

Kirkley Limited

Greenways 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

The inspection visit took place on 21 and 23 November 2018. Greenways is a residential care home which provides care to older people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both premises and the care provided, both were looked for this inspection.

Greenways is registered to provide care for up to 27 people. At the time of our inspection there were 16 people living at the home. The inspection was a comprehensive inspection to follow up on our previous inspection, which was a focussed inspection looking at the areas of Safe and Well Led. At our previous inspection we found both these areas were rated as 'Requires Improvement', and the provider was given a rating of 'Requires Improvement' overall. We had previously rated Caring, Effective and Responsive as 'Requires Improvement'.

There was a registered manager at the time of our inspection. 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 requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection improvements needed to be sustained and embedded into practice to ensure people were always cared for safely and risks were always managed consistently. At this inspection, procedures to securely store, monitor and administer medicines had been continuously improved, and people received their medicines as prescribed.

Fire safety and evacuation procedures continued to be risk assessed and monitored, to ensure staff knew what they should do in an emergency. People had individual emergency evacuations plans in place to instruct staff and emergency personnel how people should be supported to evacuate the building.

Relatives and people told us they felt safe and were satisfied with the service they received at Greenways. There were sufficient staff at the home to ensure people were cared for safely.

At our previous inspection staff training required improvement to ensure staff always had the skills they needed to provide safe and effective care. Staff training was up to date, and the competency and skills of staff were regularly assessed. Staff were supported by the management team, and had an opportunity to meet with their manager on a regular basis and share their feedback.

Care records were securely stored to protect people's privacy. Care records had been improved since our previous inspection, as a new format of care records had been introduced. Each person had their care and support reviewed each month, to ensure care continued to meet their needs. However, more work needed to be done to change everyone's care records over to the newer format. The provider had a plan in place to change all care records by the end of 2018.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were consulted about their preferences and choices.

A programme of activities and events was advertised and on offer to people at Greenways, and people told us they enjoyed their daily lives at Greenways.

Quality monitoring systems had been sustained, which included regular checks of the premises, equipment, people's care, and the quality of the service. Systems continued to be effective in monitoring and analysing accidents, incidents and concerns at the home. The provider regularly reviewed the improvement plans to ensure any areas of identified improvements were made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

There were enough staff to support people safely. People received their medicines safely and as prescribed. Where people were identified as being at risk of harm, measures were taken to keep people safe. Safeguarding procedures were followed to investigate any concerns and protect people from harm.

Is the service effective?

Good ●

The service was Effective.

The provider, registered manager and staff followed the principles of the Mental Capacity Act 2005. Staff had the relevant training, skills and support to provide people with effective care. People were provided with nutrition that met their health needs. People were supported to maintain their health and referred to external healthcare professionals when a need was identified.

Is the service caring?

Good ●

The service was Caring.

Staff were kind and caring, and knew people well. People were supported by staff to make choices about how they lived their daily lives. Documents about people's care were stored securely. Staff understood how to respect people's privacy and dignity.

Is the service responsive?

Good ●

The service was Responsive.

People and their families were involved in planning how they were cared for and supported. There was a range of activities on offer to support people with physical and mental stimulation that met their preferences. People knew how to make a complaint and provide feedback to staff and the registered manager.

Is the service well-led?

Good ●

The service was Well Led.

People told us the registered manager and provider were approachable, and acted on their feedback. The provider's management systems were effective in identifying where improvements were needed. The provider acted to improve where a need was identified. The registered manager and provider understood their legal obligations, and were meeting the Regulations.

Greenways Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 21 and 23 November 2018. The first day of our inspection visit was unannounced. We told the registered manager we would return on the 23 November 2018 to continue gathering information and speaking with people and staff. The inspection was conducted 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 service.

Before the inspection visit we looked at our own systems to see if we had received any concerns or compliments about Greenways Care Home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We looked at information we had received from other agencies, including commissioners of services. Commissioners are professionals who may place people at the home, and fund people's care. We considered this information when planning our inspection of the home.

The provider had returned an updated Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service. We found the information in the PIR reflected the current service, we also gave the registered manager an opportunity to tell us about their service during our inspection visit.

