Meridian Healthcare Limited

Greatwood House

Inspection report

Mancunian Road
Denton
Manchester
Greater Manchester
M34 7GX

Tel: 01613365324

Date of inspection visit:
31 July 2018
02 August 2018

Date of publication:
06 September 2018

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 was carried out on 31 July and 2 August 2018 and was unannounced. We last inspected Greatwood House in January 2017 and identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the last inspection, we asked the provider to make improvements to their staffing levels at meal times, to ensure they were maintaining accurate and complete records in respect of people using the service and to ensure their quality systems were robust.

We asked the provider to complete an action plan to show what they would do and by when to improve the key questions of is the service safe, is the service responsive and is the service well led to at least good. At this inspection we found improvements had been made to these areas and the service was now meeting these regulations.

Greatwood House is a single storey building in the Haughton Green area of Denton in Greater Manchester. The home provides accommodation and support for up to 60 people who require personal care without nursing care. At the time of our inspection 46 people were living in the home. Greatwood House is owned and managed by HC-One.

At the time of our inspection there was a manager in post who had applied to the Care Quality Commission to become the registered manager. The 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. The manager had recently started working at the home and had previously been a registered manager of a nearby home owned and run by the same company.

People told us they felt safe. Staff demonstrated they knew how to identify signs of abuse and felt confident raising any concerns they had. The home had processes in place to ensure any concerns were investigated appropriately.

Changes had been made to improve staffing levels at mealtimes. We saw people were supported patiently to eat and drink at their own pace.

Checks were made on staff before they started work to help prevent employment being offered to people who were unsuitable to work with vulnerable people.

People's medicines were stored appropriately and senior care workers had received training from a pharmacy so they knew how to support people to take their medicines safely.

The ability of people to consent to receiving support was assessed. Where people lacked capacity and decisions had to be made on their behalf, meetings with appropriate people were held so that any decisions

were made in the person's 'best interest'. Where people needed to be deprived of their liberty for their own safety applications were made to the local authority for them to authorise this.

People's needs were kept under regular review and where their needs had changed and they needed support from other healthcare providers, prompt referrals were made and staff supported people to attend appointments if family members were not able to.

People working in the home told us they felt well supported by the manager although some care workers commented they did not always have sufficient time set aside for them to complete training.

People told us they were supported in a caring and respectful way. Throughout the inspection we observed people being supported in a friendly compassionate way.

Care workers knew the people living in the home well and supported them to make choices and respected their decisions.

People were encouraged to remain as independent as possible and were encouraged to do the things they could for themselves. People were also encouraged to be part of the local community and trips outside the home were facilitated by staff.

In addition to the activities outside the home, a variety of activities was available within the home both as groups or individually with the wellbeing coordinator.

Complaints and comments about the service were encouraged and viewed by the management as an opportunity for learning. We saw examples where improvements to the service had been made as a result of complaints.

People were encouraged to raise issues with management and regular meetings were held with people living in the home, their relatives and staff. People told us they felt their ideas were listened to.

The service had a quality management system in place where results of regular quality checks and audits were entered to allow the results to be analysed and areas of improvement identified.

The service worked well with other organisations to ensure good outcomes for people.

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 told us they felt safe and care workers were trained to highlight any concerns they may have.

People's medicines were stored safely and records demonstrated people were receiving their medicines as prescribed.

Improvements had been made to the staffing levels at mealtimes meaning people were supported to eat and drink at their own pace.

Is the service effective?

Good

The service was effective.

Staff told us they felt supported by management and that they had the training they needed to support people effectively.

People were encouraged and supported to make choices about their care. Where people lacked capacity to make decisions, the service acted within the principles of the Mental Capacity Act.

A choice of meals was available for people and people told us they enjoyed the food.

Is the service caring?

Good

The service was caring.

People told us they received support in a caring and respectful way.

Care workers encouraged people to make day to day choices and respected their decisions.

People were encouraged to remain as independent as possible.

Is the service responsive?

Good

The service was responsive.

