

Sands Care Morecambe Limited

Greenroyd Residential Home

Inspection report

27 Hest Bank Lane
Hest Bank
Lancaster
Lancashire
LA2 6DG

Tel: 01524824050

Date of inspection visit:
25 July 2019
02 August 2019

Date of publication:
29 August 2019

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Greenroyd Residential Home is a residential care home providing accommodation and personal care to people living with dementia. The service can support up to 23 people. At the time of the inspection the service was providing support to 22 people. Greenroyd Residential Home is an adapted building with two communal living areas and an unsecured outside garden.

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

Although relatives told us they people were safe, we have made some to ensure safety was consistently promoted. During the inspection we found risks to people's well-being were not always effectively addressed and managed in a timely manner. Deployment of staffing in communal areas was not always consistent to ensure oversight and manage risk.

Although recommendations have been made to promote safety, we found the registered manager had worked hard to make improvements in other areas. We noted improvements had been made to promote infection prevention and control processes throughout the home. There was an ongoing commitment to ensuring all staff had appropriate training to challenge and report any abusive practice.

Relatives repeatedly told us people received effective care. They praised the way in which staff managed people's health care needs. Three relatives told us they had seen a marked difference in people's health. One relative told us they had never seen their family member so happy. Changes had been made to the menu's to promote choice and to ensure people received nutritious foods. The registered manager was in the process of reviewing paperwork and systems to ensure the service was compliant with the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care and support was flexible and tailored to people's needs. People were able to wake up when they wanted, and we saw there was a flexible approach at meal times. Relatives told us they were always welcomed at the home. When people had no family members to assist them with decisions, we saw advocates were encouraged. Relatives told us staff were kind and caring. Observations made during the inspection confirmed this.

There was an emphasis on providing activities for people who lived at the home. The service had an activities coordinator who was developing and building community links to decrease the risk of social isolation for people. Relatives praised the recreational opportunities provided. The provider had a suitable complaints policy and had received no formal complaints since they had taken over the management of the home. We saw feedback from relatives and visitors was actively sought. The service had received multiple positive comments since the new management team had taken over at the home.

Relatives and staff told us the service was well-led. They praised the skills and approachability of the registered manager and their commitment to driving up standards within the home. The registered manager was described as, 'The best boss,' and, "Enthusiastic." Everyone agreed there was a commitment to developing a person-centred culture. The registered manager was aware of their role and responsibilities.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

This service was registered with us on 31/08/2018 and this is the first inspection.

The last rating for this service was requires improvement (published 14 March 2018). Since this rating was awarded the registered provider of the service has changed.

Why we inspected

This was a planned and scheduled inspection.

Follow Up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenroyd Residential Home on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Greenroyd Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and one Expert by Experience visited the home to carry out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Greenroyd Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information, we had received about the service since registration. This included looking at information held on our database about the service for example, statutory notifications completed by the registered provider. The provider was not asked to complete a provider information return

prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also sought feedback from the local authority contracts and commissioning teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with two people who lived at the home, three relatives, one visitor and one visiting health care professional. We spoke with the nominated individual, the registered manager, a manager who was offering support to the home, the senior carer, three members of staff, the cook and the domestic worker. To gather information, we looked at a variety of records. This included care records related to five people and information related to the management of the service. This included three staff recruitment records, training records, staff rota's and policies and procedures. We did this to ensure the management team had oversight of the service and to ensure the service could be appropriately managed. We walked around the home and carried out a visual inspection and observed care interactions between people and staff.

After the inspection

We spoke with two relatives and one health care professional to gain feedback on their experience of the care provided. We continued to communicate with the provider to verify our findings. We looked at further information emailed to us in response to the feedback provided during the inspection visit.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- We received mixed feedback from people and relatives about staffing levels within the home. One person and one relative told us they thought the home would benefit from one or two more staff. Four relatives however, said they were satisfied with staffing levels and confirmed extra staff could be called upon if required.
- Staff told us overall, they were satisfied with staffing levels and said they had enough time to carry out their duties. However, one staff member said staff were more stretched in the morning whilst people were being supported with personal care. They said this did not impact upon people living at the home and tasks could be left if required.
- During the morning of the inspection, we observed deployment of staffing in a communal area. We noted there was no staff presence in the area for a period of more than 27 minutes. Within this time, we observed three incidents which de-escalated naturally but had the potential to cause harm.
- We fed back our concerns to the registered manager. They told us they were in the process of introducing a dementia specific staffing dependency tool. This will allow for people's individual needs to be assessed and staffing adjusted accordingly. Following the inspection, the registered manager confirmed deployment of staffing in the morning had been reassessed. Additional tasks had been taken on by the cook to free up care staff during this busy period.

