

Horizon Care (Greenacres) Limited

Greenacres Grange

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Summary of findings

Overall summary

About the service

Greenacres Grange is a care home which provides personal and nursing care for up to 80 people. At the time of the inspection, the care home had 26 people living there.

Greenacres Grange is a purpose-built care home which can accommodate people across three separate units, each of which has separate facilities. However, at the time of the inspection only two units were being used. One unit mainly supported people who had nursing needs. The other unit supported people who had mainly residential care support needs.

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

People were supported by enough staff to meet their assessed care needs. Staff had also received suitable training to enable them to meet a person's specific support needs. This enabled staff to better understand the person's needs and how to support their wellbeing."

The providers care records did not evidence that people's continence support needs were always met by staff, or that regular checks were carried out.

People were protected from the risk of developing pressure sores by the improvements the provider had made in ensuring regular repositioning occurred.

People had access to the continence support equipment they needed, due to improvements in the provider's processes.

People's prescribed medicines were safely managed by the provider. Improvements had been made in the way medicines were monitored and repeat prescriptions ordered.

People were protected from the risk of health infections by the provider's improved infection prevention and control measures. Hygiene and cleanliness in the care home had improved.

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

The last rating for this service was inadequate (published 9 April 2021) and there were multiple breaches of regulation. CQC issued the provider with two Warning Notices.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider had complied with the requirements of the Warning Notices which related to regulation 12 (Safe care and treatment) and regulation 18 (Staffing).

Why we inspected

We undertook this targeted inspection to check whether the Warning Notices, we previously served in relation to Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, had been met. The overall rating for the service has not changed following this targeted inspection and remains inadequate.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

Special Measures

The overall rating for this service is 'inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe, and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the provider's registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions, it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Greenacres Grange

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulation 12 (Safe care and treatment) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors and a nurse specialist advisor.

Service and service type

Greenacres Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

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. 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 used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with 11 members of staff including the registered manager, nurse in charge, nurse support, team leader, care staff, catering staff, housekeeping manager, housekeeper and quality manager. We reviewed a range of records. This included sections of two people's care records and multiple medication records. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and some of the provider's policies and procedures. We reviewed sections of three people's care records and we received feedback from two healthcare professionals who had regular contact with the service.

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 inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the Warning Notices we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were consistently deployed in order to meet people's care and treatment needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported by enough staff to meet their assessed care needs. The registered manager decided staffing levels by using a dependency assessment tool and took account of the layout of the care home. This process identified the numbers of staff required to meet the needs of the specific people residing in the care home at the time of the inspection.
- Since the last inspection, the provider had introduced training for staff in respect of how to support a specific person with their individual support needs. Staff were provided with the training necessary to understand the person's care needs and how to support their wellbeing.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to consistently provide care and treatment for service users in a safe way. They had not consistently assessed the risks to the health and safety of service users receiving the care and treatment; and had not done all that was reasonably practicable to mitigate any such risks. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's continence care needs were not evidenced as always being met. We reviewed three people's care records; who the provider identified had continence support needs. The care records did not evidence staff checked and changed people's continence pads at regular intervals. This was raised with the registered manager who told us it was due to care recording issues which they would address. We found no evidence people had suffered harm as a result of this.
- People were protected from the risk of developing pressure areas and skin damage. The provider had improved their arrangements to ensure people were repositioned at the required intervals. That helped reduce the potential for people to develop pressure ulcers.

- People had access to the continence equipment they required. The provider had improved arrangements to ensure people did not run out of their individual continence equipment.

Using medicines safely

- Staff did not always have access to specific guidance on when to administer 'as and when required' prescribed medicine to people. This was discussed with the registered manager who took immediate action to obtain appropriate guidance from the GP and made it available to staff on the day of the inspection.
- Records of the use of prescribed transdermal patches, which were administered by being placed on people's skin, were unclear. This was discussed with a staff member, who immediately remedied matters by incorporating additional information onto the provider's electronic medicine administration record system (eMAR).
- People received their prescribed medicine when required. The provider had improved their medicine ordering processes to ensure people did not run out of their prescribed medicine.
- Staff had received suitable training in how to use the provider's eMAR system. This meant staff better understood how to use the eMAR system to ensure people received their medicine as prescribed.

Preventing and controlling infection

- People and staff were protected from the risk of health infections. Since the last inspection the provider had improved access to handwashing facilities in the clinical rooms/nursing stations; and had ensured non-handwashing sinks had hot water temperatures set in accordance with recognised infection control guidance.
- Clinical waste storage arrangements had improved which reduced the potential infection hazards.
- The provider's cleaning and hygiene arrangements had improved since the last inspection. This was confirmed by feedback we received from the local CCG infection prevention and control team.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.