The Fisher Partnership Limited

Greenwell House 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

This inspection took place on 21 June 2016 and was unannounced.

Greenwell House Care Home was last inspected by CQC on 29 August 2014 and was compliant with the regulations in force at that time.

Greenwell House Care Home provides care and accommodation for up to 20 older people who require personal and nursing care. On the day of our inspection there were 15 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager and deputy manager were both registered nurses.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. Staff had been trained in safeguarding vulnerable adults. Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

The home was clean and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and training sessions were planned for any due or overdue refresher training. Staff received regular supervisions and appraisals. Nurses received appropriate supervision for their role.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

People who used the service, and family members, were complimentary about the standard of care at Greenwell House Care Home. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they moved into Greenwell House Care

Home and care plans were written in a person centred way.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

People who used the service, and family members, were aware of how to make a complaint. However, there had been no formal complaints recorded at the service in the previous 12 months.

The service had good links with the local community. Staff felt supported by the registered manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated and risk assessments were in place for people who used the service.

The registered manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People were supported by staff in making healthy choices regarding their diet.

People had access to healthcare services and received ongoing healthcare support.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were well presented and staff talked with people in a

polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they moved into Greenwell House Care Home and care plans were written in a person centred way.

The home had a full programme of activities in place for people who used the service.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

The service had links with the local community.

Greenwell House 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 took place on 21 June 2016 and was unannounced. One Adult Social Care inspector took part in this inspection.

Before we visited the service we checked the information we held about this location and the service provider. For example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work. No concerns were raised by any of these professionals.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with three people who used the service, eight family members and two visiting healthcare professionals. We spoke with the registered manager and deputy manager, who were both registered nurses, two care workers, the cook, and two domestic and laundry staff members.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and

records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of people and their interactions with staff.

Good

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at Greenwell House Care Home. They told us, "I've never seen anything I haven't been happy with", "No concerns about safety" and "She does [feel safe], without a doubt". A person who used the service told us, "Safe? Oh, yes."

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the home. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

We checked registration details for nurses working at the location to ensure they were registered with the Nursing and Midwifery Council (NMC). All of the registrations were in order and in date. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager and looked at staff rotas. Staffing levels were calculated and rotas were prepared at least one month in advance. Staffing levels included a nurse on duty at all times, at least three care staff on duty during the day and one at night. Rotas we looked at confirmed staffing never went below these levels. The home also employed kitchen, domestic, laundry and maintenance staff. The registered manager told us staff absences were covered by their own permanent staff and if required, the registered manager and deputy manager would cover shifts. The home also had access to two bank nursing staff, but agency staff were never used. Staff, people who used the service and family members we spoke with did not raise any concerns about staffing levels. This meant there were enough staff with the right experience and skills to meet the needs of the people who used the service.

The home is a detached, three storey building set in its own grounds. Entry to the premises was via a locked door and all visitors were required to sign in. Although the building was old, it was well maintained, clean and suitable for the people who used the service. Family members we spoke with were complimentary about the home. They told us, "It's always clean" and "There's always a nice smell". Before a person moved into the home, a pre-admission checklist was completed to make sure the accommodation was suitable. For example, the person's bedroom was clean, appropriately decorated and any equipment was in working order.

Appropriate personal protective equipment (PPE), hand hygiene signs and liquid soap were in place and available. Staff completed day time and night time job lists, which included cleaning equipment, bathroom items, call bells and panels, and ensuring the treatment room and medicines trolley were clean and tidy.

This meant people were protected from the risk of acquired infections.

We saw a copy of the provider's 'Safeguarding service users from significant risk of harm' policy. The provider also had copies of local authority safeguarding adults policies and procedures and a copy of a managing safeguarding concerns flow chart. We discussed safeguarding with the registered manager, who was aware of their responsibilities. We found staff had been trained in protecting vulnerable people and there had not been any safeguarding concerns reported at the home in the previous 12 months.

Accidents and incidents had been recorded and each record included details of the person affected, details of the person reporting the incident, details of the accident/incident and any action taken or recommendations to prevent further accidents. A copy of each accident/incident was kept in the person's individual care record.

Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. Risk assessments included moving and handling, wheelchair use, bed rails and falls. These risk assessments were up to date and meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Portable Appliance Testing (PAT), electrical installation and boiler servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed. For example, fire alarm tests took place regularly, fire equipment was serviced regularly and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

In the rooms we looked in we saw windows had been restricted so they could not be opened far enough for someone to fall or climb through them. We saw a health and safety audit was carried out regularly by an external company. The most recent audit in February 2016 stated, "We were very encouraged to find a positive and pro-active approach with regards to the subject of health and safety management from the team at the premises." This meant audits and checks were carried out to ensure that people who used the service were in a safe environment.

We looked at the management of medicines. A locked treatment room contained a locked stock cabinet and a smaller, locked controlled drugs cabinet inside the stock cabinet. Controlled drugs are medicines which may be at risk of misuse. Medicines which required cool storage were stored appropriately in a refrigerator in the treatment room. Temperature record checks were carried out daily of the treatment room and refrigerator, and were within appropriate levels. Refrigerator and treatment room temperatures need to be recorded to make sure medicines were stored within the recommended temperature ranges. This meant that the quality of medicines was not compromised, as they had been stored under required conditions.