We recommend the registered manager introduces a recognised staffing tool to ensure deployment of staffing is consistent and meets the needs of people who live at the home.

- Recruitment processes were in place but were not consistently implemented. We reviewed three staff files and saw safe recruitment checks took place but were not consistent. Disclosure and barring service (DBS) checks had been carried out for all staff. DBS certificates allow employers to make safer recruitment decisions and prevent unsuitable people from working with people who at times may be vulnerable. Two of three files did not have an up to date photo of each staff member on file and one person's gaps in their employment history had not been fully reviewed.
- We discussed the inconsistencies with the registered manager. Following the inspection visit we received confirmation a full file audit had taken place and an action plan had been developed to ensure recruitment checks were consistent.

We recommend the registered provider consults with and implements good practice guidance to ensure safe recruitment processes are consistently carried out.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were not always assessed, monitored and managed. Although risk was identified within people's care documentation, we saw the management of risk was not always consistently implemented. During the inspection, we identified one incident which had the potential to place a person at risk of harm. We reported this immediately to the registered manager who acted to prevent any harm from occurring. Following the inspection, they confirmed an investigation had begun and they were reviewing what happened.
- Staff confirmed they had access to risk assessments and could contribute to the reviewing and adaptation of risk assessments.
- Records maintained by the provider showed risk was assessed and reviewed in a timely manner. We saw risk assessments to manage weight loss, moving and handling, falls, skin viability and behaviours which sometimes may challenge the service. When one person had experienced a fall, we saw their risk assessment had been reviewed immediately after the incident had taken place.

Using medicines safely

- Medicines were managed safely, and people received their medicines in line with good practice guidance. One person said, "They always try to give me my medicines at the right time."
- Staff were respectful and patient when providing people with their medicines.
- Medicines administration records were completed to show people had received their medicines as directed. Time specific medicines were clearly identified and consistently given in line with the prescriber's instructions.
- Whilst carrying out our visit to the home, we found the service did not routinely use PRN protocols for managing 'as and when required' medicines, (PRN). PRN protocols clearly define what the 'as and when required' medicine is for, when it may be required and how much should be given. Following our inspection visit we received confirmation these had been introduced within the service.

Preventing and controlling infection

- Staff had received training in infection control and confirmed personal protective equipment was available for use. We saw refurbishments had taken place within the home and consideration had been taken to promote good practice to promote standards of hygiene.
- Relatives and staff praised the improvements in infection prevention and control processes throughout the home. One relative said, "The home is now brighter, lighter and cleaner."

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. Relatives confirmed people were safe from harassment and the risk of abuse.
- Staff were able to identify abuse and understood their responsibilities for keeping people safe. When asked, staff could relay the processes for reporting any safeguarding concerns.
- The service had an up to date safeguarding policy which reflected local authority guidance.

Learning lessons when things go wrong

- The registered manager understood the importance of learning from incidents when things had gone wrong.
- Records were maintained for all accidents and incidents which had taken place. These were reviewed by the registered manager and uploaded to their electronic monitoring system. This allowed the opportunity for accidents and incidents to be analysed and reviewed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent for care and treatment was gained in line with the law and good practice.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The provider had established systems to ensure people who lacked capacity were lawfully deprived of their liberty. Applications had been submitted to the relevant bodies detailing all proposed restrictions placed upon people. These applications were monitored by the registered manager to ensure they were lawful. No conditions had yet been authorised.
- Staff had received some training in MCA and DoLS. They knew how to support people in making decisions and how to offer choice with day to day decisions and activities. From records viewed, we saw people's consent to care and treatment was routinely sought. However, there was a lack of documentation to show the provider was working within the principles of the MCA. For example, best interest discussions were not routinely recorded. We fed this back to the registered manager. They told us they were currently reviewing systems and processes to make the required improvements. This included working with another of the registered provider's senior managers and reviewing the database system in use.