Some of the people who lived at the home were not able to tell us in detail, about how they were cared for and supported because of their complex care needs. However, we used the short observational framework tool (SOFI) to help us assess whether people's needs were appropriately met and to identify if people experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We observed care and support being delivered in communal areas of the home. To gain people's experiences of living at Greenways Care Home, we spoke with seven people and two relatives or visitors of people who used the service. We spoke with the registered manager, the kitchen staff, the deputy manager, and three care staff.

We looked at four people's care records to see how they were cared for and supported. We looked at other records related to people's care such as medicine records, daily logs and risk assessments. We also looked at a range of documents produced by the registered manager which demonstrated how quality assurance was undertaken.

Is the service safe?

Our findings

In our November 2017 inspection we found there was a breach in Regulation 12, safe care and treatment; we asked the provider to make improvements. Our inspection in April 2018 was to ensure these improvements had been made. However, at that time the provider still needed to make additional improvements, and they needed to demonstrate consistent good practice over time. At our inspection in April 2018 we rated Safe as 'Requires Improvement'. At this inspection we found the provider had demonstrated good practice and sustained previous improvements, and we have rated Safe as 'Good'.

People told us they felt safe and happy at the home. Staff and people interacted with each other in a relaxed way, showing confidence and familiarity. People did not hesitate to approach staff and ask for assistance, which showed they felt safe around staff members. Comments from people included; "I feel very safe being here, I have a bell and as soon as I ring, staff are here" and "They [staff] come and look in on us during the night (which makes me feel safe)."

Risk assessment procedures had been sustained and risks to people's health and safety were now being managed consistently. For example, each person had an up to date risk assessment and risk mitigation plan in place in relation to their personal health and well-being. Where people had an identified risk of developing damage to their skin, staff were using identified mattresses, pressure relieving equipment and ensuring people moved around frequently to prevent damage to their skin. Personal risk assessments and plans were reviewed monthly, or when people's needs changed.

Environmental risks continued to be managed to ensure people were cared for in a safe environment. For example, electrical and water testing, updated fire risk assessments and fire procedures were maintained to support staff with any future evacuations, in the event of an emergency. Some areas of the home had been refurbished to improve the decor.

At this inspection we found radiator covers had been fitted to all radiators and heaters throughout the home, except for one radiator in the downstairs visitor's toilet. Whilst a specialist radiator cover was being made, the radiator was set to a low setting, so it was not a risk to people and visitors. The provider had plans in place to remove the radiator from the space until the cover was ready to be installed. Radiator covers are commonly used in care homes to protect people from burns.

The home was generally clean and free from odours. The manager conducted infection control audits to establish where any improvements were needed. Staff had received infection control training, and staff followed procedures for the correct use of protection equipment such as gloves and aprons, to reduce the risk and spread of infection. One person told us, "Everywhere is spotless, it is immaculate, my room is cleaned every day and my bed changed once a week, there is also new carpet on the landing."

The provider's recruitment process ensured risks to people's safety were minimised, as they took measures to check new staff were of 'good character.' The manager checked their DBS and references from a previous employer before they could start working in the home. The Disclosure and Barring Service (DBS) is a

national agency that keeps records of criminal convictions.

There were enough staff at the home to keep people safe and provide consistent care from staff they knew well. Staff were always available to assist people during our visit. In addition, staff had sufficient time to spend with people to conduct activities, play games, and chat to people. One relative commented, "Dad is safe here it is the right size home for him, and it is the same staff all the time which is important to dad especially with his dementia; he trusts them because he recognises them." Another relative said, "It's nice that staff are constant, they don't seem to have a high turnover of staff, so it's nice to have consistency."

There were safeguarding procedures that were understood by the management team and care staff. Staff were clear about the different kinds of potential abuse, and told us they had received training on how to safeguard people. Staff said if they saw anything of concern, they would tell the registered manager, deputy manager or the provider straight away. Information about how to raise a safeguarding concern was displayed in various places around the home. The provider had a procedure to instruct staff on how they could raise concerns with them directly (whistle-blow), if they were concerned about practices at the home.

At this inspection, we found improvements to the management of medicines had been sustained. Staff were trained to administer medicines safely. People received their prescribed medicines safely. Medicines were held securely and records showed which medicines had been given to people. Some people were prescribed medicines that were to be taken 'as required'. People had plans in place to show when they needed to take these medicines.

