

Greenway House Residential Home Limited

# Greenway House Residential 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

Greenway House Residential Home is a care home providing personal care and accommodation to 11 older people. Care is provided on two floors, with communal areas and a dining area on the ground floor. Some of the people are living with dementia. The service can support up to 11 people.

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

People felt safe and received care that was regularly reviewed. Risks to people had been considered. There were sufficient suitably trained staff available for people and they did not have to wait for support.

Medicines were managed in a safe way and people received these when needed. The home was clean and tidy and infection control procedures followed.

There were systems in place to ensure lessons were learnt when things went wrong. There were procedures in place to protect people from potential harm. 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 support this practice.

People were happy with the staff and the way the home was run. They were treated in a kind and caring way, both their privacy and dignity were considered and they were offered choices. People were encouraged to remain independent.

People had access to health professionals and received care based on their assessed needs. Their preferred methods of communication were considered along with their preferences. People enjoyed the food and had the opportunity to participate in activities they enjoyed.

There were systems in place to monitor the quality in the home and this information was used to make improvements. The provider sought feedback from people who lived in the home and their families and used this to make changes.

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 Requires Improvement (Published 30 January 2019)

### Why we inspected

This was a planned inspection based on the previous rating.

## 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 ●

# Greenway House Residential 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

The inspection was carried out by one inspector.

#### Service and service type

Greenway House Residential 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. There are two registered managers in place, they are both providers. One of the registered managers was available during our inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information we had received from the public. 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

During our inspection we spoke with four people who lived at the home and two relatives. We also spoke with two member of care staff, the deputy manager and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at care records for three people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home.

#### After the inspection

The provider sent us updated information in relation to 'as required' guidance for medicines.

# 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.

### Using medicines safely

- When people received as required medicines there was not always guidance in place for staff to follow. After the inspection the provider sent us confirmation that all guidance was now in place.
- People were happy with how they received their medicines. One person said, "I always get them from staff."
- We saw staff administer medicines to people individually ensuring they remained with people until they had been taken.
- Staff received training in relation to the management of medicines and their competency was regularly checked by the provider.
- Medicines were stored to ensure people were protected from the risks associated to them.

### Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to ensure people were protected from potential harm. We saw when needed concerns had been raised appropriately in line with these procedures.
- Staff knew how to recognise and report potential abuse. They had received training in this area. One staff member said, "It is reporting abuse if we are concerned about anyone."

### Assessing risk, safety monitoring and management

- People felt safe being supported by staff. One person said, "They look after me well, I am safer here than when I was living at home. There is equipment the staff use for other people when they need it"
- Risks to people's health and wellbeing were considered, assessed and reviewed when incidents occurred.
- When people had individual risks, these had been considered. For example, when people had falls, equipment such as alert sensors and walking aids were used to prevent further falls. All equipment had been checked to ensure it was safe to use.

### Staffing and recruitment

- People confirmed there were enough staff available to meet people's needs. One person said, "There is always someone about if I need them, I just give them a shout and they help me straight away."
- We saw people did not have to wait for support and there were sufficient staff available for people.
- We saw pre-employment check were completed before the staff could start working in the home.

### Preventing and controlling infection

- There were infection control procedures in place and these were followed. An infection control audit was completed which identified no concerns.

- The home was clean and tidy. People and relatives spoke positively about the home's environment.
- We saw that staff had gloves and aprons available to them, which they were using.

#### Learning lessons when things go wrong

- The provider had systems in place to ensure lessons were learnt when improvements had been identified. For example, when incidents occurred in the home reviews took place to ensure improvements were made in the future. Information was shared with staff through a memo which they signed to say they had read and understood.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed 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. We found they were.

- Improvements had been made since our last inspection. When needed we saw individual capacity assessments were in place. We also saw decisions had been made in people's best interests and this was clearly documented.
- Staff had received training in MCA and demonstrated a clear understanding.
- The provider had considered when people were being unlawfully restricted and DoLS application to the local authority had been made.

### Staff support: induction, training, skills and experience

- Staff received training that helped them offer support to people. Since our last inspection training had been received in key areas such as safeguarding and MCA.
- People felt staff had the necessary skills and experience to support them. One person said, "They seem well trained."

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

- People's gender, culture and religion were considered as part of the assessment process.
- People's physical, mental and social needs were assessed and considered.