Improvements had been made to people's care records. The records were person centred and were kept under regular review to ensure they reflected the person's needs.

A wide range of activities were available for people both within the home and in the local community.

People told us they felt able to complain if they had any issues and felt confident the complaint would be dealt with appropriately.

Is the service well-led?

Good

The service was well led.

A range of quality checks and audits were undertaken to monitor the safety of people and the quality of the service.

The service encouraged feedback from people and viewed the feedback as an opportunity to improve.

People living in the home, their relatives and staff told us they felt the new manager had made a positive difference to the home.

Greatwood House

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. The inspection took place on 31 July and 2 August 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

During the inspection we spoke to five people living in the home, three relatives of people visiting the service and a district nurse. We also interviewed four care workers working for the service, the wellbeing coordinator, the management team and office staff and the Regional Quality Director. We conducted a SOFI which is a way of capturing the experiences of people using the service who may not be able to express this for themselves.

We reviewed a sample of three people's medicine records, four care files, four staff recruitment records, staff training and development records, records relating to how the service was being managed such as records for safety audits and a sample of the services operational policies and procedures. We also saw feedback from people given directly to the service.

Prior to the inspection we considered information we held about the service, such as notifications in relation to safeguarding and incidents which the provider had told us about. We also contacted the local authority and the local Safeguarding team to seek their views about the service. The feedback we received highlighted no concerns. We asked the provider to complete a Provider Information Return (PIR) before the inspection and this was completed within the required timescale.

Good

Is the service safe?

Our findings

At our last inspection we found staffing levels at mealtimes were not appropriate to meet people's needs safely resulting in a breach of regulations being identified. Following our last inspection, staffing arrangements in the home had changed so appropriately trained staff who were normally working on domestic duties assisted care workers during meal times. We spoke with care workers who told us; "We need five people at mealtimes. Four is definitely not enough. We have got six on today." A relative of someone living in the home commented; "Sometimes they get short staffed at meal times but it's been better recently."

We observed two mealtimes in different parts of the home on different days. The first meal time appeared busy but those people who needed support to eat were supported patiently by staff and were not rushed. One person had chosen to have a different meal and this was inadvertently left on the serving trolley meaning they had their meal about 15 minutes later than the other people. Having spoken to staff we were satisfied this was an oversight and would have been identified had staff not already been alerted by the inspector. The second mealtime was much calmer and again people needing support to eat were supported to eat at their own pace.

The home had a calm atmosphere and throughout the inspection we observed staff stopping to chat to residents and spending time with them. When people needed support this was done in an un-hurried way at the person's own pace.

We spoke with the manager who told us that in addition to the domestic staff helping out at mealtimes staffing levels were kept under review according to the needs and numbers of the people living in the home. We reviewed rotas which showed staff worked extra shifts to cover for colleagues' absence rather than using agency staff. The manager of the home told us; "We only use agency staff for some night shifts now. When we do need them we have the same ones so they know the home and know the people." A visitor to the home commented; "There's quite a few carers about."

The above demonstrated the service was now meeting the regulations relating to safe staffing levels, particularly at mealtimes.

The service had a safeguarding policy in place and staff underwent training in safeguarding people which was regularly updated. Care workers we spoke with told us they knew the signs to look out for to identify if people were at risk of abuse and that they would raise any concerns with the manager. We saw records in the home showing the local authority had been alerted to any safeguarding concerns as well as notifying the Care Quality Commission (CQC) as required. A person living in the home told us; "I feel safe, oh yes."

Risks to people were assessed and documented in their care records. There was a system in place to ensure the assessments were reviewed monthly or when people's needs changed to ensure they continued to support people to stay safe. We saw one person's record where the person chose to leave the home unaccompanied and the risks surrounding this had been assessed. The records showed that the person was

encouraged to go out and there was an agreement that they would go by taxi and let the home know an approximate time they expected to be back.

We observed one instance where a person living in the home tried to assist another person by giving them a walking frame to use. Staff calmly intervened and brought the correct frame for the person to use. They politely explained to both people that the frames were assessed to be used by specific people and that the frame was at the wrong height for the person to use demonstrating that staff were aware of the risks to people and they were safely managed.

