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# Greenmantle Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This unannounced inspection took place on 16 June 2015. In January 2014, our inspection found that the nursing home provider breached regulations relating to care and welfare of people who use services, management of medicines and records. Following this inspection the provider sent us an action plan to tell us the improvements they were going to make.

Greenmantle Care Home is a privately owned care home without nursing for 15 older people. At the time of the inspection there were seven people using the service.

The service had two registered managers who shared responsibility for the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found that the premises were clean but some parts of the home were in need of refurbishment. For example, there were patches of peeling lino that could present a

# Summary of findings

trip hazard to people in one bedroom. We saw worn toilet seat and fittings in a bathroom on the ground floor, and worn carpets and scuff marks on the walls. Even though the registered managers stated that they had a plan to refurbish the home, we found that the environment was not always safe for people.

Care plans were not reviewed monthly as stated in people's files. People's health conditions (for which they were receiving treatment) were not recorded in their files and there was no evidence they were reviewed. This meant that there was no historical information about people's health conditions and the progress made.

People were happy with the service provided. Comments such as "The staff are excellent" and "good food [at the home]" indicated people's satisfaction with the service. We saw staff were friendly when interacting with and supporting people, for example, with their meal.

Staff told us they were supported by their managers and they had training opportunity to develop their skills. We noted that staff were experienced and knowledgeable

about the care. Records showed staff had attended various training programmes including Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interests or for their own safety. The MCA is a law designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment.

The registered managers had various systems for checking and maintaining the service and facilities. We noted that staff had regular meetings and relatives completed surveys annually and gave feedback about the service. This helped the registered managers to understand and respond to people's views about the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. Some parts of the premises such as a bedroom and a toilet were not well maintained and presented risks to people, staff and visitors.

People told us there were enough staff. Staff were available to provide support when people needed it, although this was not always the case during mealtimes..

Medicines were properly stored, administered and checked.

There was a good staff recruitment system. Staff files showed that all staff were appropriately checked before starting work at the home.

**Requires improvement**



### Is the service effective?

The service was not always effective. Care files showed that people's dietary needs were not regularly reviewed and did not always contain enough information about their medical condition.

Staff had attended various training programmes related to their job roles. We observed that most of the staff were skilled and experienced in providing support that met people's needs.

The registered managers had knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and had appropriately sought DoLS authorisations for people when necessary.

**Requires improvement**



### Is the service caring?

The service was caring. People told us they liked the home. They said staff treated them with respect and they would recommend the home to others.

There was guidance for staff to ensure that people's privacy was respected. Staff gave us examples of how they ensured people's privacy.

People and their representatives were involved in their assessment of needs and review of care plans.

**Good**



### Is the service responsive?

The service was responsive. Relatives told us staff listened and responded to people's needs. There was a system in place for people to raise their concerns.

Some people took part in the activities provided by staff whilst others chose not to participate. This indicated that various activities were available at the home for people to join in if they were interested in them.

**Good**



# Summary of findings

## Is the service well-led?

The service was well-led. A relative told us they were satisfied with the management of the home. Staff stated that the managers listened and supported them they said the home was very good place to work

The registered managers sought and acted on feedback from relatives and people. The home had good communication systems in place for sharing information and feedback about the service.

Good



# Greenmantle Care Home

## 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 16 June 2015 and was unannounced. The inspection was conducted by two inspectors and an 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.

As part of the inspection we reviewed the information we held about the service. This included the provider information return (PIR) and the notifications that the provider had sent us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During the inspection we spoke with two people, a relative, a volunteer worker, three staff and the registered managers. We spent time observing people's interactions with other people who used the service and staff. We reviewed five people's care files, four staff files and other records such as the staff rotas, menus, and the provider's policies and procedures. We also had a guided tour of the premises.

# Is the service safe?

## Our findings

People told us they felt safe in the home. One person said, "Oh, yes [I am safe]. A relative said the home was "excellent" and people were "safe". They said, "[My relative] is a lot safer here than when [they] used to live with me." A volunteer stated that the home was "safe" and they "wouldn't hesitate bringing in my relative to live here". These showed people felt and were happy with the home.

