

Worcester Garden Limited

Greenacres Care Home

Inspection report

Fieldside
Crowle
Scunthorpe
Lincolnshire
DN17 4HL

Tel: 01724711661

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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? | Requires Improvement ● |

Summary of findings

Overall summary

About the service

Greenacres Care Home is a residential care home providing personal care and accommodation to people aged 65 and over, some of whom may be living with dementia. The service can support up to 39 people. At the time of inspection 30 people were using the service.

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

Auditing systems were in place, but some improvements were needed to ensure governance systems were effective in identifying and addressing issues.

People told us they felt safe and that there was sufficient staff to support them. Staff had been recruited safely. People received their medication as prescribed.

Staff were respectful and knew people well. People and visitors spoke positively about staff, they confirmed people's privacy and dignity was respected.

People were happy with the care they received, care plans contained information regarding people's likes and dislikes, so care was delivered in line with their preferences. Activities were organised and available if people wanted to participate. Where they regularly declined activities, alternative options needed to be explored further.

Staff felt supported and they received induction, ongoing training and supervisions. People's nutritional needs were met. However, monitoring records were not always completed in sufficient detail. 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.

People had the opportunity to give feedback on the service. People and their relatives were positive about the registered manager.

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

Rating at last inspection

The last rating for this service was good (published 15 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

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 caring findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Greenacres 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. 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

This first day of inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with CQC. 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

The first day of inspection was unannounced. The second day of inspection was announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and five relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, assistant manager, senior care workers, care workers, the activity coordinator and the chef. We spoke with one visiting health professional.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including quality assurance audits. We carried out observations of meal times and staff interactions with people.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medication as prescribed. People told us they were happy with the support they received with their medication. Staff received competency assessments to check they were competent to administer medication.
- Where prescribed creams were in people's rooms, associated records such as medication administration records were not always in place.

Assessing risk, safety monitoring and management

- Regular health and safety checks were carried out to ensure the building and equipment was safe.
- The registered manager took prompt action to secure three doors which were found to be unlocked.

Staffing and recruitment

- Recruitment checks had been conducted to ensure suitable staff were employed.
- There was adequate staff to meet people's needs. One person told us, "Carers respond quickly when I press the call button."
- The registered manager told us they adjusted staff levels based on staff members feedback. They were in the process of changing shift times so more staff were available at peak times.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they had received training in safeguarding adults and were confident in how to report to any concerns.
- The registered manager kept a record of safeguarding concerns and we saw relevant actions had been taken when required.
- Everyone we spoke with told us they felt safe living at the home. Comments included, "[Name] is very safe here" and "There is a very safe and happy atmosphere here".

Preventing and controlling infection

- The service was clean, domestic staff were employed to maintain the cleanliness of the service.

Learning lessons when things go wrong

- Accident and incident reports were completed following accidents. These were reviewed and monitored by the registered manager to ensure appropriate action had been taken and if any lessons could be learnt.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were carried out prior to people being admitted to the service.
- The provider used recognised tools to assess people's needs in relation to pressure care and nutrition.
- People were supported to access health care services such as doctors and dentists.
- Advice was sought from health professionals when required. We received positive feedback from one health professional. They told us, "This service is one of the best for wound and pressure care."

Staff support: induction, training, skills and experience

- Staff were supported through a variety of methods including, induction, ongoing training and supervision.
- Staff received sufficient training to give them the knowledge and skills to carry out their roles. Staff told us training was consistently available and encouraged. One staff member told us, "We do all mandatory training, and then we do a monthly topic of training and we also do additional courses that we choose."

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

- People were given choice of lunch the day prior, although this worked for some people, this was not suitable for people with dementia. The registered manager assured us for these people they would be offered a choice at the time.
- Fluid and diet was consistently available and people were encouraged to consume food and fluid throughout the inspection.
- People were happy with the food, one person told us, "The food is excellent, there is always snacks and drinks available."

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

- People's bedrooms were personalised with photos and their own personal belongings and accessories.
- Pictorial signage was provided to help people find toilets and bathrooms. Bedroom doors were numbered, and some people had photographs on their door to help them locate their room.
- The service had different areas for people to choose where they wanted to spend their time, for example there was two separate lounges, dining rooms and activity room.

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.

