

# Glenfield Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
14 October 2022

**Service provided by:**  
Greenock Medical Aid Society

**Service provider number:**  
SP2003002221

**Service no:**  
CS2003010201

## About the service

Glenfield is a care home for older people situated in a residential area of Greenock, close to local amenities, including shops, buses and train links.

The service provides accommodation of up to 36 people in single bedrooms, eight of the bedrooms have ensuite facilities including a shower and two additional bedrooms have ensuite, without a shower. There are a number of toilet and shower or bathrooms throughout the service. The building is a detached traditional two storey property extended to provide additional bedroom accommodation. There are two lifts and staircases to support access to the different areas. The care home supports small group living and there are a number of dining rooms and lounge areas available. Well-tended garden areas at the rear of the home including an area for visiting children.

## About the inspection

This was an unannounced inspection which took place on 12 and 13 October 2022 between the hours of 07:00 and 18:30. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with eight people using the service and five of their family members
- gathered views by telephone from two family or friends
- received five emails from family members with feedback
- spoke with 20 staff including management
- received two further emails from staff with additional feedback
- spoke with two volunteers and one trustee
- observed practice and daily life
- reviewed documents
- spoke with one visiting professionals.

**Key messages**

- People benefited from care and support provided by staff who were well trained, respectful and kind.
- Responsive leadership and management who supported development in the service.
- Staff knew people well and were confident in supporting people's health needs.
- Rights-based approach to visiting, people felt welcomed into the home.
- Strong links through community engagement which supported meaningful contact.
- Medications managed well, but more focus on recording of creams and topical medications.
- People were supported to identify what was important to them, but some improvement needed in personal plans and daily recording.
- Quality assurance systems in the home were very good and supported improvement.
- Lots of activities and opportunities for people to reach their full potential and enjoy life.
- In-house physiotherapy service is a significant strength.
- Staff worked well to provide safe infection prevention and control practices, but some aspects of the environment would benefit from being refreshed.

**From this inspection we evaluated this service as:**

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

### 1.3 People's health and wellbeing benefits from their care and support

We made an evaluation of good for this quality indicator, as several important strengths, taken together clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a positive impact on people's experiences.

People benefited from care and support provided by staff who were well trained, respectful and kind. We saw a wide range of health professionals involved in people's care, timely referrals were made and staff were confident in knowing people's health needs. This meant people could be reassured they were receiving the right healthcare, from the right person, at the right time. Families felt staff were knowledgeable and overall spoke highly of the care given. One relative said, "I can honestly say that I find Glenfield exceptional and that is mainly due to the fantastic team of staff. They go above and beyond when caring for my Mum."

Staff worked hard to support people's individual choices and wishes, however we found some improvement could be made around people's bathing choices. Although people were well cared for, we received some feedback that a few people would like to be offered a bath or shower more often. We suggested that staff move away from a structured approach and look to explore this on an individual basis. People's preferences should be clearly set out in their personal plan, which we found was not always the case, (see area for improvement 1).

A significant strength in the service was the in-house physiotherapy service which had been developed during the pandemic. There were a range of opportunities which promoted people's physical and mental health, as well as their emotional wellbeing. The ethos of encouraging people to move and the focus on reablement and rehabilitation supported people reaching their full potential. An improvement plan was in place to support the development of the physiotherapy service. This included areas such as; the management and prevention of falls, involving relatives in goal setting, development of staff knowledge, and promoting a culture of movement within the home. We heard a number of positive stories where people's mobility had improved, which gave confidence to residents and families. One relative said, "Since admission she has had in-house physio which has increased her mobility. Her mood and interests have improved."

Medications were generally well managed and a resident said staff were very responsive when administering pain relief. The electronic recording system (eMARS) was completed well which included helpful information. Protocols were in place to support staff decision making in the use of as required medications. We have made an area for improvement around the use of topical medications to ensure they are administered and recorded as prescribed. Recording of topical medications should be considered as part of people's overall skin health and integrity to ensure any prescribed treatment remains effective, (see area for improvement 2).

An electronic system called iCare was used for people's personal plans and documentation. We saw some lovely information which reflected their choices and wishes. We could see people were involved in discussing what was important to them. The quality of recordings however was variable. Some were very detailed, person-centred and outcome focused, but other plans contained a lot of past information. This meant it was difficult to see what people's actual care and support needs were. Although staff knew people well and there was good communication in the team, plans need to be accurate and include up-to-date, relevant information, reflective of people's needs and risk assessments, (see area for improvement 3).

