

The Fisher Partnership Limited

Greenwell House Care Home

Inspection report

7-9 Wycar
Bedale
North Yorkshire
DL8 1ER

Tel: 01677424012
Website: www.fisherpartnership.com

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Greenwell House Care Home is a nursing home providing personal and nursing care to 15 older people at the time of the inspection.

People's experience of using this service: People told us they were happy and felt staff had an excellent understanding of their care and support needs. Support was delivered in safe way by a consistent team of staff who had the skills, knowledge and relevant training to support people. Management encouraged staff to continuously develop their skills.

People were treated with dignity and respect and their independence was promoted. Staff understood the importance of social interaction and this was encouraged. Staff spent time getting to know people and their life histories. They understood the importance of this which stimulated meaningful conversations and activities.

People 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. Choices people made were respected.

Systems were in place to continuously monitor and improve the service to ensure people received a good quality service. The provider was continuously looking at ways of improving the service as they were striving for excellence. People were clearly at the heart of the service and regular feedback on the service provided was requested. People described a high level of satisfaction with all aspects of the service provided.

People and staff spoke positively of the management team. The service was well-run by a registered manager who was passionate about ensuring people received the support they required. The registered manager shared their skills and knowledge with other services to improve the care in the wider area. The service had good links with the local community and other professionals to promote and improve people's health.

More information is in the Detailed Findings section below. For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk

Rating at last inspection: Good (report published 3 August 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Greenwell House Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out this inspection on both days.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on 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: Day one of the inspection was unannounced. We told the provider we would be visiting on day two.

What we did: Before our inspection, we looked at information we held about the service. The provider sent us a Provider Information Return. 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 reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring team before our visit. We used this information to plan the inspection.

During the inspection we spoke with four people who used the service and three relatives. We spoke with

nine members of staff which included the registered manager, regional quality assurance manager, HR manager, deputy manager, activities coordinator, three care staff and one domestic staff member.

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.

We viewed a range of documents and records. This included three people's care records and multiple medication records. We looked at two staff recruitment, induction and training files and a selection of records used to monitor the quality and safety of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Systems and processes were in place to ensure any safeguarding concerns were appropriately recorded and responded to. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- Staff had received effective training and demonstrated a thorough awareness of safeguarding procedures. They knew who to inform if they had any concerns in relation to abuse.
- People felt safe. Comments included, "I like it here. Staff are available to help me – that makes me feel safe." Relatives told us they felt confident people were safe and said "I can leave here knowing they are in safe hands. I have no concerns over their safety at all."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Systems were in place to identify and reduce risks to people. Care plans included personalised risk assessments that had been regularly reviewed to ensure they remained relevant. Staff understood the importance of promoting people's independence and freedom yet minimising any related risks.
- Accidents and incidents had been thoroughly recorded. An effective system was in place to monitor accidents and incidents, identify any patterns or trends and take appropriate action to reduce risks further. The registered manager had full oversight of this.
- Health and safety checks as well as regular maintenance helped to maintain the safety of the home environment. Records were clear and concise, and action had been taken when any issues had been identified.

Staffing and recruitment.

- A robust recruitment process was in place to ensure suitable staff were employed. Appropriate and regular checks of nursing staff's registration had been completed.
- There was enough staff available to support people. Call bells were answered in a timely manner. The registered manager considered staffs individual skills when planning rotas.
- People and relatives told us there was enough staff on duty. Comments included, "Staff are always visible" and "I have never noticed a problem with staffing. There always appears to be plenty."

Using medicines safely.

- Nursing staff responsible for medicine management ensured the provider's policy and procedure was followed. Medicines were stored, administered and recorded appropriately.
- A comprehensive approach was taken when medicines stock was delivered to the service to ensure the risk of errors was minimised.

Preventing and controlling infection.

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of infections. Infection control audits were in place to ensure standards were maintained.
- The environment was observed to be clean and everyone we spoke with felt the service smelt pleasant.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Pre-admission assessments were completed by a competent member of management staff before a person was admitted to the service. This ensured the service could meet their needs.
- Staff continuously assessed people's needs and recorded information in their care plans and risk assessments about how those needs should be met.
- People were involved in making every day decisions and choices about how they wanted to live their lives.

Staff support: induction, training, skills and experience.

- Staff new to the service completed an induction.
- Staff received extensive training to ensure they had the relevant skills and knowledge. Nursing staff had been supported when completing nursing re-validations. They had been given allocated learning time as well as one to one support from the registered manager.
- The management team completed regular constructive supervisions with staff. Observations of staff practice were conducted to ensure they were working to the providers required standards and following best practice.
- Staff spoke highly of the registered manager and the support they received. Comments included, "They are an amazing manager" and "I cannot ask for better support. We are not just a team but a family, we all support each other."

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

- People were supported to ensure they ate and drank enough. If there were any concerns regarding people's weights, appropriate monitoring charts were in place and relevant professionals contacted.
- People were provided with a variety of meal and refreshments throughout the day that were adapted to meet people's preferences and dietary requirements. People told us they enjoyed the meals on offer. One person told us, "I enjoy the food here and always get plenty." A relative told us, "I am often offered meals when I visit, and I enjoy them. The quality is good."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- The service had links with the local GP practice who visited on a weekly basis, or sooner if there were any concerns. Regular visits from other professionals such as opticians and dentists had been arranged.
- Care plans showed advice from professionals was acted upon to make sure people received effective care.

