Anchor Trust

Greenhive House

Inspection report

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Date of inspection visit:
20 June 2017
26 June 2017

Date of publication:
15 September 2017

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

Greenhive House is a care home that provides nursing care and accommodation for people. The service accommodates a maximum of 48 people. At the time of the inspection there were 41 people using the service. People living at the home had physical difficulties and some lived with dementia.

We last inspected this service on 16 and 17 July 2014. At that time the service met all the regulations we inspected. The overall rating was Outstanding.

There was a registered manager in post. Since the last inspection, the registered manager of the service had changed because they had left the service. 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 had their medicines as prescribed. Records used in the management of medicines were accurate and staff had completed them as required. However, we raised concerns with the registered manager about the storage of people's medicines.

Staff had accesses to personal protective equipment throughout the service. This allowed staff to follow the registered provider's infection control policy and reduce the risk of infection. We did smell an malodour on the first and ground floors which we brought to the attention of the registered manager.

People had enough staff available to support them with their care and support needs. People told us that there were enough staff to speak with and help them when they needed. However we observed staff appeared to struggle during the lunch period to support people who needed help with having their meal.

Staff protected people using safeguarding guidance the registered provider had embedded in the service. Staff knew what the signs of abuse were and the action to take to alert the registered manager or local authority of an allegation of abuse.

Staff identified and had an awareness of risks to people's health and well being. Staff put risk management plans in place to reduce the risks occurring and to keep people safe.

The registered manager recruited suitable staff. There was an application process which allowed appropriate pre employment checks to be carried out before they worked at the service and with people.

Training, supervision, and appraisals were available to staff to support them in their job. Newly employed staff completed a period of induction. This allowed staff to become familiar with working at the service and with people.

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. Staff supported people in line with the Mental Capacity Act 2005, their mental capacity assessments and DoLS authorisations as appropriate.

People had food and drink that they enjoyed and met their preferences. There was a menu for people to choose their meals.

People using the service and staff knew each other well. We saw staff treat people with kindness and compassion. Staff spoke with people living at the service and their relatives in a way that was respectful. Staff delivered care in such a way that protected people's privacy.

People were referred to health care services for specialist health care advice. Health care professionals provided staff with guidance for staff to help them maintain their health.

Assessments were carried out of people's care needs. A plan of care was developed that provided staff with guidance to meet the assessed needs safely. People's changing care needs were routinely reviewed to ensure those needs were met. People had assessments of risk that could impact on their health and wellbeing. A risk management plan was then put in place to help the person manage those identified risks. People using the service and their relatives were involved in making decisions. People were supported to make informed decisions if they required that support.

People gave their feedback about the quality of care provided. The registered provider had an embedded system in place that supported people to make a complaint or raise concerns about the service. The registered manager monitored, reviewed and created an action plan to improve the service.

We have made one recommendation in relation to the deployment of staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were sufficient numbers of safely recruited staff. However, we found that there not enough staff available to support people during lunchtimes.

At the inspection medicines were not stored safely. Actions were taken by the registered manager to make changes to how medicines were stored. After the inspection we found that steps had been taken to ensure that staff administered, managed and stored people's medicines safely.

Risk assessments and management plans were in place. These helped to identify and manage risks to people's health and well being.

The registered provider had an embedded safeguarding process in place. Staff used this to guide them to protect people from harm.

Is the service effective?

Good

The service was effective.

Staff had support through training, supervision, and appraisal.

Staff understood how to support people within the framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. People gave staff their consent to care and support.

People had access to health and social care support when required.

Meals provided met people's needs and preferences. People were able to choose meals they wanted to eat.

Is the service caring?

Good

The service was caring.

Staff promoted people's privacy and treated them with dignity

and respect.

Staff engaged with people and spoke with them in a way that demonstrated kindness and compassion.

People using the service or their relatives made decisions about how they received their care

Is the service responsive?

Good

The service was responsive. People had an assessment of their care needs. Care plans were in place which gave staff guidance on how to care for people in a safe way.

People gave their feedback to the registered provider on a regular basis.

Systems for people to make a complaint were in place.

Is the service well-led?

Good

The service was well led.

The service underwent routine monitoring and review. To ensure people received a service that was well led.

The registered manager kept the CQC informed of notifiable events that occurred at the service.

Greenhive 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.

This inspection took place on 20 and 27 June 2017 and was unannounced. Three inspectors carried out the inspection.

