

Leonard Cheshire Disability

# Greenacres - Care Home with Nursing Physical Disabilities

## Inspection report

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Date of inspection visit:  
06 March 2017

Date of publication:  
20 June 2017

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service effective?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The service was last inspected on 26 October and 01 November 2016. At that inspection we found that and the service was breach of Regulation 11 obtaining the need for people's consent. This was a focused inspection. Improvements had been made and the provider was no longer in breach of this regulation. .

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on the 06 March 2017, this inspection was unannounced and we checked that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Greenacres Care Home for Nursing Physical Disabilities' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Greenacres Care Home for Nursing Physical Disabilities (Greenacres) provides accommodation and nursing care for up to 33 people with physical disabilities. There were 32 people living at the service when we visited.

There was a registered manager in place at the time of 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 told us that they felt safe living at Greenacres. People were supported by staff that had received training and supervision. Staff training was monitored and provided when specific individual needs were identified.

Peoples legal rights were been promoted and people were offered choices so that they had some control over their lives. We found that staff was now more aware of how and when people were subject to restrictions and what this meant for how they provided care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

People were supported by staff that had received training so that they had the knowledge and skills to meet people's needs and ensure that people's legal rights were promoted.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for effective at the next comprehensive inspection.

**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 visit took place on the 06 March 2017 and was unannounced. It was carried out by one inspector.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/ incidents and safeguarding alerts which they are required to send us by law. We contacted the local authorities that purchase the care on behalf of people, to see what information they held about the service and we used this information to inform our inspection.

We spoke with seven people who lived at the home and two relatives. Some people were less able to express their views and so we observed the care and support that they received in communal areas. We spoke with two care staff, and three nurses and the registered manager.

We looked at two care records about people's care to see how care and treatment was planned and delivered. We also looked at records maintained by the home about staffing, training, and we sampled some of the the quality monitoring system.

# Is the service effective?

## Our findings

At our comprehensive inspection on 26 October and 01 November 2016 we found that people did not always receive the support they needed to meet the requirements of the Mental Capacity Act.

This was a breach of the Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this focused inspection 06 March 2017 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 11 described above.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application for this in care homes and hospitals are called Deprivation of Liberty Safeguards DoLS. Although staff told us that they had received MCA and DoLS training staff we spoke with including the registered manager were not always clear about their role and responsibilities with regards to DoLS and were unclear about who and why applications had been made for people. This meant that people could not be assured that their rights were promoted.

There was no system in place for monitoring the progress of applications and we saw that a person who had a DoLS in place when this had expired no action had been taken to reapply for the DoLS. Which meant that the provider did not have the necessary safeguards in place to ensure that the person's legal rights had been upheld and they were not deprived of their liberty unlawfully. We saw that training provided to staff in MCA was not implemented effectively and the systems in place had not identified these shortfalls to ensure that people's rights were protected. We also found that where people had made arrangements to protect their choices such as appointing a Power of Attorney [POA] this information had been documented in the person's care records but had not been acted on as required by law. This meant that the person could not be assured that the decision was made in their best interests as the people who knew them best had not been consulted about decisions.

As this inspection we found that a system was now in place for the monitoring of applications that had been made to the local authority and applications that had been authorised. This meant that the registered manager knew who applications had been made for and if and when the applications had been approved. They also knew which people they had made an application for, but were still waiting on an outcome. Staff that we spoke with confirmed that they had completed MCA and DoLS training and had an understanding of their responsibility under the MCA. The registered manager told us to ensure senior staff and nursing staff had the required knowledge further enhanced training was to be provided in April 2017. We also saw that where people had made arrangements to protect their choices there was a robust system now in place to ensure that the information was recorded in people's records and that staff were aware of the need to

ensure people's wishes were acted on.

People we spoke with told us that staff asked for their consent before they assisted them with their care needs. People told us that they made choices throughout the day as to what they wanted to do. One person told us, "The staff are very good there is a caring ethos at Greenacres. Yes staff do ask for my consent before they carry out any care task".

At our last inspection people were generally positive about the staff that supported them and this was what we found at this inspection. People's main concern was the high use of agency staff. The registered manager told us that there had been improvements with employing more staff and reducing the number of agency staff, and recruitment was continuing to take place for nursing staff. People spoke very positively about the staff. One person told us, "I am very pleased with the staff. They understand my needs". Another person told us, "There has been a lot of agency but some are very regular and very good and work well with the permanent staff. I feel they understand my needs well". A third person told us, "The staff are caring and don't rush. They are very good at night and are there when you need them".

At our last inspection the registered manager told us that one of their priorities was ensuring that staff training needs were addressed. They told us that some training was completed on line and that specialist training was also provided. At this inspection staff records showed an upwards trend in meeting their own staff training targets which ensured that staff were kept up to date with their knowledge and skills. Staff told us that recent training session had taken place and this included infection control, first aid and person centered planning. This showed a planned approach to staff training and development. Staff that we spoke with had a good understanding of people's needs. We saw some good interactions and staff demonstrated that they understood people's communication needs and were able to interpret people's body language effectively.

We saw that staff who were new to working in care had the opportunity to work through the Care Certificate as part of their induction. The Care Certificate sets fundamental standards for the induction of adult social care workers. The registered manager told us that staff supervision had not always taken place at the frequency specified in their supervision policy. However, they told us that plans were well under way to create a new staff management structure within the service. They told us that this will then ensure that there is a more planned approach to supervision with senior key staff delegated the task of supervising specific staff members. The registered manager told us that the structure should be established in May 2017 once recruitment had been finalised. Staff we spoke with told us that they felt supported by the manager. A staff member told us, "The manager is really approachable and we can ask for his help and advice when we needed it".