As the treatment room was very small, the medicines trolley was stored in an unused corridor, secured to the wall and locked. The trolley contained a drawer for each person who used the service and each person had a medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

Each person's MAR had a front sheet, which included a photograph of the person, GP contact details and details of any allergies. The MARs were up to date and included comprehensive administration information and instructions. Supplementary sheets were in place for PRN, or as required medicines, and these were also up to date.

The deputy manager told us they and the registered manager came into the home every fourth Sunday to organise the medicines for the following month and carried out a mini audit. We saw a full audit of medicines was carried out on a monthly basis.

This meant appropriate arrangements were in place for the administration and storage of medicines.

Good

Is the service effective?

Our findings

People who lived at Greenwell House Care Home received effective care and support from well trained and well supported staff. People who used the service and their family members told us, "In every aspect, it couldn't be better", "I couldn't have honestly picked a better place" and "The staff are the best part of it. They are very patient". We spoke with two visiting health care professionals who told us the service was, "Very communicative" and "Always keeps us up to date".

We looked at a printed copy of the provider's training matrix and saw staff received mandatory training in fire safety, moving and handling, safeguarding adults, health and safety, equality and diversity, food safety and nutrition, first aid and dementia awareness. Mandatory training is training that the provider thinks is necessary to support people safely. Staff training was up to date apart from first aid training, which had expired at the end of May 2016 for 22 members of staff. We discussed this with the registered manager, who told us the training had been booked, but was postponed for personal reasons by the trainer and was to be rescheduled.

We saw course certificates for external training completed by staff however as most of the mandatory training was carried out in house, certificates were not provided. To show that staff had completed the training, the registered manager kept copies of attendance records for each course. Staff told us they received enough training for the role, their training was up to date and if they needed more, they just had to ask.

New staff completed an induction to the service, which included an introduction to the home, the provider's policies and procedures, and mandatory training. All new staff were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

Records showed staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Nurse supervisions included discussions on revalidation and medicine competency checks. Revalidation is the new process that all nurses and midwives need to go through in order to renew their registration with the NMC. Staff we spoke with told us they received regular supervisions and an annual appraisal. This meant staff were fully supported in their role.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. For example, one person was identified as being at risk of aspiration and had been assessed by the speech and language therapy team (SALT). SALT recommendations were included in the person's nutrition care plan and included ensuring the person was in a good upright posture while eating, their fluids were thickened and the person ate a textured diet. It was also recommended the person was weighed monthly to monitor for any weight loss and a malnutrition universal screening tool (MUST) be completed on a monthly basis. We saw these records were up to date. Kitchen staff we spoke with were aware of people's dietary needs and had guidance sheets for different types of diet. Family members told us, "Everything is pureed. [Name] is eating really well" and "The food is lovely". This meant people's dietary needs were being met.

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. The application procedures for this in care homes and hospitals are 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 were being met. We discussed MCA and DoLS with the registered manager, who was aware of their responsibility. People who used the service had the capacity to make their own decisions and there had not been any DoLS applications submitted. Care records contained copies of consent forms, signed by the person who used the service to say they consented to their photograph being taken and agreed to their care and treatment, including the administration of medicines.

Some of the care records we looked at included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms which meant if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). These records were up to date and showed the person who used the service had been involved in the decision making process.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from and to external specialists including GP, SALT team, hospital appointments and district nursing teams.

Good

Is the service caring?

Our findings

People who used the service, and family members, were complimentary about the standard of care at Greenwell House Care Home. They told us, "The care is wonderful", "It's perfect. All the staff are caring" and "[Name] would never want to go anywhere else".

People were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. Staff knew how to support people and understood people's individual likes. For example, we overheard a member of staff ask if it was haddock for lunch. When told yes, the member of staff said, "[Name] will want vinegar then."

We saw staff assisting a person into the conservatory in their wheelchair so they could watch the birds outside. The staff described every stage of the process to the person in a calm and gentle manner and told the person they would put the bird feed out. The staff member made sure the person was comfortable and went to get them a drink. As it was a nice day, we saw other people who used the service being offered the opportunity to go outside and sit on the patio. Two people went outside, one independently, and staff brought them drinks.

People we saw were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. We also observed staff escorting a person to the toilet. Staff waited outside and asked if the person was ok or needed any assistance.

All the staff on duty that we spoke with were able to describe how to respect people's privacy and dignity. We asked people and family members whether staff respected the privacy and dignity of people who used the service. They told us, "They do, yes. If someone is being attended to, the door is always closed" and "The dignity is good". This meant staff respected people's privacy and dignity.