We recommend the provider follow current legislation guidance on the documentation of MCA related decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People and relatives told us the care was effective. One relative told us, "[Family member] has transformed (since moving into Greenroyd.)" Another relative had written to the management team to thank them for their hard work. They said their family member had 'flourished,' and they had seen a marked improvement in the person's well-being.
- People's care needs were routinely assessed and monitored. Care plans detailed people's needs and preferences. These were regularly reviewed and updated by a senior member of staff when people's needs changed. Good practice guidance was referred to.
- The management team carried out an assessment before offering people a service. They did this to ensure the service could meet the person's individual needs. This included liaising with professionals and relatives to ensure they had the correct information required. Links with health and social care professionals continued once people moved into the home.
- People were supported to access health care services when required. Relatives praised the way in which people's health needs were monitored and addressed. They confirmed they were consulted with and kept up to date about their family member's health. One relative said, "I was so impressed. They are good at identifying concerns and responding."

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

- The staff managed people's nutritional needs to ensure they received a balanced diet and enough fluids to keep them hydrated.
- People and relatives told us they were happy with the availability and quality of food. Feedback included, "The food is lovely." And, "I have had a meal here, now they are first class. The quality of food is so much better. [Family member] likes the food."
- Staff adopted a flexible approach to supporting people with their dietary needs. For example, there were no set times for breakfast and people's lunchtime meals were delayed when people had chosen to have a lie in and have a late breakfast.
- One health professional told us they were happy in the ways in which people's dietary needs were managed. They told us the registered manager used their initiative and tried to be creative in meeting people's dietary needs.

Staff support: induction, training, skills and experience

- Staff confirmed they had received training and support to carry out their roles. They told us they were happy with the new training arrangements and the training opportunities available. One staff member said, "We do all our training in a classroom now. Much better than DVD's."
- We spoke with a member of staff who had been recently recruited. They confirmed they undertook an induction process to allow them time to learn new skills and give them confidence to work safely with people.
- Staff confirmed they had regular supervision. Supervision is a one to one discussion held between a staff member and a more experienced member of staff. Supervisions allow staff to discuss performance and training needs.

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

- The registered provider had started to make improvements within the home to ensure it was adapted and decorated to meet people's needs. This had included replacing some carpets with more dementia friendly flooring. One staff member said, "We've seen a reduction in falls. People are no longer bending down to pick things up [off a patterned carpet.]"
- Other improvements had included reviewing the layout of the home to make it more appropriate for people's needs, reviewing lighting and making the garden more accessible for people.

- The provider confirmed they had an on-going refurbishment plan for the home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received mixed feedback from people who lived at the home. Whilst one person described staff as caring, another person told us staff were sometimes business like and did not always ask them their opinion. We fed this back to the registered manager, so they could explore this. During the inspection we observed staff being kind and caring in their approach and saw there was a light-hearted atmosphere throughout the home.
- All the relatives we spoke with told us staff were kind and caring. Feedback included, "They are so lovely here." And, "I have seen the care during the day, and it is superb". Also, "Nothing is too much trouble for them." We reviewed written feedback from relatives and saw staff had been praised for their attitude in working with people. Feedback included, 'You are all angels in my eyes.' And, 'Thank you for your support, affection and love.'
- The service had carefully considered people's human rights and supported people to maintain their individuality. Partnership working was being undertaken between families and the activities coordinator to explore and produce a record of people's life histories. These were being developed to allow staff to have an increased understanding of each person. One relative told us, "We have been asked to complete a life history. It has taken a while, but we wanted to get it right and fill it with photos."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us independence, privacy and respect were always considered. Care plans detailed people's skills and strengths and areas in which assistance was required. One person told us, "They have helped me. I do what I can now. When I came in I could not even dress myself". A relative said, ""They are guiding people rather than telling them now".
- We saw the provider had received a written compliment from a relative for the way in which care was provided in a dignified manner.