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

- People were free to access all areas of the service and people were supported to do this if needed.
- Consideration had been given to people's mobility needs and ramps had been installed where needed.
- People's bedrooms were personalised to their own tastes.

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 MCA 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People signed their care records to document that they consented to the support staff provided.
- Staff completed mental capacity assessments and made best interest decisions when necessary.
- The registered manager had made appropriate applications to deprive people of their liberty legally. Staff worked to make sure conditions on people's DoLS were met.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were kind and caring in their approach. Comments included, "Staff here really are amazing. There is such a lovely atmosphere. I feel like we are all one big family."
- People were supported by a consistent team of staff. One person said, "I know all the staff really well, and they know me. They know I enjoy a good game of dominoes."
- Staff had spent time completing life history documents with people and relatives to enable them to get to know people, their interests and significant life events. Staff used these to stimulate meaningful conversation.
- Staff were knowledgeable about when people may become low in mood and what the triggers for this could be. People and relatives were provided with emotional support when needed.
- Staff were attentive to people's needs. There was a relaxed atmosphere; positive, caring relationships existed between people and staff.

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

- People were supported to live according to their wishes and values and had access to advocacy support if this was needed. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known.
- People were involved in discussions regarding how they wished their care and support to be delivered.
- Staff supported people to make decisions about their care. Staff understood the importance of ensuring effective communication was promoted whilst maintaining confidentiality.

Respecting and promoting people's privacy, dignity and independence.

- The registered manager and staff showed genuine concern for people who used the service and were keen to ensure people's rights were upheld and they were not discriminated against.
- People told us staff treated them with dignity and respect.
- Staff understood people's abilities, and this was respected and promoted. A relative told us, "[Person's name] has good and bad days and staff understand that. On bad days they need more support. On good days staff are really good at encouraging them. They are respectful. I have never had any concerns and only seen amazing care."
- People were encouraged to maintain relationships and build their friendship circles. Staff understood when people may wish to spend time alone.
- Relatives and friends were welcomed to the service.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Each person had care plans in place in relation to their assessed needs which contained person-centred information. These had been regularly reviewed with people to ensure they remained relevant and contained up to date information.
- Staff were responsive to people's needs. One relative said, "[Person's name] is under the weather today. Staff have been amazing, constantly checking on them and providing additional support. Nothing is ever a problem."
- Staff understood the importance of people's life history. An 'All about me' document had been completed and staff were in the process of working with people and relatives to ensure these contained as much information as possible. A member of staff said, "I love finding out about people's lives and what is important to them – that is what really matters."
- The activities coordinator ensured each person's interests were considered when planning activities. Staff were able to spend one to one time with people participating in pastimes they enjoyed. Staff understood the importance of providing meaningful stimulation.
- People gave positive feedback regarding the activities on offer.

Improving care quality in response to complaints or concerns.

- An effective complaints policy and procedure was in place. This was available in different formats, such as large print, if required.
- Whilst there had been no recent complaints made, the registered manager was clear of the process to follow and response times they needed to comply with.
- People and relatives were observed to approach the registered manager throughout the inspection. It was clear there was an open and honest culture within the service.
- People and relatives knew how to raise any concerns. One person said, "No complaints from me, I am very happy here. I know I can speak to staff about anything."

End of life care and support.

- Each person had an advance care plan in place which contained details of people's wishes in relation to end of life support.
- Staff had completed end of life training and spoke passionately about ensuring people's last days were spent according to their wishes.
- A number of compliments had been received from relatives thanking staff for the loving, caring support providing during a person's end of life.
- The service had good links with a local hospice.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- There was a comprehensive quality assurance process in place that were effective in highlighting any shortfalls. These systems were in the process of being further developed as the service was striving for excellence in all areas.
- The registered manager engaged with everyone using the service and those relatives and professionals involved to ensure the service provided person-centred, high-quality care. Feedback was analysed, and improvements made where needed.
- People, relatives and staff held the registered manager in high regard; they spoke positively about their approach and commitment to the service. One relative told us, "This place runs like clockwork. You can tell how committed the registered manager is just by speaking to them. They are all a passionate bunch."
- The registered manager led by example. Staff told us they were proud to work at the service.
- Regular staff and resident meetings took place which the provider often attended. People were encouraged to share their views and contribute to decisions made about changes within the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The registered manager was aware of their role and responsibilities and kept up to date with best practice. They had submitted notifications to CQC as required.
- The registered manager worked to develop their team so that staff at all levels understood their roles and responsibilities. Staff were held to account for their performance and continuously encouraged to improve their knowledge.
- The registered manager, provider and their team had worked to make improvements where checks they had carried out showed they could make things better.
- Daily staff 'handover meetings' ensured effective communication about key issues and made sure staff were clear about their tasks and responsibilities.
- Information related to people who used the service was stored securely to ensure the integrity of confidential information.

Working in partnership with others.

- The registered manager continued to build their leadership skills by working with other managers responsible for the provider's other locations, driving forward improvements and sharing best practice.

- The service had good links with the local community and other care home services within the area.
- The registered manager attended forums and events within the region to continue to build relationships with other organisations.