Medicines were managed safely. They were stored appropriately and staff who administered medicines had received training from the local pharmacist in their safe administration. Where possible, medicines were delivered from the pharmacy in colour coded blister packs to help ensure people received the correct medicine at the correct time. Where medicines couldn't be put into blister packs they were clearly labelled and stored in a designated area in the medicine trolley so it was clear which person they were for.

Where people received support with medication this was recorded on a pre-printed medicine administration record (MAR) from the pharmacy. We reviewed a sample of MARs and found them to be clearly completed indicating that people received their medicines as prescribed. A person living in the home confirmed; "My medicines are looked after. I get them when I need them."

People were protected by the prevention and control of infection. The home was clean and had no unpleasant odour. Domestic staff were busy throughout the inspection maintaining the cleanliness of the home. During the inspection we observed staff following infection control guidelines such as washing their hands and using disposable personal protective equipment (PPE) such as gloves and aprons before supporting people. We saw records confirming staff underwent infection control training. The home had been awarded a 5 star food hygiene rating by the local authority which is the highest rating.

The service recorded safety incidents and concerns on a database which allowed them to analyse the incidents and identify any trends or themes so that lessons could be learned and measures put in place to try to prevent a recurrence. Staff we spoke with understood the importance of reporting any concerns they had.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

People's records contained assessments about what decisions they were able to make and what support they needed to make them. A care record we looked at read; "[Person's] capacity can fluctuate from day to day and is often worse at the end of the day. Staff to ask [person] simple questions and ask her choice like what they want to wear." During our inspection we observed care workers ask people's consent and involve them in decision making before supporting them in the way the person chose.

Where people lacked capacity to make decisions for themselves, applications were made to the local authority for a DoLS authorisation. The dates of applications and the expiry dates of authorisations were recorded so new applications could be made if required. This meant the service was working within the principles of the MCA.

Care workers we spoke with told us they felt they had the training and support they needed to support people living in the home although some care workers felt they had to rush their training and they either had to complete training during break times or at home. Records we saw showed care workers underwent regular update training to ensure their skills allowed them to support people effectively.

Staff meetings were held every two months and minutes of the meetings were circulated to staff. Additional meetings were held at nights to ensure all staff could attend a meeting. Staff also had regular supervisions and appraisals. Care workers we spoke with told us they felt they could approach the manager at any time with any issues they had.

People we spoke with told us they enjoyed the food. Menus were displayed at different locations in the home so residents knew what was on offer. At mealtimes a plate of each meal was prepared and showed to each resident so they could decide which meal they would prefer. This showed inclusiveness of people living with dementia who may not have remembered which meal they wanted. The meals we saw were well presented and smelled appetising.

The manager confirmed that if people didn't like either hot meal on offer then the cook would prepare a

meal of the person's choosing.

People's weights were recorded regularly and malnutrition risk assessments were completed monthly. Where people were identified as being at risk of malnutrition referrals were made to dietitians and their advice was recorded and followed. One person's eating and drinking support plan read; "[Person] is under dieticians due to rapid weight loss and is to be offered build up drinks regularly. Monthly weights and staff to complete food charts until further notice." We noted that the person's weight had increased since the support plan had been put in place.

Some healthcare professions visited the home on a regular basis, for example GPs, district nurses and opticians and people were encouraged to see these people when required. People were also supported to attend healthcare appointments outside the home, for example hospital out-patient appointments.

The home was spacious and had wide corridors allowing people to move around the home in wheelchairs if needed. Corridors also had grab rails which people could use to support themselves as the moved. The door to most people's rooms were decorated with a frame containing the person's name and things that were important to them, for example a picture of their family or a picture of a sportsman or singer. Some rooms where people had moved in more recently were identified with a piece of paper attached to the door. We discussed this with the manager who agreed that a temporary sign could be printed to look like the frame until the more permanent frame was available.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and compassion by staff. One person we spoke with told us; "I didn't want to come here but it's a nice place." Another person told us; "I think it's a really nice place. The staff are nice."