The service provides a wide range of activities, but we could not see evidence in people's daily recording to show all the great things people were doing to enhance their quality of life. A relative told us when asked about the meaningful activities, "She is encouraged to take part in all the activities e.g. walking group, ballet run by Royal Ballet, walking in garden, Tai Chi." Daily recording focused on care tasks and was quite basic. We discussed how recording should be developed to provide a clear narrative of how someone has spent their day, and include how meaningful activities have enhanced their day, (see area for improvement 3).

Mealtimes were a positive experience for people. It was lovely to see how changes in the environment to support small group living had enhanced meaningful engagement for people during mealtimes. People's opinion of the meals was varied. Most people enjoyed the meals, and someone said, "the home baking is excellent." Another said they would like more variety in the evening meal. We found the meals to be of good quality with plenty availability of snacks and drinks, which people could help themselves to. Families spoke positively about being offered cups of tea when in visiting as well.

People's nutritional needs were well managed and the service had good oversight each month of any nutritional risks. Unfortunately some staff recording for food and fluids was variable. However steps were taken during the inspection to remind staff about the importance of recording. We weren't concerned about people's health related to nutrition and saw a wide range of meals and snacks being offered. We noted timely interventions and we were able to track significant improvements for people due to the good care being provided. However, staff need to be consistent with their record keeping to provide evidence of the good practice that was in place, (see area for improvement 3).

#### **1.4 People experience meaningful contact that meets their outcomes, needs and wishes**

We found significant strengths in aspects of this quality indicator and how these supported positive outcomes for people, therefore we evaluated this area as very good.

People were enabled to get the most out of their day with opportunities to develop and explore their interests and aspirations. We found the service was proactive to identify where people could come together. An example is of a Tai Chi group which had started. Whilst this focused on people's physical wellbeing, we noted it had also promoted meaningful contact, as people remained at the end for a coffee. This meant people were given the opportunity to meet people and develop relationships which had a positive outcome for them.

The service is supported by a number of volunteers who are actively involved in a variety of activities. The Ladies Committee hold a coffee morning which we observed. This was a very positive experience with lively chat going on and the volunteers were able to support conversations with those attending. Important events are also well celebrated and we heard how people who had few or no visitors were given more time in terms of staff contact on such a day. The volunteers also saw their role as being there especially for those who may not have visitors. People benefited from strong links with the community which included the local college, schools and churches. Technology was used creatively to support people keeping in touch. One person was also supported to visit a nursery to read the children a story. Experiences like these are invaluable.

During the pandemic, the service had upheld a rights-based approach to visiting. They had been involved in early work to support visitors being reunited with their loved ones, which led to the Scottish Government guidance Open with Care. This resulted in the provider being recognised at national level for the work their meaningful visits team undertook in the care home during 2021. They were awarded the Nursing Older People Award by the Royal College of Nursing (RCN).

We found good practice had continued to develop and had supported people to have meaningful contacts and develop a variety of relationships. However, we found the recording of information relating to visiting preferences in personal plans and daily recordings could be developed further, (see area for improvement 3).

People were supported to spend time with their visitors, whether this was inside or outside the care home. We saw a number of visitors during the inspection which indicated there were no restrictions in place for people to come and go in relation to visiting. One relative told us, "I have been impressed by communication from the home. Both regular and ad-hoc communication relating to all residents and specific email and telephone communication relating to my mother. Especially, but not only, relating to Covid measures, outbreaks and visiting. The regular newsletter is very welcome."

## **1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure**

We made an evaluation of good for this quality indicator, as several important strengths, taken together clearly outweighed areas for improvement. Whilst some improvements were needed, the service was supporting safe infection prevention and control practice.

Staffing arrangements were responsive and a robust staff contingency plan was in place to support staff decision making in the event of an emergency.

The home was generally well presented, clean and fresh, although we noted some areas needed closer attention to detail. We found the management team and staff to be responsive, who took immediate action on some of the areas that needed addressed. We suggested an environmental audit could be done from an infection prevention and control perspective. This could look at identifying improvements which would inform an environmental improvement plan. Although the manager and maintenance person did regular walk arounds, they were more informal and some areas could benefit from a more regular, structured approach. This could include areas; such as, soft furnishings, vanity unit surrounds in bedrooms, bed frames and bed rail protectors that can become tired, which may make them more difficult to clean, (see area for improvement 4).