Before the inspection we looked at information we held about the service including any notifications sent to us by the provider. During the inspection, we spoke with seven people using the service. We spoke with four care staff, the deputy manager, the registered manager and a senior manager employed by the registered provider. 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 also observed people in the communal areas and the general environment of the service.

We reviewed 15 care records, five staff records and 45 medicine administration records. We looked at other records relating to the management and maintenance of the service.

After the inspection, we contacted health and social care professionals. We did not receive feedback from them.

Requires Improvement

Is the service safe?

Our findings

We received mixed feedback from people when asked if they felt safe living at the service. One person told us, "I love living here and I think I am safe." Another person said, "Yes I do feel safe from any kind of harm." However, a third person told us, "There have been times when other [people] have been in my room at night and they wake me up. I did report it. Sometimes it happens and I say please leave or I ring the bell and staff help them leave my room." We shared this information with the registered manager who informed us they would look into this and let us know the outcome which they did not do.

We received mixed feedback regarding the staffing levels within the service. Three people told us there were insufficient numbers of staff deployed which had a negative impact on the care and support they received. For example, one person told us, "There aren't always enough staff no. Sometimes that means I could be late for getting breakfast. I think there's one carer for 16 people at night. It's too much work for one person. I have to lock my door sometimes to make sure other service users don't come in and so I get the privacy I need." Another person we spoke with said, "There aren't enough staff. This impacts on everyone. If you ask staff to help you, they will ask someone else to do it. Like today, I asked them to open something for me and the staff said, 'I'll get someone else' instead of doing it themselves."

Staff told us there were adequate numbers of staff on duty to meet people's needs. They told us that staff absence was covered swiftly by bank staff or overtime was offered. However during the inspection when we observed the lunch time meal on the top floor we found that one member of staff was supporting two people who were assessed as requiring support to eat their meals at the same time. We raised our concerns with a senior staff member who confirmed that this was not an isolated incident. We also raised our concerns with the registered manager who was aware of the issue and had addressed this with staff and would put plans in place to ensure this did not reoccur.

The evidence above indicates that staff were not always deployed in a way that enabled them to meet people's individual needs promptly and appropriately. We recommend that the provider reviews the deployment of staff in the home to ensure that people's individual needs are met.

We completed general observations of the service. We found that people's bedrooms were clean, tidy and personalised with their relatives photographs and other personal items. However we did smell a malodour on the first and ground floors which we brought to the attention of the registered manager. We requested and received a copy of the cleaning schedule for the service which we received. The registered manager told us and the Greenhive House carpet cleaning schedule showed that the carpet had been cleaned the day after our inspection.

People had their medicines as prescribed. Records used in the management of medicines were accurate because staff had completed them when they administered medicines to people. At the time of the inspection we found that the service did not have suitable storage for medicines. Since the inspection, the registered manager has sent us evidence demonstrating that they have reviewed the process for the storage of medicines with accurate room temperatures recorded.

People were protected against the risk of harm and abuse. The service had robust systems in place to empower staff in recognising, responding and reporting incidents of abuse. Staff demonstrated sufficient knowledge in safeguarding people and told us they would escalate their concerns should they feel the registered manager did not act in a timely manner. One staff told us, "If someone told me they were being abused. I would explain the importance of escalating their concerns and reassure them that if it is abuse it has to be raised. I would accurately report what they have said and share it with my line manager. I would follow up on it and raise it with safeguarding or CQC and the police if needed." Staff told us they had received safeguarding training and records confirmed this.

People were protected against the risk of avoidable harm as the service had robust risk management plans in place. People had risks to their health and care needs assessed. For example, for one person the risk assessment identified the risk of the person developing pressure ulcers. The person's risk assessment contained information that looked at the person's skin integrity, and the pressure relieving equipment they had in place to reduce those risks. The risk management plans in place provided staff guidance in managing the risks identified. A staff member told us, "The risk assessments support [staff] to prevent any accidents from happening."

The provider had robust procedures in place to ensure only suitably vetted staff were employed. Staff confirmed they did not commence employment until satisfactory references and Disclosure and Barring Services (DBS) checks were in place. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. Staff had completed the registered provider's job application process. Staff records contained a completed application form and references from their previous employer covered any gaps in their working history and documents to confirm their identity.

Good

Is the service effective?

Our findings

People were supported by staff that received a comprehensive induction to effectively meet their needs. One staff member told us, "I had a period of shadowing [experienced] staff. The induction included reading the care plans and it lasted about two weeks. I had to complete all the competencies before being allowed to work [without direct support]." Another staff member said, "I found the induction process helpful. It helped me to learn about the service and their policies." The induction process covered the registered provider's policies and procedures. Experienced staff supported newly employed staff when they began working at the service. This allowed staff to become familiar with people who lived at the service so they provided effective care to them.