We observed lunch and saw people were given a choice of meal and offered a choice of cold drinks. Most people we saw could eat independently or with minimum assistance from staff but staff were on hand and regularly asked if people were ok or whether they wanted help pushing their chairs in closer to the table. This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

Bedrooms were individualised, some with people's own furniture and personal possessions. We saw many photographs of relatives and occasions in people's bedrooms. All the people we spoke with told us they could have visitors whenever they wished. The family members we spoke with told us they could visit at any time and were always made welcome.

End of life care plans were not in place as none of the people who used the service were receiving end of life care at the time of the inspection visit. However, we saw one person had an 'Advanced care plan', which

documented their wishes with regards to their care in the future. For example, the person wanted to remain at Greenwell House Care Home and not have any more hospital admissions.

The provider had an advocacy policy. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. None of the people who used the service had advocates.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated. Family members were complimentary about the care received and responsiveness of staff. They told us, "[Name]'s skin is perfect. They turn [name] every two hours", "They are quick. They know exactly when they need to call a doctor. There's no messing about" and "He's never rushed. It's really good teamwork".

People's needs were assessed before they moved into Greenwell House Care Home. Admission sheets in people's care records described the reason for the person's admission to the home, medical history, and next of kin and GP details. A social assessment and personal history record was completed for each person to give staff an idea about the person's background, family history, where they lived and went to school, what they liked to do and preferred routines. A family member told us, "We wanted to be involved in [Name]'s care and they took that on board." This meant people and their family members were consulted and about their care needs and preferences.

Care plans were in place and included hygiene and dress, communication, continence, pressure areas, mobility, orientation, nutrition, sleep, social/cultural/spiritual needs and pain. Each care plan was evaluated on a monthly basis and up to date. Care plans were person centred and described the aim of the plan, a summary of the person's strengths and needs and actions for staff to take. For example, one person was identified as at high risk of developing pressure sores and needed assistance to transfer. Staff were instructed to check the person's skin integrity on a daily basis, assist with transfers and ensure the person's skin was clean, dry and barrier cream was used after any episode of incontinence. The person also had a Waterlow record, which was updated monthly. Waterlow is a risk assessment tool that calculates the person's risk, based on categories such as skin type, continence, mobility, appetite, tissue malnutrition and medication.

Daily records were up to date and included details of night checks and sleeping routines, continence care and toileting, and diet and fluids.

The home employed an activities coordinator three days per week and on other days, care staff carried out activities with people. During our visit we observed bingo taking place in the morning and a quiz in the afternoon. People were supported to take part in a wide variety of activities inside and outside the home. These included arts and crafts, bowls and skittles, hairdressing and nail care, walks in the town and park and visits from a 'pets as therapy' (PAT) dog and pony. We asked people who used the service, and family members, if there was much to do at the home. They told us, "They have lots to do", "There's always something going on" and "The atmosphere is terrific". This meant people were protected from social isolation.

We saw a copy of the provider's complaints procedure. People who used the service were provided with a copy of the complaints procedure in their service user guide and a complaints book was in the foyer. This book was blank and the registered manager confirmed they had not received any formal complaints in the previous 12 months. The registered manager told us as their office was "walk through", any concerns that

people or family members had were reported to them and dealt with straight away before a formal complaint was needed.

People, and their family members, we spoke with were aware of the complaints policy but did not have any complaints about the service. This showed the provider had an effective complaints policy and procedure in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager and deputy manager were both registered nurses.

The service had a positive culture that was person-centred, open and inclusive. Family members told us the registered manager had an open door policy and they received regular updates. A family member told us, "[Registered manager] is incredible. They work very hard" and "It's really good teamwork. They [staff] all get on".

Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. They told us, "I love it here", "[Registered manager] is very fair. [Registered manager] lets us get on with it but if there's anything wrong they'll let us know", "[Registered manager] is a good manager" and "If you want something, they'll do it straight away". The deputy manager told us, "We have a lot of caring staff. If staff care, that makes a difference."

Staff were regularly consulted and kept up to date with information about the home and the provider. We saw records of staff meetings, including night staff and nurses' meetings, as well as management team meetings that were held with the provider to discuss future plans for the premises, training, staffing and activities.

The service had good links with the local community. Members of a local church visited the home once per month and a local supermarket provided the home with any flowers that were left over. At Christmas, local Brownies and school children visited the home and we saw a mobile library visited regularly.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. Regular audits were carried out, which included audits of medicines and treatment room, care plans, cleaning, meals and dining room, accidents, pressure sores and social activities. Action plans were put in place for any issues identified in these audits.

Residents' meetings did not take place at the home. The registered manager told us that because their office was "walk through", people could discuss anything with them at any time. The registered manager and deputy manager told us they had tried meetings for people who used the service in the past but they had not been very successful.

People who used the service, and family members, were regularly asked their views on the service. 'Admission to the home' and 'Leisure and social activity' questionnaires were completed after eight weeks. Also, after eight weeks and then annually, people's care needs were reviewed. Food and mealtime questionnaires were also provided for people to complete.

Annual feedback questionnaires were completed by people who used the service, family members and

visiting professionals. Carehome.co.uk review cards were available in the foyer for people and visitors to complete. The registered manager printed off reviews and made them available in the home for people to see.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources.