

Leonard Cheshire Disability

# Greenacres - Care Home with Nursing Physical Disabilities

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 16 August 2017 and was unannounced. Greenacres is a care home with nursing for up to 33 people. At the time of our inspection 31 people were using the service.

We found that although the provider had taken action to improve the service they did not always tell us about specific events they were legally required to notify us about. Failing to notify the Commission when they received the outcome of applications to deprive a person of their liberty is a breach of Regulation 18(4B)(c) Care Quality Commission (Registration) Regulations 2009. You can see what action we have asked the provider to take at the back of the report. A breach of regulation limits the highest overall rating the service can be awarded to 'Requires Improvement'.

At our last comprehensive inspection of this service in November 2016 we found that the provider was breaching regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the provider had failed to ensure robust systems were in place to obtain people's consent for care and treatment. We undertook an unannounced focused inspection in March 2017 and the provider was no longer in breach of this regulation.

There was a registered manager in place who was present during 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 the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with told us that they felt safe in the home. Staff could recognise signs of potential abuse and knew how to report any suspicions. Staff were able to explain the actions they took to keep people safe from the risks associated with their specific conditions.

There were enough staff to meet people's needs who were checked to ensure they were suitable to support the people who used the service. People's medicines were administered by staff who were trained to do so. We could not be sure some people had their creams applied correctly because their topical cream charts were not fully completed.

Staff received updates in relation to basic skills and additional training to meet people's particular medical conditions. The registered manager had introduced staff meetings and a formal supervisions programme for staff to reflect on their practice. Staff respected people's wishes and supported people in line with The Mental Capacity Act 2005. People gave us mixed views about the quality of their meals. When necessary the people who required assistance to eat were helped by staff. People in the home were supported to make use of the services of a variety of mental and physical health professionals including doctors and dieticians.

People told us that the staff were caring and staff spoke fondly about the people who used the service.

People were supported to express their views about their care by staff who understood people's specific communication styles. Staff respected people's privacy.

People were supported to follow their interests and hobbies. There was a range of ways for people to feedback and they told us that the registered manager and staff were approachable and would take action to address their concerns.

People and staff said the service was well led. There was a registered manager in place however they had not always notified the commission of incidents they were legally required to. The registered manager had taken action to improve the quality of the service however systems had not always ensured improvements were achieved promptly.

## 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.

People were protected from harm by staff who knew how to identify and report signs of abuse.

People were supported by enough staff to meet their specific needs.

People's medicines were administered by staff who were trained to do so.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

Staff respected people's wishes and supported people in line with The Mental Capacity Act 2005.

People were supported to make use of the services of a variety of mental and physical health professionals.

### Is the service caring?

Good ●

The service was caring.

People told us staff were caring.

People were supported to express their views by staff who understood people's specific communication styles.

Staff respected people's privacy.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to follow their interests and hobbies.

People said the registered manager and staff were approachable and would take action to address their concerns.

**Is the service well-led?**

The service was not consistently well-led.

The registered manager had not always notified the commission when they had received authority to support people in ways which deprived them of their liberties.

Monitoring systems had not always been effective at ensuring improvements to people's care were achieved promptly.

Staff told us the service had improved and the registered manager was a good leader.

**Requires Improvement** 

# Greenacres - Care Home with Nursing Physical Disabilities

## **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 16 August 2017 and was unannounced. The inspection team consisted of one inspector, a specialist advisor with expert knowledge about nursing care 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.

As part of planning the inspection we reviewed any information we held about the service. We spoke with a person who commissions packages of care from the service. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our visit we spoke with six people who used the service and three relatives of people living at the home. We also spoke with the registered manager, deputy manager, activities and health and safety administrator, administration and volunteers co-ordinator, two nursing staff, a team leader, three care staff and one agency members of staff. We spoke with a GP and a therapy support worker who were visiting to support people at the service. We also spoke with a representative from an organisation which validated staff training courses. We sampled the records, including two people's care plans, 12 people's medication records, complaints and quality monitoring. We observed a handover between two staff shifts. We used the

Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

At our last inspection we rated this domain as 'requires improvement'. We found there was not always enough staff available to support people safely. People were at risk of harm because the provider had not ensured people were supported to receive their medication as prescribed. We identified concerns with the safety of the environment and storage of cleaning chemicals. At this inspection we found action had been taken to establish a consistent staff group, improve medication storage and administration and reduce the risks presented by the environment.

People told us that they felt safe in the home. One person told us, "Yes I do feel very safe, I have a belt round me so I can't fall out of my wheelchair." We saw that people looked relaxed in the company of staff and confident to approach them for support.

Staff demonstrated that they were aware of signs which may indicate that someone was being abused and the action to take. One member of staff told us, "I have reported [safeguarding] concerns. [The registered manager] was fantastic". Another member of staff was able to explain what signs of abuse would look like and said they would whistle blow to the care quality commission or senior managers in the company if their concerns were not listened to. There were processes in place to ensure the appropriate authorities were notified when a person had experienced or was at risk of harm. We noted on one occasion however that although the registered manager had taken action to protect a person they were still to notify the appropriate authority. They said they would rectify this promptly. This meant that people would receive support to protect them from the risk of abuse.

The registered manager had taken action since our last inspection to ensure people's care records contained details of the checks staff were to undertake in order to monitor people's conditions. We reviewed the checks staff had completed the night before our visit for three people and found these had been completed in accordance with their care plans. This ensured staff would have been able to take appropriate action if a person's conditions had deteriorated.

Staff knew how to keep people safe from the risks associated with their specific conditions. A therapy support worker who was visiting a person who used the service told us that staff conducted regular reviews of the person's condition in line with their care plan. This ensured staff could take prompt action should the person become unwell. In one instance the registered manager said they were awaiting a clinical assessment of a person whose behaviour could hurt themselves or others. The registered manager was preparing plans to instruct staff how to support the person in the interim so they would receive consistent and appropriate care.

Staff told us that checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff and volunteers starting work. Staff also told us the registered manager had taken up appropriate references on them and they had been interviewed as part of the recruitment and selection process. This ensured people were supported by suitable staff.



We found that people were now being supported by enough staff to meet their needs. One person told us, "I do think there is enough staff, I have no problems". One member of staff told us, "It is more relaxed. There is no pressure to rush residents". The registered manager had increased the number of staff on each shift and a review of recent rotas showed these staffing levels had been maintained. When agency staff were used they were usually staff who regularly attended the service. One member of staff told us, "Agency staff are pretty reliable. I feel they are part of the team". An agency staff member we spoke with knew people's specific conditions and how to support them in line with their care plans.

People told us they were supported when necessary to take their medication safely. One person told us, "They give me things (tablets)". We saw that medicines were kept in a suitably safe location and the registered manager had taken action after our last inspection to ensure medicines were stored at the correct temperature so they remained effective. People received their medicines by staff who were trained to do so. We reviewed the medication administration records of 12 people and found most were completed accurately however staff had not always recorded when people had received topical creams. This enabled staff to check that people had received their medication as prescribed.

Where medicines were prescribed to be administered 'as required', there was information for staff about the person's symptoms and conditions which would identify when these medicines should be administered to help the person to stay well. One member of staff was able to explain the process they went through before providing 'as required' medication to one person. They told us, "We rule out any other causes of discomfort prior to giving this medication".

There were regular audits of people's medication records and we saw that errors had been identified and addressed with staff in order to prevent them from happening again. The registered manager was currently working with the pharmacy supplier and a local GP to review their medicine administration systems and identify how they could be improved.

## Is the service effective?

### Our findings

At our last inspection we rated this domain as 'requires improvement' because we staff did not always have the skills and knowledge to meet the needs of the people they supported. At this inspection we found improvements had been made.

People told us staff were pleased with how staff supported them. One person told us, "[Staff] all know me and my needs well, and some of the agency carers are good too". A person's relative told us, "I would say the care is excellent and my relative is generally happy with the care".

People were supported by consistent staff who had the skills and knowledge to meet their needs. One member of staff told us, "Training is really good. I know how to look after people [with conditions] such as with epilepsy, diabetes etc." A member of staff described how they supported a person with complex needs and we saw this was in line with the person's care plan. Staff told us that all staff had received induction training when they first started to work in the home and would shadow experienced members of staff. Staff then received regular updates in relation to basic skills and received additional training when necessary when people's care needs changed. In one instance care staff had received additional training so a person would receive suitable nutrition in the community. This enabled the person to go out when they liked.

Staff received regular feedback and reviews of their performance so they could reflect and improve their practice and knowledge. One member of staff told us, "I get supervision from one of the nurses every three months – I find this very supportive." We observed a handover between two staff shifts. The information shared ensured that staff starting their shift were aware of how to meet people's latest needs and wishes. 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 told us staff asked their opinions and respected their wishes, one person described their breakfast and told us, "I chose to have that". Another person said, "The carers always ask me before performing any kind of personal care, anything like that." Since our last inspection the registered manager had conducted assessments when people were thought to lack mental capacity to make decisions about their care needs. They identified those people who were required to be supported by others who had the legal power of attorney to make decisions on their behalf. The registered manager told us and records confirmed that when people were felt to lack mental capacity they had held meetings with appropriate others to identify care which would be in the person's best interests.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with were aware of authorisations to restrict people's freedom and there were processes in place to ensure the correct authorisations would be obtained and reviewed when necessary. The registered manager had not always notified the commission as required when they had received approval to support people in ways which would restrict their freedom. The registered manager took action to rectify this shortly

after our visit.

People gave us mixed views about the quality of their meals. Comments included; "The food is not good, I don't like it but there is always a choice of meals"; "I would love to have a decent meal here", and, "The food is good and there was a choice of food at mealtimes". The registered manager told us they received few complaints about the quality of the meals and menus were discussed at service user meetings. They had introduced healthier meal options and theme nights in response to people's comments. We saw people being offered a choice of meals and being asked what they fancied eating. There was a variety of equipment to support people to eat independently and when necessary people who required assistance to eat were helped by staff. There were options available to meet people's cultural/religious preferences. People were supported to go shopping and buy foods/snacks they liked. People's weights were monitored when they were felt to be at risk of malnutrition. This helped staff to prevent people from suffering undue weight loss. Staff sought and had taken the advice of relevant health professionals such as dieticians to ensure people received suitable nutrition to meet their needs. Staff were aware of risks related to eating and drinking and described how people needed their foods and drinks prepared to reduce the risk of choking.

People in the home were supported to make use of the services of a variety of mental and physical health professionals including GPs and dieticians. A visiting doctor told us that they felt staff supported people well by making prompt and appropriate referrals to their practice. The doctor and a physiotherapy assistant we spoke with said that they were confident that staff would follow any advice and guidance they provided. This ensured people promptly received the most appropriate support when their conditions changed.

## Is the service caring?

### Our findings

At our last inspection we rated this domain as 'requires improvement' because we found a lack of consistent staffing had prevented people from getting to know the staff who supported them. At this inspection we found improvements had been made.

People told us that the staff were caring. One person said, "The carers are lovely, I do have ones I like more than others, they all know me and my needs well, and some of the agency carers are good too". Another person told us, "I would say I am very happy here". A relative told us, "The carers are friendly and polite. People told us that they had developed meaningful relationships with the staff who supported them.

Staff spoke fondly about the people who used the service and how they enjoyed supporting them to engage in things they liked. One member of staff told us, "I love it here," because the people they supported were, "Lovely". One member of staff told us how they had supported several people to improve their mobility by helping them to exercise. They were pleased that the quality of the people's lives had improved and proud this had resulted in them becoming more independent and receptive to further treatment. Care staff had worked consistently with other staff at the service and other health providers to improve the quality of people's lives.

People were supported to express their views about the care they received. People told us that the registered manager and deputy manager would often approach them for their opinions about the service. People had key workers who understood their specific communication styles in order to help them express their views. This information was recorded and shared with other staff so they also knew people's wishes. The relative of one person told us, "[Name of person] is blind and the only way to communicate is to spell words on his forehead. ....I have seen the carers doing it". During our visit we observed staff communicating with this person in their preferred style.

People were supported by staff who respected their privacy. One person said staff were always respectful, they told us, "There are enough carers and they are very polite". We saw staff placed 'Do not disturb' signs on people's bedroom doors when supporting people with personal care in order to ensure people's privacy was respected by others. Since our last inspection the registered manager had informed staff about the importance of keeping people's personal information confidential however on three occasions we found people's observation records left unattended in public corridors. The registered manager removed these records and identified a secure place to store them.

## Is the service responsive?

### Our findings

At our last inspection we rated this domain as 'requires improvement' because people raised concerns that there were not enough suitable staff to respond to their needs promptly. People told us they often had to wait for support and felt staff were too busy to spend time to help them engage in their interests. At this inspection we found improvements had been made.

People were supported to follow their interests and hobbies. One person told us, "I like to read and go to the cinema, I have been to the cinema recently". Another person said, "I like to use the computer, I have physiotherapy and there is a personal trainer who helps me exercise. I like to go into the garden when the weather is ok". During our visit we saw people sitting in the garden with staff. One person told us they were due to attend a further education course to study art therapy and some people had been supported to paint and exhibit their works in the local community. We observed people in a dedicated activities area using a computer to play games. Records showed that staff had regular reviews with people about how they wanted to be supported. We saw people had been supported to engage in activities they said they liked such as going on holiday, shopping, meals out and trips to the theatre and cinema. During our visit we observed people were supported to engage in several activities they said they enjoyed in the community.

People were given the opportunity to engage in varied and stimulating activities. The service's activities co-ordinator met with people to identify group activities they would like to do in the future. This enabled people to engage in social activities if they wanted. They arranged other services such as The Prince's Trust to visit and provide activities at the home. These visits would last up to a week and follow a specific theme such as producing a play.

People were supported to meet and socialise with others. There had been various social events held at the home such as barbeques in the summer and regular dances were held which people could invite their families and friends to. There were regular group outings and during our visit three people were supported to engage in an interest they shared. This enabled people to meet with friends and the opportunity to form meaningful relationships.