During the inspection we conducted a SOFI which is an observational tool to capture the experiences of people who may not be able to express themselves.

We observed care workers interacting with people in a kind and inclusive way, involving people in conversations and providing reassurance. Care workers spoke to people living in the home in a respectful and affectionate way. An example of this was a care worker approaching a person and asking; "Hello lovely, are we having a cup of tea?" The person living in the home smiled broadly and had a cup of tea. Other people were approached with more formality demonstrating the care workers knew the preferences of the people they were supporting. People we spoke with confirmed they felt the care workers knew them well. A care worker we spoke with told us; "We pick up extra shifts [rather than using agency staff] so we know they are seeing a familiar face."

On occasions where people were getting agitated staff intervened quickly and defused the situation by involving the people in a different conversation and preventing the situation from escalating.

People were encouraged to be involved in making decisions about their care. Throughout the inspection we saw examples of people being given choice about what they did. Examples we saw were care workers asking people; "Do you want to come and have a seat for something to eat or do you want something there?" A care worker we spoke with told us; "We are coming into their home so we respect what they want to do. If a person doesn't want to get up or go to bed at a certain time then that's up to them." A care record we saw reinforced this. It read; "If [person] has a disturbed night encourage them to come to the lounge and have a warm drink."

We observed people being encouraged to be as independent as possible. One person was encouraged to walk a short distance to the dining room rather than go in a wheelchair. A care worker we spoke to about this told us; "[The person] needs to keep as mobile as possible [because of their health conditions]. We know they can do it so we support them. It's about letting them do the small things and encouraging them that they can do it." The person's care plan confirmed; "Staff to continue to keep [person] as independent as [the person] can." The person was supported and encouraged and allowed to go at their own pace.

People's dignity and privacy was protected by staff. We saw examples where people needing support were approached and spoken to quietly before being discreetly assisted. People's care records were kept securely in locked cabinets in the office and daily records that care workers needed access to throughout the day were kept in locked drawers.

Good

Is the service responsive?

Our findings

At our last inspection we found the information contained in people's care plans was not always person centred and did not identify people's individual needs. Following our last inspection the provider told us further training and supervision was undertaken with staff in respect of record keeping.

We reviewed a sample of people's care records and found them to contain appropriate information about the person and that they reflected their current needs. We saw evidence that care plans and assessments were kept under regular review and were updated when people's needs changed. Daily care records were updated contemporaneously and contained sufficient information about the support the person had been given. People we spoke with told us they had been involved in drawing up their care plan.

We did identify some inaccuracies in one person's care record where a figure had been transcribed incorrectly from one assessment to another however there was no impact on the person as they continued to receive the support they needed. We spoke with the manager about this who informed us an audit of all the care plans was being undertaken starting with the people who had moved in most recently as these were the people the staff knew least. The manager also told us they had identified some care planning training being provided by the local authority that care workers would be attending.

The above demonstrates the home was now meeting the requirements relating to record keeping and person centred care plans.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Any support people needed to communicate was identified and recorded in their care records. This information was shared with other healthcare providers when people received support from them.

The service had recently appointed a wellbeing coordinator who was responsible for coordinating activities for people in the home. People we spoke with told us they had a choice of activities which they enjoyed. One person we spoke to told us; "Before [the activities coordinator] started nothing happened and we just used to go back to our rooms. We've had some good entertainment. The man is very good at singing and telling jokes."

On the first day of our inspection the wellbeing coordinator had arranged a coffee morning with cakes and a quiz. The atmosphere was lively and more than half the people living in the home attended. We spoke with the wellbeing coordinator who told us; "Some people don't want to come to coffee mornings so I'll go and have a brew with them."

The wellbeing coordinator was in the process of spending time with each person living in the home to find out more about what their interests were before they moved in so that activities that would interest them could be arranged. They told us; "I'm sitting with them getting to know them. I need to know what they want to do."