A number of audits and cleaning schedules were in place, but we discussed how these could be adjusted to reflect the actual cleaning or tasks being done. In general paper work was completed well, but some of the schedules needed a bit more focus by staff, so the service could be confident in what tasks had been completed. It was good to see the management team had quality assured records. However, we suggested this could be incorporated into regular activities already happening, such as during walk arounds, rather than as a task completed well after the event. This would enable any deficits to be addressed promptly with the relevant staff.

The laundry was overall well managed, although it was a very small space, staff were using it effectively. Staff demonstrated good knowledge and there were elements of good practice. We noted some improvement could be made in how used linen was sorted. This should be done at the nearest point of contact which would prevent staff separating used linen and residents' own clothing, which is heat labile. Although staff were doing this safely, it could increase the risk of cross contamination. The storage of laundry trollies also needed explored. Potentially infected linen, albeit secured correctly, could pose a risk of infection if left unattended for long periods in a bathroom area. The manager took appropriate steps to address this during the inspection.

Personal protective equipment (PPE) was used well, available, and disposed of safely. Staff were seen attending to their hand hygiene at key moments, which was good practice. Alcohol-Based-Hand-Rub was available, but we felt a few additional dispensers may be beneficial due to the layout of the building.

### Areas for improvement

1. The service should explore people's bathing and showering preferences to allow people to express their choices and wishes. People's preferences should be clearly documented and staff should ensure bathing preferences are supported in a person-centred way.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

2. Topical medications should be used as prescribed and recorded. Staff should be confident in completing records which may include a TMAR (Topical Medication Administration Records). Topical medications should be considered in skin integrity personal plans and evaluated to ensure the treatments remain effective.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective (HSCS 1.24).

3. Personal (care) planning should reflect people's current care and support needs including their choices and wishes, and visiting preferences. Daily recording should be outcome focused and provide a clear narrative, while considering all aspects of wellbeing, which includes meaningful activities and engagement. Any supporting documentation such as food and fluid charts should be completed in a timely manner.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1.15) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

4. The service should develop an environmental audit and improvement plan looking at key aspects of the environment from an infection, prevention and control perspective. This should include areas and items that may become more difficult to clean such as, but not limited to; vanity surrounds, bedside units, bed frames, bed rails, and rail protectors.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment (HSCS 5.24).

## How good is our leadership?

**5 - Very Good**

### 2.2 Quality assurance and improvement is led well

We found significant strengths in the quality assurance and improvement activities in the service. Robust oversight and effective action planning supported positive outcomes for people, therefore we evaluated this key question as very good.

The service had completed a number of improvement plans focusing on key areas. These included; a general improvement plan, staff wellbeing, physiotherapy service, activities, sensory impairment and also nutrition management. These were seen as a real strength as they had not only captured important areas, but had included a wide-range of people, and sources to inform them. We discussed how time scales could be more specific to allow the team to work together and set goals.

The management team were responsive to feedback they received in the service and had used learning to make improvements. A relative survey had been conducted to gather feedback about relatives' experiences. Each response had been reviewed and any actions that had arisen were addressed. The manager was proactive and had met with any families who had noted some areas that could be improved. These had been recorded in detail, which showed an open, honest and responsive approach to feedback. We received positive feedback from families who said the management team were very approachable and who took any concerns seriously.

A number of meaningful audits were carried out to ensure people's health and wellbeing was supported. The team demonstrated very good oversight of health risks and needs. These were communicated well with the team at handovers and on the electronic iCare system as a daily alert. A significant strength was the review following any falls. The physiotherapist was involved which supported positive outcomes, as any contributing factors were discussed and addressed. This was then reflected through the accidents and incident reports the following month.

Staff training records were also well maintained. There was a detailed report each month which supported improvement for staff training. Key areas had been identified and we found this was responsive to support the needs of people living in the service. An example is in dementia training. As the number of people living in the service with a cognitive impairment had increased, the service had changed the frequency of the training, from two yearly, to annually. This was a positive step to ensure staff felt supported in their practice. Staff were also supported in their practice through regular observations and also supervision and appraisal. Records for these were up-to-date and well managed. This gave staff the opportunity to reflect on their practice and discuss best practice. We were encouraged by the opportunities staff were given to develop their skills and practice. A number of staff were undertaking additional qualifications. The provider had been mindful as the courses would not only support the individual staff, but would also further develop the service through project work focusing on person-centred care.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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