

Glenfield Healthcare Limited

# Glennfield Care Home

## 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 ●

# Summary of findings

## Overall summary

### About the service

Glennfield Care Centre provides accommodation, support and care, including nursing care, for up to 88 older people, some of whom have mental health needs. 84 people were living at the service on the day of our inspection.

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

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

People felt safe and were happy living in Glennfield Care Home. People told us they felt safe. There were enough staff to ensure people had their needs met in a timely way. Staff confirmed they received safeguarding training and knew how to report their concerns internally and externally to local safeguarding authorities.

People and relatives told us staff were kind, caring and respectful towards them. Relatives felt welcomed at any time they visited. People were involved in their care and where appropriate their relatives as well.

Staff were supported through regular training, supervision and appraisals to develop further. Their skills and knowledge were regularly reviewed through competency assessments. Staff attended regular staff meetings and felt they had a voice.

Activities to avoid social isolation were actively delivered and encouraged by staff. People told us that the activities were varied and enjoyable.

There were some areas we identified during this inspection where improvements were needed. The registered manager was very responsive and implemented the required actions.

The registered manager carried out regular audits to monitor the service provided and action plans were in place to drive improvement. The provider had a good oversight and checks in place to ensure best practice was followed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 1 June 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### 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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring 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 well-led.

Details are in our well-Led findings below.

Good ●

# Glennfield Care 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.

#### Inspection team

Two inspectors and an Expert by Experience carried out the inspection. 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

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

The service 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 three relatives about their experience of the care

provided. We spoke with eight members of staff. We also spoke with the registered manager. 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 reviewed a range of records. This included three people's care records medication records. We also looked at a variety of records relating to the management of the service.

After the inspection

We reviewed further documents and evidence requested at the inspection. For example, training records.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home. One person said, "If I am unsteady on my feet they will walk behind me with a chair in case I need to sit down in a hurry." Another person told us, "I feel really safe here. The staff are always about and at night you know they are keeping an eye on you." On relative told us, "I feel that my [relative] is safe here. You have to sign in and they have to buzz you in, so the staff can always see who is coming and going. They get to know us."
- There were safeguarding systems to help ensure people were protected from the risk of harm or abuse. Staff received training and were confident about how to report concerns internally and externally.
- Safeguarding posters were displayed around the home to prompt visitors and staff to report anything they were concerned about.

Assessing risk, safety monitoring and management

- Relatives told us staff were good in implementing measures to lower the risks to people's health and wellbeing. One relative told us, "[Staff] put bed rails up to stop them falling out and they put a gate on her door to stop others coming in. I am fine with all of it as I know it is keeping them safe."
- Safe procedures were in place for example, people had personal emergency evacuation plans (PEEP) in place so that staff were familiar how to assist people in case of an evacuation.
- Risks to people's wellbeing were assessed and risk assessments were in place to mitigate these. Staff demonstrated they knew people well this included knowledge about people's individual needs.

Staffing and recruitment

- People told us there were enough staff. One person said, "You never have to wait very long if you ring your alarm." Another person told us, "Oh my goodness they are very quick responding to the call alarm. I have rung it and they are here before you know it."
- The registered manager told us people who lived at Glennfield could be involved with the interviews for new staff. They confirmed two people who had interviewed staff both said their opinions were respected and it gave them a sense of empowerment.
- There were enough staff on duty on the day of the inspection. Rota's were effectively planned and there were processes in place to cover short notice sickness.
- All staff spoken with said they felt there were enough staff available to meet people's needs and to maintain people's safety. The registered manager responded to people's changing needs by reviewing their staffing levels when needed. The registered manager had changed staffing levels to address people's changing needs.

### Using medicines safely

- People's medicines were managed safely. We noted that the medicine administration was completed in accordance with good practice. Medicines records were completed accurately and the sample of medicines we counted tallied with the amount recorded.
- People felt supported safely with their medicines. One person said, "The staff always wait with you while you have your tablets. I don't have to worry about it because they look after everything." Another person told us, "The staff always stay with you when you take your medication."
- Staff had received training and there were protocols in place for medicines prescribed on an as needed basis. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

### Preventing and controlling infection

- The home was clean and fresh throughout on the day of the inspection. Staff understood how to maintain good infection control
- People were happy with the cleanliness of the home and general hygiene.

### Learning lessons when things go wrong

- Staff told us that lessons learned were cascaded to them via handovers and team meetings. A staff member said, "We talk about what we are doing well and what we can improve." The registered manager had recently introduced a lessons learnt folder that included what staff did well as a reminder to staff about how well they worked.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before moving to Glennfield Care and appropriate risk assessments were documented within the care plans.
- Staff were supported by health professional who visited regularly. This ensured care was delivered in line with good practise and recognised standards.