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

- People enjoyed the food that was available to them. One person said, "I can't complain its always very nice and we have something different every day. I don't like too much and they take that into account."
- People had a choice of meals and were offered a choice of drinks and snacks throughout the day.
- People's dietary needs had been assessed. There was clear guidance in place for staff to follow. When

people required specialist diets we saw this was provided for them.

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

- Staff worked with other services and professionals to ensure people received care which met their changing needs. For example, when people had a series of falls we saw referrals had been made to the fall's prevention team. We saw the recommendations made by the professionals had been implemented by the provider.
- People had access to healthcare professionals and their health and wellbeing was monitored. One person said, "I am fine at the moment but in the past when I have felt unwell I have been able to see the doctor."
- People's oral health needs had been assessed and considered. The provider had identified the importance of this and some staff were undertaking training to become champions in this area.

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

- People had their own belongings in their bedrooms and on tables next to them in the lounge.
- The home had been adapted to consider people's needs. Handrails were in place around the building, there was a lift for people to use and bathrooms had been adapted with equipment to ensure people's needs were met.

# 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 treated in a kind and caring way. One person told us, "They staff are very good to me, they treat me very well." A relative told us, "They are excellent, the staff are all very good, its very homely like a family."
- We saw people received support from staff when they requested it. For example, when people asked to use the bathroom. We saw staff had time to sit with people and chat. One staff member spoke to a person about a book they were reading. Another staff spoke to a person about their family.
- Staff knew people well and could give detailed accounts of people, including their preferences likes and dislikes.
- There was information recorded in people's care files about their life history, which staff used to engage with people.

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

- People were encouraged to make choices about their day. One person said, "I can do as I please, there is no where I can't go or nothing I can't do."
- The care plans we looked at considered people's choices and preferences and staff provided support accordingly.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. People and relatives confirmed this to us.
- Staff gave examples how they offered support to people. One staff member said, "Shutting doors and curtains and speaking to people quietly when its private or sensitive."
- People were supported to be independent. One person said, "They encourage me to do what I can."
- Records we reviewed reflected the levels of support people needed.

# 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 had care plans based on their assessed needs, which were regularly updated.
- Staff knew people well and their needs were met. Both people and relatives confirmed this to us.
- People's cultural and religious needs had been considered as part of their assessment. No one was currently being supported with any specific needs.

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 careers.

- The provider met the Accessible Information Standard.
- The registered manager told us information would be available for people in their preferred format should they require it. We saw information for people and their relatives about this was displayed around the home.
- People's communication had been considered and there were plans in place detailing how people preferred to communicate.
- We saw there was signage around the home to help people identify specific areas such as the bathroom and dining room. There were also pictorial food menus available and cards people could use to show how they were feeling

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 had the opportunity to participate in activities they enjoyed. We saw some people were relaxing watching a film and other were completing some crafts.
- People had the opportunity to go out in the community and there was a variety of external entertainment such as a singer and a therapeutic dog, which attended the home.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. They told us they were confident this would be acted upon and resolved.
- The provider had a complaints policy in place.
- When complaints and concerns had been raised they had been responded to in line with the providers procedure.

# 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 Requires Improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- Improvements had been made and a variety of audits were completed within the home.
- We saw there were audits completed in key areas such as medicines management, infection control and care plans.
- When areas of improvement were needed, this had been identified and action taken. For example, a medicines audit had picked up a concern with the stock of a medicine. An investigation had been carried out to see what had happened and a memo sent to staff notifying them and the changes that were to be made as a result of this.

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

- People, relatives and staff spoke positively about the home, the management team and the support that they received. One person said, "It's all very good from bottom to top." A relative said, "Its good, I have no complaints about anything we are more than happy with everything."
- The management team were available and visible during our inspection.

### 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

- Duty of candour requirements were understood and met by the provider.

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

- All staff understood their roles and responsibilities and there were clear lines of delegation.
- Staff felt supported by the providers. They had the opportunity to raise concerns by attending team meetings and individual supervision sessions. One staff member said, "It's a good place to work, I am very happy. If I have any concerns with anything I can discuss them. We try to sort things out and that works for everyone".
- The providers ensured that we received notifications about important events so that we could check that appropriate action had been taken.

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

- The provider sought the opinions of people who used the service.

- People and their relatives were given the opportunity to complete a survey every six months. Where area for changed had been suggested the provider had listened and taken action. For example, better lighting was requested for the car park.
- The outcome of the survey and the changes made had been shared with people and their relatives through a newsletter, which had been introduced since our last inspection.

#### Working in partnership with others

- The service worked closely with other agencies to ensure people received the care they needed.