Good



People and or their relatives were involved in planning their care that met their individual needs.

People and their relatives knew how to raise a concern or complaint if they needed to and the provider had arrangements in place to deal effectively with complaints received.

### Is the service well-led?

The service was well led.

Good



## Summary of findings

People, their relatives, staff and healthcare professionals were all positive about the registered manager. They told us they were visible in the service, approachable and always available for support and guidance.

The quality of the service was effectively monitored to ensure on-going improvements were made.

# Glennfield Care Centre

## 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.

This inspection took place on 30 October 2014, was unannounced and was undertaken by two inspectors.

Prior to our inspection we looked at and reviewed all the current information we held about the service. This included notifications that we received. Notifications are events that the provider is required by the law to inform us of. We requested the Provider Information Return (PIR) and reviewed the information. This is a form that asks the

provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed all other information sent to us from other stakeholders including local authority commissioners and members of the public.

During the inspection, we spoke with ten people living at the home, the registered manager, three relatives, five staff and one visiting health care professionals.

We undertook general observations in communal areas and during mealtimes. We looked at the interaction between staff and the people living at the home.

We looked at four people's care records and other records including records of medicines administration, staff meeting minutes, service user quality assurance survey questionnaire responses, staff recruitment and staff training records.

# Is the service safe?

## Our findings

People and their relatives that we spoke with told us that they felt staff kept people safe at the home. One person told us: “The staff are really lovely. I feel very safe here.” Another told us: “I love it here, I feel so safe and well looked after.” A relative we spoke with told us: “I feel [my relative] is safe and I leave here knowing that.”

Staff told us that they had undertaken safeguarding training and they were able to describe how they kept people safe and the action they would take if they had a cause for concern. They were clear about how to escalate concerns should the need arise. We saw that there was information available which provided staff with contact details of the local safeguarding authority throughout the home.

People’s risk assessments identified possible risks to people’s wellbeing. For example, the risk assessments and care plans described the help and support people needed if they had an increased risk of falls, were at risk of choking, had reduced mobility or were likely to develop a pressure ulcer.

Staff demonstrated they were aware of the assessed risks and management plans within people’s care records. They told us how they used this information on a day to day basis to keep people safe. The risk assessments and care plans had been reviewed on a monthly basis and amendments had been made when people’s care needs had changed. This meant that staff had the up to date information they needed to reduce the risks to people

The registered manager told us that staffing levels were kept under review on a monthly basis and adjusted when people’s needs changed. Records we saw confirmed that the dependency of people’s needs was monitored. On the day of our inspection there were enough staff on duty to meet people’s needs. We saw call bells being responded to

in a timely way and people needs were met quickly. One person we spoke with told us: “I don’t have to wait. If I ring my bell, they are there fairly quickly.” A relative told us: “There is always someone around for [my relative]. I don’t think I have ever visited and not seen staff around or had to search someone out for [my relative].”

A member of staff told us that there were: “Generally enough staff employed to meet people’s needs”. When there was an unexpected shortfall of staff, we saw how other staff were used to cover these shifts. Staff we spoke with told us how they worked as a team and they would all support each other to ensure that people’s needs were met. Everyone we spoke with told us that they had their needs responded to in a timely way.

Staff employed in the home had been through a thorough recruitment process before they started work at the home. One member of staff we spoke with told us about their recruitment. They stated that various checks had been carried out prior to commencing their employment. We looked at four staff personal files and found that all necessary information had been received before staff were offered employment at the home. This ensured that only people who have had the required checks were employed to work with people and ensure their safety.

Training records and staff we spoke with confirmed they had received training prior to administering medicines. We saw eight people’s administration of medicines records and found that they had been completed accurately and the reasons for the administration of as required medicines were recorded. People told us that they could ask for pain relief at any time and staff always ask them if they required pain relief when they are giving out the medicines. We observed medicines being administered to people and noted that staff checked the record, asked people if they required pain relief before administering and the administration records were completed fully. This meant people were receiving their medicines as prescribed.

# Is the service effective?

## Our findings

People told us: “The food choice is good I am able to have my choice of breakfast.” Another told us: “I like the food and I am able to have a tippie of alcohol if I wish”. A relative we spoke with told us: “[My relative] has a soft diet and the staff support them to eat. I’m happy with the food and the drink they have.” Another told us: “The food is very good the staff know what [my relative] enjoys and they give them extra of their favourite foods”. One person said: “They always ask me what I want to do, what I like and what I don’t, I have a choice.”

We spoke with the registered manager and staff about their understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that they had an awareness of the act and what steps needed to be followed to protect people’s best interests. In addition, they knew how to ensure that any restrictions placed on a person’s liberty was lawful. The registered manager and staff told us that none of the people who currently used the service were being deprived of their liberty or were subject to any restrictions.

Members of staff gave examples of how they had effectively managed situations when people had been assessed not to have mental capacity. For example, where people had initially been reluctant to be supported with their essential care but had subsequently responded to the use of diversion strategies and given time to agree to and accept the support offered. This showed us that staff had an understanding of the MCA process.

Measures were in place to ensure that people received a healthy and nutritious diet. Care records we looked at recorded people’s food preferences and any specific dietary needs. Assessments had been carried out and kept up to date in relation to people’s dietary needs.

We observed people having lunch in two of the dining rooms in the home and noted that the meal time was relaxed; we heard chatter and laughter throughout the lunchtime. People were encouraged to come to the dining

room. However, people could dine in the privacy of their own bedroom if they wished to do or were unable to get to the dining room due to their health. Where necessary people received individual assistance from staff to be able to eat their meal in comfort. We saw staff sitting with people to support them to eat and allowing them to take their time. People were offered a range of alternative foods if they did not want what they had chosen. This meant people were offered food that was more to their tastes.

People and their relatives told us they were consulted about what care they or their family member needs would like support with. One person said: “They always ask me what I want to do, what I like and what I don’t, I have a choice.” A relative told us they were kept well informed about the care of their family member and that the staff are very good at meeting their needs.

People and their relatives, told us that staff made sure they saw an appropriate healthcare professional whenever they needed to. Records showed that people had access to appropriate healthcare services such as GP’s, opticians, dentists and chiropodists. During our inspection we noted that a person had been recently moved into the home for end of life care. We noted how the registered nurse spent time in liaison with the person’s GP and requested a visit that day to ensure the person received adequate pain relief and symptom control. They then accompanied the GP when they arrived at the home to review the person’s pain relief.

We were told by the registered manager that staff received regular support, supervision and appraisal sessions to ensure they were competent in their roles. Staff we spoke with told us they found the sessions useful and helped them to develop their skills. One staff member told us, “I have access to lots of training and always get the support I need to complete it.” Records showed training was provided in subjects such as infection control, health and safety and moving and handling. Staff also told us that they received additional training in topics such as tissue viability, Parkinson’s disease and end of life care.

# Is the service caring?

## Our findings

One person told us: “I really can’t fault the care. I am very well looked after and the staff are wonderful” and, “It really is my home. I know all the staff well and they are so caring and always smile and nothing is too much trouble.”

Three relatives told us they were very happy with the care provided and said all of the staff were kind and caring. Relatives we spoke with told us: “I looked at a lot of places before placing [my relative] here and the staff are so friendly. I really could not ask for more”. Another told us: “I couldn’t ask for better for [family member]. The staff are wonderful. I am more than happy with care”.

The atmosphere of the home was welcoming and homely. We observed the relationships between people who lived there and staff to be positive and caring and we saw staff supporting people in a patient and encouraging manner. For example, we observed a member of staff supporting someone to walk down to their bedroom. The member of staff reminded them how to use their frame correctly, and assisted them to walk at their own pace.

We noted that staff respected people's privacy and dignity. All of the people that lived in the home had their own bedroom which they could use whenever they wished. We saw that staff knocked on bedroom doors and waited for a response before entering. They then entered stating who they were as they walked in.

We saw staff supporting people in a patient and encouraging manner. We observed that staff provided reassurance and support to people living with dementia. For example, one person constantly asked staff the same question. All staff provided them with reassurance and answered their question each time.

We asked staff and a healthcare professional if they would want a member of their family to live in the service. They all told us that they would. The healthcare professional commented that people were well cared for by staff who were friendly and caring

We spoke to people using the service about how involved they were in making decisions about their care and support. One person said: “Yes I am involved in all discussions relating to my care and I make all my own decisions and discuss these with my family”. We saw staff involving people in discussions about their care. For example we saw one person being asked if they needed any help as they were going back to their room as they felt tired. The staff member then gave them some support in finding their room and making sure they had everything they needed.

People could choose where they spent their time. There were several communal areas within the home and people also had their own bedrooms. We were invited to talk with a couple of people in their rooms. We saw that the rooms were spacious and that people had been encouraged to bring in their own items to make their rooms more personal. One person said “I love my room and my family are able to visit anytime”. Another said “I have been able to bring some of my ornaments and pictures with me which has been lovely”. One relative we spoke with told us, “When [my relative] moved in we were asked to bring in some of their own things. It made all the difference to them to have their own belongings around them; it has helped them feel more at home”. Relatives all told us they could visit at any time and were always made to feel welcome.



# Is the service responsive?

## Our findings

People told us they were satisfied with their care and support they received and were happy living at Glennfield. One person said: “I can’t fault it, I am able to stay in my room and take part in activities if I so wish”. Another person said: “Me and my relatives are involved in planning the care and support I need”. The registered manager told us that, people and their relatives were encouraged to visit the service before they moved in. This helped them have an idea of what it would be like and make the decision to live at Glennfield.

Everyone who lived at the home had a care plan that was personal to them. People we spoke with were able to tell us they knew they had a plan but were not interested in reading it. The care plans contained information about people’s likes and dislikes as well as their care and support needs. We looked at four people’s care plans which demonstrated how individual needs such as mobility, communication, religious and social needs, continence and nutrition were met. Staff we spoke with were knowledgeable about people’s care and support needs.

We received positive feedback about the range of activities on offer for people. One person told us, “I like the Bingo – they make it fun, and the quizzes and dominoes. We get prizes too”. Another said, “I like the music sessions. There’s always something interesting to do.” Relatives were also positive about activities on offer. One told us: “[My relative] will join in all the activities as they used to be so active. There is always plenty on offer.”

Staff told us it was everyone’s responsibility for ensuring people took part in activities that were important to them. One member of staff told us that some people just loved to chat whilst others liked reading books, newspapers, and or magazines. Newspapers of people’s choice were delivered to the home. We looked at records which documented when people had taken part in an activity and noted how they had interacted with other people and staff. This enabled staff to see if they were offering the activities and hobbies people enjoyed. We saw that there was a schedule of planned activities for people to participate in if they wished.

People were supported in promoting their independence and community involvement. The registered manager told us and we saw that a pantomime was planned involving all of the staff. People told us that this was a fun annual event which they enjoyed. People were also supported to attend local community clubs in the town and go shopping and attend religious services.

The home had a complaints procedure which was available in the main reception of the home. People we spoke with and their relatives told us they felt comfortable raising concern’s if they were unhappy about any aspect of their care. Everyone said they were confident that any complaint would be taken seriously and fully investigated. We looked at the last formal written complaint made to the registered manager and found that this had been investigated and responded to in line with the provider’s policy. This meant that people could be assured that their concerns and complaints would be managed in line with their policy.

# Is the service well-led?

## Our findings

People and staff described the management of the home as open and approachable. One person said: “The manager has been very supportive to me. They are always around and I cannot praise them enough for their hard work.

Always ready to have a chat with me and Oh yes, they pop and say hello and check all is well.”

There was a clear management arrangement in the home which ensured lines of responsibility and accountability for staff. This was confirmed by staff we spoke with and they told us that they knew who to escalate any concerns to.

There was a registered manager in post. The law says that there must be a registered manager to oversee and to be responsible for the care that people receive. This is important because it means people who use the service and their relatives know who is accountable for the care provided in the service.

The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff. We observed that people were relaxed with the management team and saw that they made themselves available and chatted with people. A health and social care professional told us that the manager knew what is happening in the home and know every one well and treats them with respect

The management team kept up to date with current good practice by attending training courses and building links with health and social care professionals in the local area. This ensured that they had good knowledge and could seek further help and advice from other professionals when needed.

There were effective quality assurance systems in place which monitored care. We saw that audits and checks were in place which monitored safety and the quality of care people received. The registered manager submitted quality indicator reports on a monthly basis to senior managers which monitored the home’s performance and highlighted any risk in a number of areas. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the home had an approach towards a culture of continuous improvement in the quality of care provided.

There were various systems in place to seek people’s views about how the home was run. There were meetings for people who lived in the home and their relatives. They were encouraged to give feedback to members of the support teams in the home who attended these meetings. This included members of the activities, catering, housekeeping and maintenance teams. We saw that menu had changed following feedback and included some of the suggestions offered.

People’s views were also gathered by the use of a suggestion box that was in the home and through an annual satisfaction survey. This allowed the home to monitor people’s satisfaction with the service provided and ensure that changes were consistent with people’s wishes and needs.

The home has notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.