There were procedures for staff to administer medicines at a specific time of the day. For example, for some medicines to be effective, they are prescribed to be taken 30 to 60 minutes before food and other medicines. Temperature monitoring was in place for medicines that were stored in the medicine room, and in the refrigerator to ensure medicines maintained their effectiveness.

Is the service effective?

Our findings

At our previous inspection where we rated Effective, we rated it as 'Requires Improvement'. We found the management team did not have a full understanding of the Mental Capacity Act 2005 (MCA) and how to apply the principles of the legislation. At this inspection the management team were following the principles of the legislation, and had a good understanding of how to support people to make their own decisions. We have rated Effective as 'Good'.

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

We checked whether the provider 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. The registered manager was acting in accordance with the MCA. They recorded when someone might require assistance to make a complex decision, and who should be involved in the decision-making process to act in the person's 'best interests'. The registered manager understood the legal power of attorney process to ensure people's rights were protected.

Staff sought verbal consent from people before supporting them. No-one had an application in place to deprive them of their liberty, as everyone had the capacity to consent to restrictions on their care.

When people began using the service, they and their family were involved in assessing their needs. When people had a stay in hospital, and returned to the home, these assessments were reviewed to ensure Greenways could still meet their needs.

People had mixed opinions about the quality of food provided. Comments included; "The food is not as good as it was", "The food is average, the oven has broken down at the moment", "I would like bigger portions of the food" and, "I had a roll with no butter. I did raise it, and the next time I got butter." The registered manager explained their usual cook was currently on leave. A trained kitchen assistant was preparing meals in their absence, but they lacked the experience and knowledge of the usual cook. The registered manager was recruiting another cook, to ensure absences were covered with more experienced staff in the future. Additionally, the oven had broken which impacted on the preparation of some foods. On the second day of our inspection visit the oven had been fixed, and people were receiving a more varied range of food again.

People could choose where they wanted to eat. There was also a large menu on display for people to refer to. The atmosphere was calm during mealtimes. Tables were laid with cutlery and table mats and provided

a pleasant environment where people could socialise. Food and drinks were available throughout the day to encourage people to eat and drink as much as they liked. One relative told us, "[Name] doesn't drink squash so they make him a cup of tea every hour."

We spoke to the kitchen assistant who told us people could ask for alternative meals if they wished. On the second day of our inspection visit one person had an alternative vegetable to those on the menu, and another person had a specific type of bread they enjoyed. The registered manager told us no-one currently had any specialist nutritional needs at Greenways, however, if this was the case information on people's dietary needs was displayed in the kitchen for staff to follow.

The environment met people's needs. To provide people with guidance if they needed it, the provider had placed some large pictorial signs to indicate where the lounge and toilets were located. Each person had a sign or pictures on their bedroom door to help them locate their room easily. In the lounge area there was information on display to assist people in recognising the day of the week, the time of year and the weather outside.

There were call points in all bedrooms, bathrooms and communal areas so people could call for assistance when needed. People could decorate their bedrooms to reflect their own preferences and interests. One person commented, "I have my own bed and furniture so it's like home." Communal areas gave people a pleasant environment to socialise and a well-maintained garden offered people open space they could enjoy during warmer weather.

People were referred to healthcare professionals if there was a change in their health. Care records showed when people were seen by health professionals. One relative told us, "The staff are quick to act, [Name] gets urine infections, they [staff] get the district nurses in, or call an ambulance. They ring me and let me know what is going on." People also had access to regular reviews of their eyesight and dental needs. People's weights were monitored and any identified weight loss was acted upon.

Staff received an induction when they started work which included working alongside experienced staff. The induction was based on the 'Skills for Care' standards providing staff with a recognised 'Care Certificate'. Skills for Care set standards for the training of care staff. One staff member told us, "You can ask for any additional training you would like and the manager will make it available." They added, "They are really supportive in developing my skills."

Staff put their training into practice. For example, staff gave people time, reassurance and support when they were standing up and walking. Where people needed assistance to transfer from chairs and mobility equipment, staff used hoists and slings to safely support people.

Staff told us they had regular meetings with their manager where they could discuss their performance and identify training requirements. They also participated in yearly appraisal meetings where they set objectives for the next 12 months. Staff also had meetings as a team to discuss on-going concerns, or share information about how improvements at the home could be implemented. One staff member said, "We have meetings where the registered manager tells us about any changes, and discusses what needs to be improved. We feel informed and valued."