People received care and support from staff that underwent ongoing training. One person told us, "I believe they [staff] are trained in what they need to be trained in." Staff were complimentary about the training they received and told us this helped develop their skills and knowledge in delivering care. One staff told us, "I've recently completed dementia, mental health, health and safety and fire safety training. I could ask for more training if I needed it but I have done a lot." Another staff member said, "Absolutely, the training is fantastic. I learnt a lot. Training is taken very seriously here." We looked at the training records for the service and found training was up-to-date and a training programme in place identified when staff required refresher training and this was then scheduled prior to the deadline.

People were supported by staff that reflected on their working practices. Staff had regular and on-going supervisions and annual appraisals.

Supervisions gave staff the opportunity to meet with senior staff on a one-to-one basis to discuss any concerns, things that went well, training needs and to set objectives for the coming months. Previous objectives were then reviewed at the subsequent supervision. One staff member told us, "My supervisor is nice and I can sit and say things in confidence. For example, how I'm doing, if there is anything that I'm concerned about in relation to service users or staff." Another said, "My appraisal was very good. We talk about the service users and the work I'm doing to make people happy. We set aims and objectives and this gives me aims to work towards and push myself forward."

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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) is required by law to monitor the operation of 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. When people did not have the ability

to make decisions for themselves, staff arranged mental capacity assessments for people. People had an assessment of their mental capacity needs with a best interests decision recorded. Details of these were placed on people's care records so staff were aware of and familiar with how to support people effectively and in line with the authorisation guidance.

Staff had sufficient knowledge of the MCA and DoLS and their roles and responsibilities in line with legislation. One staff member told us, "It's about supporting people to make decisions about their lives." Another staff said, "People can make decisions and we support them to do this." People confirmed staff sought their consent before supporting them. One person said, "I suppose [staff] do ask for my consent. I would soon tell them I didn't want something." Another person told us, "Yes, staff ask for my consent." Throughout the inspection we observed staff seeking consent prior to care and support being delivered. For example, staff were observed knocking on people's doors and awaiting permission to enter before doing so." One staff member told us, "Communicate with people. Ask their permission and if they would mind us helping them. If they [people] said no, try again later and ask another staff to speak with them."

People received sufficient amounts of food and drink to meet their dietary requirements. People did not always have a pleasurable experience during the lunch service as staff were task focused and there was limited interaction between staff and people. Staff were observed as being supportive and courteous however communication was limited to asking if people had 'finished their meal'. Despite this, people told us the food was on the whole satisfactory and they could request more should they wish. For example, one person said, "That's a sore spot. If the food isn't nice I report it. I feel there has been an improvement with the food. I really do get enough to eat. There's two choices a day and I could ask for more if I wanted it." Another person told us, "Oh yes, there's enough and its good and mostly tasty." During the inspection we observed that the food was presentable and people appeared to be enjoying the meal provided.

Good

Is the service caring?

Our findings

People who lived in the home were supported by staff who demonstrated that they were caring and compassionate. Staff demonstrated that they understood people's need well and clearly documented and made changes to people's care and support promptly when needed.

People told us that the nurses and care workers were caring and kind. One person said, "Staff are so helpful to me." Another person we spoke with described the staff team as, "very helpful and kind." People told us their confidentiality and privacy were respected. "A member of staff told us "I always knock on people's doors before entering and wait for permission."

People were supported by staff who knew them well. Three members of staff we spoke with had been employed at the service for a number of years and knew people well. They shared their knowledge of people with other members of the team. Care records were updated on a regular basis and contained information about people that gave staff further guidance on people's likes and dislikes. At each shift handover staff discussed events that occurred during the previous shift. These handover meetings were used to share information between staff. Records showed that handover meetings recorded discussions about any updates or changes in people's care plans. Outcomes from these meetings were also written in the staff communication book to make sure all staff knew the updates for that day.

People's independence was promoted and risks associated with their independence were assessed. For example, sometimes people preferred to be alone and their choice to be alone was respected by staff. One member of staff said "Not everyone that spends time alone is alone. People's life story is in the care plan and it tells you about their history. If people are isolating themselves, we talk to them about their lives." People enjoyed taking part in activities that were provided at the service. One member of staff said "I offer people choices and encourage them to take part in the activities if they choose."