People were encouraged to maintain links with the local community. Throughout the home there were "What's on in Denton" posters detailing activities and events that were happening in the local area. The activities coordinator told us they were liaising with a local church to see if they could share activities where people living in the home would attend activities arranged by the church and people at the church activities would be invited to attend activities in the home.

Some people we spoke to commented that they enjoyed trips out in the minibus belonging to the home but that these were happening less frequently. The activities coordinator explained that the minibus was now shared across four homes and had to be booked in advance. They said; "We used to be able to take a person to the garden centre on the spur of the moment if they wanted anything but we can't now. It's less flexible."

The service had a complaints procedure in place and details of how to complain were on display throughout the home. In the reception area of the home there were touch-screens for people to use to give feedback about what they thought about the home. This feedback was collated at the home's head office and regular reports were sent to the manager.

People we spoke with told us they knew how to complain and felt any complaints would be dealt with to their satisfaction. One person we spoke with told us; "It's easy, we would speak to [the manager] if we had a complaint." Another person told us; "You could tell [the staff] and they would sort it out."

We looked at the records of complaints that had been made. Investigations had been made into complaints and improvements had been identified and put into place. An example of this was implementing a "red bag" scheme where if a person was admitted to hospital, information about them and their health conditions would be taken with them along with any personal items such as spectacles or dentures to help prevent them being lost.

Complaints were analysed centrally to identify any themes or trends. The Area Quality Director explained that analysis was also done against complaints made across all group's homes to see if there were any recurrent themes.

At the time of our inspection nobody was receiving care at the end of their life although this care had been given in the past. The manager explained that if people wanted to remain in the home as they neared the end of their life then staff in the home would work closely with the GP, district nurse team and other professionals to keep the person as comfortable as possible.

When we reviewed the medication arrangements in the home we found that appropriate arrangements for the storage and administration of medicines for people approaching the end of their life were in place.

Good

Is the service well-led?

Our findings

At our last inspection we found the service did not have effective use of management systems and processes to monitor and mitigate the risks relating to the health, safety and welfare of people using the service and others

We reviewed records demonstrating a variety of weekly, monthly and annual quality checks and audits were performed. The results of these checks were entered into a quality management system so that the results could be analysed to identify any action that needed to be taken.

The Regional Quality Director told us that each manager completed a home improvement plan weekly which was reviewed and used by the managers to keep on top of any actions they had to take in respect of investigations or planned improvements to the home.

The service encouraged people to leave feedback on review websites and also conducted an annual survey of people living in the home and their relatives. We saw records showing the analysis of feedback about the service was collated and analysed to identify any improvements that could be made.

The above demonstrated that the service was now meeting the regulations relating to effective management systems and processes.

The service had recently appointed a manager who previously had been a registered manager at a neighbouring home owned by the same company. 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. At the time of our inspection the manager had applied to become the registered manager of the home.

The manager understood the responsibilities they would have once their application to become a registered manager was complete and was notifying CQC and other organisations of events that happened in the home in line with their responsibilities. The manager was supported by a Regional Quality Director who worked closely with them.

People we spoke with told us the culture in the home had improved since the appointment of the manager. One person we spoke with told us; "We always see [the manager] they walk round checking everything is ok." Staff members we spoke with told us; "[The manager] takes part in things and comes in at nights and weekends to check everything is ok. They do the little things that make us feel appreciated." Another member of staff said; "People didn't used to want to come to work but they do now. It works really well. We'd happily go and see [the manager] if there were problems."

People living in the home and their relatives were invited to monthly meetings with the manager to discuss suggested improvements in the home. People we spoke with told us they felt listened to. An example they

gave was they had said they wanted more activities to do and the wellbeing coordinator had been appointed and there were now more activities they enjoyed.

The service worked well with other agencies such as the local authority, local hospitals and GP and district nurse teams. We spoke with a district nurse who was visiting the home during our inspection. They told us; "They work with us. They are quick to ask us for advice. They are good at the first aid stuff." The district nurse told us one person in the home had a pressure area wound they had acquired during a hospital stay and that this was healing well, meaning staff in the home were following advice relating to pressure area care.