Due to the wide age range and abilities of the people who used the service the registered manager was reviewing how activities could be improved in order to meet people's varying needs. They had recruited additional staff to support people engage in individual activities and were currently recruiting additional 'personal volunteers'. These were volunteers who were recruited to support people engage in interests which they shared.

Staff responded appropriately when people's care needs changed. We saw staff responded promptly when people required support with personal care or reassurance. One person told us, "I have used the buzzer regularly, they come to help me in less than a minute sometimes but usually within a few minutes". Advice and intervention was sought from other professionals when necessary in order to minimise people's distress and discomfort.

Systems were in place so people could express how they wanted their care to be provided. People had regular meetings with the staff who supported them to reflect on their care needs and express their wishes. Care plans were reviewed and updated when necessary so they contained guidance for staff of how they could support people in line with their latest preferences and needs.

There was a range of ways for people to feed back their experience. People told us that the registered manager and staff were approachable and would listen to their concerns without them feeling the need to raise a formal complaint. One person told us, "[The registered manager is] a very good manager and takes things on board". Details of the provider's complaint's policy were available in reception and there was a suggestions box so people had the opportunity to make informal and anonymous comments about the service. We saw the registered manager maintained a record of complaints and had taken action to prevent similar concerns from reoccurring, such as increasing the number of staff and range of activities.

## Is the service well-led?

### Our findings

At our last inspection we rated this domain as 'requires improvement' because systems to monitor the quality of the service and ensure people were supported in line with relevant legislation were not robust. At this inspection we found that although improvements had been made further action was required.

The provider did not always tell us about specific events they were legally required to notify us about. A sample of three peoples' records showed the registered manager had not notified us when they had received approval to support people in ways which restricted their liberties. The registered manager acknowledged this error and they took action after our visit to provide us with the required notifications. The registered manager told us they would review their process for submitting notifications so this would not happen again. Failing to notify the Commission when they received the outcome of applications to deprive a person of their liberty is a breach of Regulation 18(4B)(c) Care Quality Commission (Registration) Regulations 2009.

Systems in place to monitor the quality of the service had not always been effective at ensuring prompt and effective action would be taken when improvement was required. We saw staff had taken persistent action when it was recognised a person was experiencing delays with support from a wheelchair maintenance provider. However systems to ensure the service maintained adequate stocks of people's medication were not robust. Several members of staff told us there were regular delays in receiving prescriptions from a local GP service. They told us they spent significant amounts of time trying to mitigate the impact of these delays on people. Action taken had so far had been ineffective at resolving this issue and put people at risk of not receiving the medication they required.

The registered manager had introduced an electronic quality monitoring database. This had ensured that quality audits were regular completed and shared with the provider to identify any adverse trends or issues which may affect the quality of the care people received. As a result of these audits the registered manager had taken action to improve the environment and reduce the risk of infections in the home. When it was identified that action was required to improve the quality of the service the registered manager and provider monitored improvements to identify if they were effective. This had resulted in the development of an action plan to ensure improvements would be sustained.

The registered manager had regard to reports from other agencies such as the care quality commission and the local NHS Clinical Commissioning Group to identify how the service could be improved. The registered manager had developed a culture which reflected on practices and improvement.

All the people we spoke with told us they felt the service was well led. Comments included, "I feel it's a very well run home"; "Things have got a lot better since the last inspection, there are less agency carers than there were", and, "It is very definitely a good home".

At the time of the inspection the service had a registered manager. They told us that since our last inspection they now worked full time at the service so they could, "Focus totally on improving the service." A

member of staff told us, "Things have improved since [the registered manager] is full time". The latest inspection ratings were displayed appropriately in the home and on the provider's web site. The registered manager could explain the principles of promoting an open and transparent culture in line with their required duty of candour.

Staff expressed confidence in the leadership at the service. One member of staff told us, "Managers are available to us all the time, they are approachable and I would have no hesitation in reporting any concerns. I know they would be listened to". Since our last inspection the registered manager had taken action to improve communication between staff groups such as introducing regular supervisions, staff meetings and improved shift handover processes.. One member of staff told us, "There is more team working going on". Another member of staff said, "[Staff relationships] are much better than they were. New hand over records and detailed notes" and, "We've just started having regular staff meetings and these are really useful".

People who used the service, relatives and advocates were regularly involved with commenting on the quality of the service and their experiences were used to drive improvement. One person told us, [the registered manager] is very nice and friendly, you can talk to him and he is very approachable". Records contained details for staff about people's goals and aspirations and how they could be achieved. The registered manager took appropriate action, such as improving staffing levels in response to people's views and comments about the quality of the service. People had the opportunity to influence and develop the service they received.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Diagnostic and screening procedures	The provider failed to notify the Commission when they received the outcome of their applications to deprive a person of their liberty. Regulation 18 (4B)(c) Care Quality Commission (Registration) Regulations 2009.
Treatment of disease, disorder or injury	