Staff support: induction, training, skills and experience

- Staff told us they received appropriate training and regular refresher training. One staff member told us, "We have eLearning training and in house and if we want extra we can ask for it, it is really good."
- Staff confirmed they had regular supervision and felt supported by the management team. One staff member said, "I do feel supported because there is an open-door policy so if I have any issues they will listen."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were happy with the quality of the food provided. One person said, "I think the food is lovely. You choose what you want the day before and they always give you enough to eat and drink. You can have seconds if you want but I don't need it." Another person told us, "I like the food here and I always have enough to eat."
- People were supported with their meals in their rooms in a calm and effective way.
- Each unit had their own dining area and we observed the meal time experience was managed well. However, in one unit the experience needed to be more person centred. We spoke with the registered manager about this and this was addressed immediately by discussing with staff.
- Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration and referrals were made to other professionals where required.
- One person who was unable eat their food orally due to a poor swallow reflex was supported by the Speech and Language community team and Glennfield staff. They were supported with exercises to help improve their swallow reflex. This has enabled the person to eat their food orally.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew people well and able to identify when people's needs changed and seek professional advice. One-persons health was deteriorating, staff took the appropriate steps to ensure the person received good end of life care and support. This included appropriate medicines for pain relief when required.
- We saw that people were referred to GP, dieticians, physiotherapists and other professionals when their

needs changed.

- Staff worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the care and support provided was effective and in people`s best interest.

Adapting service, design, decoration to meet people's needs

- There were good standards of décor throughout and Glennfield was clean and homely. People's rooms were personalised.
- However, one unit needed some work in relation to the flooring in a person's bathroom area and the garden for the oak residence was not homely or well-tended. We spoke with the registered manager, they immediately implemented the appropriate measures to address this.

Ensuring consent to care and treatment in line with law and guidance

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 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 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff always sought consent to care from people by various means. One staff member said about the training for MCA, "We have had good training, we have a good trainer. Staff have a good understanding." One staff member said, "If someone lacks capacity we use best interests, if they are lacking capacity we will work in their best interests. It is about giving choice and keeping them safe."
- The registered manager also provided for relative's dementia awareness courses to support families with better understanding of this condition and its effects. One relative told us they had attended a training session on dementia and had found this very helpful.
- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people who were found lacking capacity to make certain decisions were taken following a best interest process.
- DoLS applications were submitted to local authority by the registered manager to ensure that any restrictions applied to people`s freedom in order to keep them safe was done so lawfully.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were complimentary about staff and all felt that they were caring, kind, patient and friendly. One person said, "Nothing is too much trouble for the staff, you only have to ask, and they will help you."
- People felt confident with staff and felt they had the necessary skills to help them.
- We saw caring interactions between care staff and people in the home. Staff offered support and reassurance where necessary. One person told us, "The staff are all very friendly and you feel like you are part of a family here. You can talk to the staff and they will sit and have a chat with you, especially the older ones and they get to know you."
- One person who lived at Glennfield had their wedding anniversary coming up, this was their first since they started living apart from their spouse. Staff set up the activity room as a restaurant and laid a celebratory meal for them both. Their spouse was so happy as this was very much how they would have celebrated their wedding anniversary. This showed staff were thoughtful and supported people with things that mattered to them.
- Staff, and the management team, demonstrated that they knew people's needs and preferences well. A staff member told us, "I love it here, you get to know all the residents and their families." A relative said, "Staff are so caring here, they do look after the residents well, and it is like a little family here. You always feel very comfortable when you are here."

Supporting people to express their views and be involved in making decisions about their care

- People, and where appropriate their relatives, were involved in decisions about the care people received. A relative told us, "Yes we are involved in reviewing their care."
- People had access to meetings where they were asked about their views. People also had the opportunity to complete questionnaires. Feedback received was used to improve the service. We noted people's feedback was positive.

Respecting and promoting people's privacy, dignity and independence

- People did not feel rushed when staff supported them, they felt confident with the staff. People were happy with their care and felt they were treated as an individual. One person said, "I am pretty independent, they let me get on with as much as I can do but they are there to help if I need it."
- People told us they felt their dignity was promoted. People confirmed that staff ask for consent before assisting them. They also confirmed that staff knock on doors before entering. One person said, "[Staff] are very kind, patient and helpful."

- Records were stored securely, and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

## 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 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 and their relatives told us that staff were responsive to their needs. They received care and support in a personalised way and often this improved people's health and well-being.
- One person had moved to the service from another home that were unable to meet their needs due to challenging behaviours. Staff recognised the person liked to keep busy and enjoyed 'fiddling with things'. Staff provided fiddle blankets and arm muffs and have seen over time the person has really settled and the care and support has made a huge impact on how the person was able to live their life.
- The registered manager told us about one person who had come to the home with a pressure ulcer and the expectation at that time was to prevent this from deteriorating further. However, over several months, staff succeeded in healing this area completely.
- One relative said, "The staff seem to know what each resident wants and needs, and they seem to be able to assess things very quickly."
- Care plans were personalised and reflective of people's likes, dislikes and preferences.