Is the service caring?

Our findings

At our last inspection where Caring was rated, we rated it as 'Requires Improvement' because people's privacy and choices were not always respected. At this inspection we found people's privacy was being respected, and staff acted in a caring way to support people as they wished. We have rated Caring as 'Good'.

Comments from people at Greenways included; "The staff are wonderful, the girls are so caring, that is why I stayed here, I only came in for a couple of weeks and ended up stopping" and, "The carers here can't do enough for you, especially when you are poorly, they are so helpful."

Staff members could tell us about the people they supported. This included people's life histories, where they used to live, what they used to do, and what they still liked doing. Staff members talked about those they supported with respect and fondness.

Care records provided information about people's cultural and personal preferences, such as whether they preferred care to be given to them by a specific gender. These personal preferences offered people an opportunity to engage in cultural or religious activities and maintain their sense of individuality and identity.

The registered manager assessed and supported people and staff regarding their protected characteristics. This included people's ethnicity, religion, sexuality, disability etc. We saw a record had been made regarding people's religious preferences in their care records. People were also asked, through the assessment of their care and support needs, for information regarding other areas of their life and their wishes, for example, regarding their ethnicity or cultural preferences.

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. The registered manager and staff team recognised people's different levels of communication. Care records described the way people communicated and how staff should engage with them. For example, people who wore glasses and hearing aids, this was detailed in their care records, so staff knew when to encourage people to wear communication aids. Where people had specific communication needs, we saw that alternative methods of communicating were used. For example, communication and picture cards were available to help people make choices. Pictorial aids and visual choices were available for people at mealtimes.

Some people had large digit telephones in their rooms if they needed them. Staff responded to people when they saw people had difficulty communicating. One person had hearing loss, but did not wear a hearing aid, staff spoke to them clearly and into their ear to help them understand their choices.

People were supported to maintain relationships with those that mattered to them. Friends and families came to visit people throughout our inspection visit. Private areas were available for people to spend time together when needed or requested. However, most visitors and family members joined in with chats and

social activities in the communal areas. A relative said, "We have never been restricted when we come, we just come whenever we want to. The atmosphere is nice, and staff keep us informed."

Staff respected people's privacy, by knocking on people's doors and asking their permission before entering their room. Information which was confidential to the individual was kept securely in the office and only accessed by those with authority to do so. When people had the authority to access people's information, this was provided in a private and confidential area.

Where possible, people were supported to be as independent as they could be. For example, by undertaking their own personal care where they could, and walking independently.

Is the service responsive?

Our findings

At our last inspection where we rated Responsive, we rated it as 'Requires Improvement'. This was because people were not always supported with up to date care records that were person centred. At this inspection we have rated Responsive as 'Good'. People were supported by up to date care information that met their needs and was based on their personal preferences.

People told us the staff responded to their everyday needs in a timely way. One person said, "Yes, they [staff] do anything I ask them." Another person said, "There are plenty of staff, when I pull my bell they come straight away."

A relative commented, "The staff are really nice, they have time for every day chats and a little bit of banter. They seem to know [Name's] needs regarding her preferences; she does like lots of cups of tea."

People's life history, details about their family, school, their work and life experiences was recorded in people's care records. There was also person-centred information such as how people liked their hair, what they wore, where they spent their time, and when they got up and went to bed. This was so staff knew how to provide care in a way that met the person's individual preferences. This information was vital to provide person centred care based on people's likes, dislikes taking into account their past experiences.

Records instructed staff about what types of social interactions and stimulation each person enjoyed. Throughout this inspection we saw people engaged in music, exercising and crafts, as staff knew how to support people to enjoy their daily life. People told us they regularly went out to places of interest and attended 'in house' entertainment which included external entertainers.

Although there was not a dedicated staff member to arrange events and support people with their interests, all staff members took part in activities and events at the home. Staff sat in the communal lounge area with people and chatted when they had time.

Comments from people included, "A man comes about once a month playing in a band, I enjoy crayoning, painting and bingo. I have done cake making and I go to my daughters for lunch on a Sunday.", "I go out to two clubs on a Tuesday and Wednesday, I am going to the garden centre tomorrow. We play skittles, cards and dominoes sometimes."