People were supported to maintain relationships with those who were important to them. Relatives and friends visited people at the service as they chose. One relative said, "The staff are friendly and are around for me to ask questions if I need to speak to them."

People at the end of their life had the appropriate care and support provided by staff to meet their wishes. People were supported to discuss how they wanted the end of their lives to be. People had end of life care plans in place. Care plans detailed people's wishes for the dying phase of their lives. The information detailed how people wanted to be pain free and remain at the home at the end of their life.

Good

Is the service responsive?

Our findings

People continued to receive care from staff who were responsive to their needs. People had an assessment of their needs before coming to live at the service. The assessment outcome provided staff with relevant information about whether the service could meet people's care and support needs if they decided to live in the home. The care records we reviewed had relevant information about people. People's assessments of needs and plan of care was recorded. This ensured that staff and relevant health professionals had the most up to date information about people. People also had regular reassessments of their care and support needs on a regular basis. Reassessments took place with people and their relatives where appropriate. This ensured there was a record of people's views that were used to develop their plan of care.

People were supported by staff who had access to up-to-date care plans. One person told us, "I'm sure that there is a care plan but I don't really take much notice. Staff have asked how I want things done and I have told them." A second person said, "I know I have one [care plan] but my [relative] deals with that." Care plans were comprehensive and detailed people's preferences, life history, health and medical care needs and gave staff clear guidance on how to support people in line with their needs and preferences. One staff member told us, "The care plans give [staff] a guide on how to care for people. It helps you find out if people need certain things." Another staff member said, "[Staff] have to handover any updates or changes in the care plan and read the communication book to make sure we know all updates."

People were encouraged and supported to participate in planned activities that reflected their preferences. One person told us, "There's singing, dancing and bingo. I think staff could play bingo more often as I do enjoy that. When staff do activities I like to be involved." Another person told us, Staff do activities and I can join in if I want to and if I don't want to I won't." The service provided a wide range of activities including music groups, video evenings, singing groups and bingo.

People felt confident in reporting concerns and complaints and felt these would be acted on by management in a timely manner. One person told us, "I would tell the staff if I was worried about anything, but I'm not." Another person said, "Over the years I've made complaints and they were managed. I know how to raise a complaint." We looked at the complaints file and found the service had received 11 complaints in the last 12 months. The complaints log detailed the nature of the complaint, agreed date the registered manager would respond by, the actions taken and the final outcome.

Good

Is the service well-led?

Our findings

Since the last inspection, the management structure of the service had changed. The service had employed a new manager at the service. The manager and was successful and was appointed the registered manager's position with the Care Quality Commission (CQC). The registered manager and deputy manager provided support to care staff and oversaw the daily management of the service. The registered manager understood what information the CQC must be aware of in the event of an incident occurring at the service.

People and their relatives gave us feedback about the service. People responded to the questionnaire and they said that they were satisfied with the service and with the care they received. People had raised no concerns about the care they received. People we spoke with told us that they really liked the previous manager that was at the service because she had worked at Greenhive House for a number of years, however people were complimentary about the new registered manager in post. One person told us, "She's new, but a very nice lady. She's approachable and I think I can go and talk to her and she would listen." Another person said "So far so good, I do find her approachable."

Staff understood their role within the service. Staff told us that they liked and respected the registered manager. One member of staff said "She's excellent. She's supportive towards us. Another member of staff said "She's professional and listens and takes note. The deputy manager is very supportive indeed. She will tell you things that need to be said. I'm very happy with both of them."

Staff were involved in team discussions. Staff told us that managers listened to them and felt they could effect changes in the service. For example, staff were involved in developing in house activities for people. Staff were able to share their experiences and ideas in staff meetings. For example, we saw that in the minutes of the staff meeting they had discussed customer relations, that a DoLS assessor would be visiting later in the day, planned activities in the community and a new person's admission to the service. Minutes of these meetings were recorded so these could be read and shared by the whole staff team.

The quality assurance systems monitored and reviewed the service provision. Staff completed audits at the service to review the quality of care and support. Reviews of the quality of meals, activities and the home environment took place. There were routine health and safety checks carried out to ensure the service was safe for people to live and work. Audits on people's care records took place to ensure they were accurate and reflected people needs. We found people's care records reflected people's needs because these were update when people's needs changed.

Staff worked in partnership with health and social care organisations. Staff had contacts in the local authority health and social care teams. Records showed that people had benefitted from the advice from health professionals for example, people had access to speech and language therapists, social workers and mental health specialists when needed.