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

- People and relatives were encouraged to express their views and be involved in making decisions about their care. Relatives confirmed the registered manager was approachable and said they were able to express their views directly to them.
- There was a box placed in the entrance area with comments cards where people could record their views on the service. We saw this was actively used and the registered manager had received multiple comments about the service provided.
- The registered manager was aware of the importance of accessing other supports outside the home such as advocates when people did not have help from families to express their views. One person at the home

was currently being supported by an advocate. Advocates are independent people who can support people express their views and make decisions about their care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Personalised care was promoted. People were encouraged to make choices and have control within their lives. One relative told us, "[Family member] is the happiest I have seen them in all their life."
- Staff could tell us about people's likes, dislikes and personal routines. One staff member told us they had supported a person that morning to manage their anxiety. They were aware the person had special memories of where they used to live. The staff member used technology and found a view of the person's street they previously lived on. This immediately distracted the person and allowed them to engage in meaningful activity to reduce their anxiety.
- From records viewed we saw care plans were individualised and identified key information about the person. Staff were currently working to develop and enhance the quality of information maintained to further promote person centred care.
- Relatives told us they were able to visit the home at any time and said they were always welcomed. One relative said, "The staff are very accommodating. From the moment they open the door, you are welcomed."
- People were supported to maintain relationships and develop interests. An activities coordinator had been employed. Improvements had been made to encourage and develop relationships outside of the home.
- People were supported to take part in activities within the home and within the community. We saw evidence of people taking part in art work, pet therapy and saw photos of community groups visiting the home. One relative praised the way in which the service had addressed isolation for their family member and the social opportunities opened to them. They said, "[Family member] went to the cinema for the first time in their lives."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information in a way they understood. When people could not read due to their disability, provision was in place to ensure information was accessible. Arrangements were made to read people's post to them when required. Another person liked information relayed using visual objects for point of reference. Staff therefore placed items out for the person to see so they could then decide as whether they wanted to consent to the activity.

Improving care quality in response to complaints or concerns

- The provider worked proactively to ensure concerns and complaints were acted upon in a timely manner. At the time of the inspection everyone said they were happy with the service provided. Feedback included, "I can't fault anything". And, "I raised a concern and they took it on board. Everything is okay now."
- The provider had a complaints policy for managing complaints. No formal complaints had been received since the service was registered.

End of life care and support

- The service provided end of life care when necessary, in response to people's preferences and changing needs. People's preferences and wishes for end of life care were discussed and documented within the care record, whenever appropriate.
- The registered manager and staff worked with other agencies as appropriate, to support people at the end of their life. The registered manager told us they were hoping to enhance staff skills by providing additional training in the future.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was clear about their responsibilities and had a good understanding of quality performance. As part of their role, they ensured regular quality audits within the service took place. This included auditing the quality of care plans, medicines processes and infection control procedures within the home. This enabled the registered manager to see where improvements were required and allowed them to be assured they were compliant with the regulations.
- Staff spoken with were knowledgeable about their working roles and responsibilities. They all agreed the service was well-managed. All staff praised the skills of the registered manager, who they described as, "Approachable," And, "A good manager." Two staff said the registered managers approach had contributed to a relaxed working atmosphere which had improved outcomes for people and staff. They confirmed the registered manager had an active presence in the home.

Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered provider had placed an emphasis upon reviewing the service in order to develop a high-quality service which met the regulatory standards.
- The registered manager had received several compliments from relatives about the service provided. Feedback included, "Thank you for looking after [relative] so well." And, "Thank you for doing the gardens nice, it makes a difference."
- All the relatives we spoke with said the registered manager focussed on providing a quality service. Feedback included, "There is nothing they could do to make it better, this place is first class". And, "[Family member] was unsettled by all the building work at first. But the benefits have outweighed the disadvantages."
- The registered manager understood the importance of being open and honest when things had gone wrong. We saw they engaged with people when they felt the service had not met their expectations.

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

- Relatives confirmed they were consulted with informally and through residents and relative meetings. One relative did suggest relative meetings were more frequent. This was fed back to the registered manager to

consider.

- Staff praised the way in which they were communicated with. They told us communication was good and said they could contribute to discussions and make suggestions about the service. We saw evidence team meetings had taken place.
- We saw evidence of partnership working taking place. The registered manager had requested advice and guidance from the fire and rescue service to ensure safety was promoted. Additionally, we saw the registered manager had been supported by another experienced registered manager from another home.