There was a monthly timetable in the communal area of the home, providing people with times and details of events. The provider organised meetings involving people who lived at the home to discuss the activities on offer. There was a range of external activities organised for people with local community groups, such as attending church services, cafes, local schools and the local pub.

Staff attended a daily 'handover' meeting at the start of their shift to exchange information about people at the home. Staff told us this assisted them in keeping up to date with people's health and care needs. These handover records were used to communicate important messages and listed key information about each

person that lived at the home.

There was information in large print, about how to make a complaint or provide feedback about the service, available in the reception area of the home. People and their relatives told us they knew how to raise concerns with staff members or the manager if they needed to, but a typical comment was, "There has been no need to." One person said, "If there has been anything it was small, and it has been put right." There was a monitoring and analysis system in place to monitor complaints and identify any trends and patterns.

Some people had some end of life care arrangements in place. The arrangements included decisions that had been made regarding whether people should be resuscitated following a cardiac arrest (DNARCPR). Where people wanted to engage in discussions about end of life arrangements, this was on offer. People chose whether to share their wishes with the provider.

Is the service well-led?

Our findings

At our previous inspection we rated Well Led as 'Requires Improvement'. This was because the provider needed to embed and sustain improvements they had made in risk management and in monitoring systems, to ensure people always received safe care. At this inspection we found the provider had sustained the improvements at the home. We have rated Well Led as 'Good'.

There was an established registered manager at the home who had been in their post since December 2017, and had made several changes to improve systems and procedures. 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.

People and their relatives told us they felt the home was well led, and the registered manager and provider were approachable. One person said, "The bosses are nice, we just go to her [the registered manager] if we need to, I would recommend this home without hesitation." A relative told us, "I see the registered manager walking through when I visit and she always say hello. When I came to look round the home she showed me everything, there was nothing to hide."

Staff had consistent managerial support because a manager or deputy manager was available each day of the week, including weekends. Staff had the support of senior care staff on each shift, to assist with training and medicines management. One staff member said, "I feel more valued now. The atmosphere is much improved. The changes have been positive and we work together as a team."

Improvements to staff training had been sustained. The registered manager could offer support to staff as a qualified trainer. The staff training matrix was up to date and showed what training staff had attended. All staff had received training in key areas such as manual handling skills, safeguarding, and health and safety. Staff had their competency and understanding checked through regular spot checks on their work.

At this inspection we continued to find quality assurance procedures were maintained, and were effectively used to identify areas that could be improved at the home. A deputy manager was assisting the registered manager to conduct regular checks and audits, so there were sufficient resources available to maintain audits and checks according to a monthly auditing programme.

Accidents and incidents were being accurately recorded and monitored. Each month a list of accidents was analysed to see if there were any patterns and trends developing, which helped the registered manager to assess whether the premises required improvement to prevent accidents, or whether people's care and support required review, to minimise risks to people in the future.

Improvements that had been made at the home since our previous inspection included, the décor, the introduction of more activities and events to encourage people to socialise, and new auditing and monitoring checks on care records and the quality of care people received.

The registered manager continued to keep people informed of the changes at the home through a quarterly newsletter. The newsletter described any new improvements at the home, advertised important events or celebrations, and contained articles and quizzes for people to enjoy.

Additional improvements to the home were planned, including the installation of a stair lift to improve accessibility to the top floor. New care record formats had been introduced, and would be in place for everyone before the end of December 2018. The registered manager was contacting local organisations and services, to increase contact with local community initiatives and activities.

People, health professionals and staff were involved in improving the service. They were asked for their feedback in quality assurance surveys, and there was a suggestion box in the hallway. A health professional answered a recent survey saying, "Considering it's a small home there is plenty going on and residents look clean and happy. I have already recommended this home."

Recent meeting notes showed people and staff had discussed the recent changes at the home. The registered manager had an 'open door' policy and was available to speak with people at any time when they were on their shift. The registered manager also advertised a 'Manager's surgery' every month, which was held in the evening, to make them available for visitors that came only in the evening.

The registered manager and provider understood their legal responsibilities to notify CQC of any serious incidents at the home. The registered manager had displayed the ratings from the previous inspection in the lobby-way of the home and on their website. It is a requirement of the regulations for the provider to display their overall rating in a conspicuous location for visitors and anyone entering the home to see the current rating of the service.