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.

- People's care plans detailed what communication needs they had. We saw staff adapting their verbal communication to people's ability and gave them time to respond if it was needed.

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

- People were happy with the level of activities available. Some people preferred to stay in their rooms and confirmed that staff will chat with them when they have the time.
- One person told us, "There is plenty of entertainment here. We have children coming in from the nursery. Last week a one year old came and stood next to my wheelchair and put their arms out. The teacher with them told me they wanted to sit on my lap, so they lifted them up and they sat with me for a while which was lovely."
- Another person told us, "We do arts and crafts, play bingo and on a Friday, we have a singer. They are lovely and we all enjoy them coming."
- People told us there was lots of things to get involved with if you wanted. One person said, "You should see the place at Christmas, it is fantastic the way staff decorate the home and some of the relatives join in

and make things for the decorations. They also decorate it for Halloween, it is fantastic."

Other people and relatives commented, "I really enjoy the chair exercises we do. It is good fun." "We have been on trips to garden centres and then to Hunstanton for fish and chips. I enjoyed the trips out." "I like the things we do here, plenty of variety and lots of people coming in to do things with us." "I am stuck in bed now, but they bring me the Daily Sparkle (newsletter) and ask if there is anything I want to do. I like to watch TV a lot." "I like to stay in my room except when we have singers coming in and then I go down to see them."

- The provision of meaningful activities was important and meeting people's cultural preferences. The registered manager and the provider were constantly looking to improve. In addition to the trips and visits into the community people could enjoy. The registered manager and staff were raising money to provide equipment and support events.
- There was a coffee shop in the reception area for people and their families to use. It provided a social hub for people to meet and chat. One person particularly likes to sit in the window area to watch people coming and going. There were also some soft sofas in the reception area for people to use.

#### Improving care quality in response to complaints or concerns

- People told us they knew how to complain and if they had an issue they talked to staff or the managers. People could not recall any formal complaints, but they would speak to the registered manager if they needed and felt that they would do everything to resolve any issues. One person said, "I have never complained about anything, but I would speak to the [registered] manager if I needed to."
- Complaints were responded to and dealt with in line with the providers complaints procedures.
- Relatives told us they had regular meetings where they could share any grumbles they had, and these were discussed and resolved. One relative said, "Meetings are regular and positive. It's a two-way discussion and if we want to say anything."

#### End of life care and support

- The service provided end of life care for people. The staff had been prepared for this by ensuring people had their wishes documented in their care plans. Care plans showed that people and relatives were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes.
- When people were nearing end of life action was taken to keep them as comfortable as possible and to remain at the service if this was their choice.
- One relative wrote, "I just can't thank you for all your help and support over the years with [relative] It was tough at times, but we have always had a good relationship with you (registered manager) and all the staff. I would like to extend mine and my family's gratitude for your support and amazing care for [relative]."

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

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

- People and relatives were happy how the home was run, people knew who the registered manager was and confirmed they were visible around the home.
- People and their relatives spoke highly of the service. One person said, "I see a lot of the [registered] manager because their room is opposite. I talk to them like a friend." Another person told us, "The [registered] manager is very friendly and approachable and always available."
- People could not think of any improvements to be made to the home and would recommend it to others. They confirmed that they were happy living at Glennfield. One person said, "I don't think anything could be better. I would recommend the home and I have done."
- One relative told us, "It is wonderful here, I can't fault it. The home has always had a good name, it is the best in the area in my opinion." Another said, "I think this is a marvellous place and I feel lucky that we got [relative]in here."

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

- The provider had systems and processes in place to ensure people received care and support in a safe way and in line with current best practice and legislation.
- There were clearly defined roles for staff working in the home. Staff had daily handovers and were clear about their roles and responsibilities. There were daily meetings for the heads of all departments to ensure good communication and updates were shared.
- Staff told us they felt supported and there was an open-door policy. This meant they had access to support when needed. One staff member said, "Yes I feel very supported, if I am not sure on something the management has an open-door policy, the staff are so helpful." They went on to explain the registered manager had sat in with them in a meeting to support their learning.

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

- The registered manager understood the importance of being open and transparent when things went wrong. They notified CQC and the local authority about any notifiable incidents or accidents and they discussed with people and staff about what went wrong.

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

characteristics; Continuous learning and improving care

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. People confirmed there were regular meetings at the home where managers as well as staff attended.
- Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided.
- The provider and registered manager had systems in place to continuously review and improve the service.

Working in partnership with others

- The management worked in partnership with health and social care professionals to meet people`s needs effectively.