- Staff gained consent from people prior to providing them with support.
- Capacity assessment and best interest decisions had been made when people were unable to make decisions for themselves.
- Restrictions on people's liberty had been authorised and conditions on such authorisations were being 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and their relatives were consistently positive about the caring nature of staff. One person told us, "I am treated very well here, everyone is so nice and obliging. They make my life as comfortable as possible."
- Staff supported people in a caring and respectful manner. Staff knew people well and they were able to respond to people appropriately when people were showing signs of becoming distressed.
- When people required support, we saw staff stopped tasks to give people the time and support they required.
- People's diverse needs were recorded in their care plans and respected by staff. We saw the service took into consideration people's beliefs, for example, with food we saw there were vegetarian options available.

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

- People told us they made decisions about their day to day life. We observed people making day to day choices about where they spent time.
- Care plans were developed and reviewed with people and their relatives were appropriate.
- Where people required support with decision making, advocacy services had been sought.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was maintained. Comments from people included, "Privacy and dignity is always maintained" and "Carers are good. They do respect my privacy and dignity."
- During the inspection we observed staff respecting people's privacy, for example by knocking on doors and waiting for permission before entering.
- Staff told us the importance of encouraging people's independence and gave examples of how they do this with tasks such as personal care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff knew people well. Care plans detailed people's likes, dislikes and interests.
- Feedback indicated staff were responsive to people's needs. People and their relatives were positive about the care they received. Comments included, "Staff are very responsive; they will go the extra mile" and "I am very happy with the care [Name] is receiving."
- We identified one occasion where the staff were not fully briefed prior to providing a person with care, resulting in them not receiving person-centred care. The registered manager assured us measures had been taken to ensure this does not happen again.

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's communication needs were assessed and their support needs recorded in their care plan.
- Information was presented in accessible ways such as picture cards and large print documents.

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

- Activity sessions were organised based on people's preferences that day. During our inspection we observed a variety of activities such as snakes and ladders, nail care and sing along. Activities were organised in the local community, for example attending local coffee mornings.
- Activities were organised to meet people's cultural needs such as carol services and communion visits.
- People's relationships were encouraged. There were no restrictions on visiting times and people's relatives were invited to participate in any social outings.
- Where people did not want to participate in group activities, we were unable to see how activities were adapted in line with their life history and personal interests to encourage them to engage. Records of activities were not consistently completed and did not always contain full detail.

Improving care quality in response to complaints or concerns

- Complaints had been responded to in-line with the provider's complaints procedure.
- People told us they felt confident to complain. One person told us, "The manager is very accessible and responsive if I had any complaints."

- The service had a 'niggles' book, we saw minor concerns were documented in here and action taken. The registered manager told us this reduced concerns escalating to complaints.

End of life care and support

- Nobody was receiving end of life care at the time of inspection.
- People's end of life care wishes had been explored.
- The service had an end of life care champion who was currently working with people to develop a more in depth end of life care plans with them to ensure all staff knew people's preferences and support wishes.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Although a variety of audits took place and action plans were developed from these, some improvement was needed to ensure all areas were addressed. For example, systems had not always identified when medication administration records were not in place for people's prescribed creams and activity records were not completed.
- The registered manager was in the process of implementing a more robust auditing tool for care planning and monitoring records.
- Records were not readily accessible to the registered manager or provider. For example, we were unable to access staff interview records during our site visit. These were sent following the inspection.

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 provider and registered manager were aware of the legal requirement to provide information about relevant incidents to CQC. Discussion about altercations between people using the service and what needed to be notified to CQC took place after the inspection.
- The registered manager understood and acted on the duty of candour, informing family where necessary.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had a visible presence in the home. We received positive feedback from people and their relatives regarding the registered manager.
- Staff said they felt supported by the management team. One staff told us, "We can go to the assistant manager or manager if needed or the owner. They are all so supportive."

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

- Satisfaction surveys were carried out to gather feedback on the service. Action plans were developed from the comments on these. However, an analysis of the answers was not always carried out to recognise where improvements could be made.
- Regular meetings were carried out such as staff meetings, relative/resident meetings. This gave people the opportunity to be involved in any changes to the service.

- Suggestion boxes were also on display, so people could make suggestions for changes.

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Working in partnership with others

- The registered manager attended forums to develop partnership working.
- The service worked in partnership with health and social care professionals.