When we last visited the home on 7 January 2014 we found that people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. During this visit we found that there were arrangements in place for safe storage and administration of medicines. We saw that medicines that were to be administered when needed were included on the medicine administration record sheets (MARS) and there were appropriate guidelines for their administration. MARS tallied with the stocks in the medicines trolley. We also noted a correct procedure was in place for disposal and recording of medicines that were not used. These showed that medicines were properly managed.

We noted that medicines were delivered monthly by the pharmacy and were stored in a trolley in a locked office. A list for emergency medicines for conditions such as epilepsy, diabetes and asthma was kept safely for easy access by staff when needed. We noted that staff who administered medicines had received relevant training and were competent in handling and administering medicines. This meant that there were good processes for storing and administering medicines.

During this inspection, we found that the service was not always safe. Although the premises were clean, some parts of the home were in need of refurbishment. For example, in one bedroom there were patches of peeling lino that presented a trip hazard to people. We saw worn toilet seat and fittings in a bathroom on the ground floor, and worn carpets and scuff marks on the walls. We spoke about these with the registered managers and were informed that refurbishment of the premises had begun and was due to be completed within three weeks. The registered managers showed us the plan of refurbishment and evidence of the refurbishments undertaken so far. However, even though action was being taken to manage environmental hazards, people's health and safety remained at risk.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A relative told us the staffing level was sufficient because there was "always someone" to look after people. They told us they were confident that there were enough staff to meet people's needs. Staff also told us there were enough of them to support people. The staff rota showed that there were two care staff and a registered manager on duty during the day shifts. We also noted that a volunteer worker came during the week between 8:00 to 12:00. Night shifts were covered by a waking night and a sleep-in staff. The registered managers informed us that staff were allocated based on people's dependency levels. They said the domestic assistant was trained as a care worker and their job description had recently been changed so that they would also work as a care worker when needed. The staff member's training records showed they had received appropriate training to perform this work. The cook was also experienced and knowledgeable about people and assisted them, for example, during mealtimes. This ensured that the staffing level could be increased at peak times.

There was a good recruitment system. A relative said, "The staff are good. I can't fault them." Staff files showed that appropriate checks had been carried out before staff were employed. Staff confirmed that they completed job application forms and attended interviews before being employed. This showed people were supported by staff who were appropriately vetted.

There was a safeguarding policy in place. We saw that the registered managers had followed the policy in reporting and investigating a safeguarding concern. For example, one person's records contained evidence of a safeguarding alert which was investigated thoroughly. Staff told us they had attended safeguarding training and knew what it meant and what action to take to ensure a safeguarding incident was recorded and reported. A member of staff said, "I have had safeguarding training – if I had concerns I would tell the shift leader and they will tell me what to do." Another member of staff stated, "I have been trained in challenging behaviour and how to respond – I have to put my training into practice pretty frequently. When there are incidents we record them in the daily notes and incident report, and make sure they are handed over to the next shift." These showed that safeguarding issues were appropriately managed and people were protected from abuse.

## Is the service safe?

People's files contained risk assessments. We noted that the risk assessments were detailed with information about the risks and guidance for staff about how to manage them. Staff told us they knew each person's risk assessments and how to support them safely. A relative said they were confident that risks to people were identified and minimised by the home.

There were systems in place for checking and servicing of the facilities and equipment of the home. For example, the

passenger lift was checked once every three months and firefighting equipment was tested annually. There were maintenance contracts for the gas boilers and the home had a current employers' liability insurance. The home had a fire risk assessment and guidance for people in case of fire was posted on the walls. The registered managers and the records told us the fire alarms and emergency lights were tested weekly by a shift leader. This showed that the home had health and safety auditing systems in place.

# Is the service effective?

## Our findings

People told us that they liked the food. One person said, “[The food] is lovely.” Another person stated, “Yes, [the food] is very good.” A relative told us the home provided “good food” and “staff helped [people to eat their meal]”. We observed that the portions provided were generous and was plenty of fresh vegetable provided. This showed there was enough nutritious food available to people.

Staff told us that they were informed about people’s dietary needs when they moved in and then when there were changes. They told us they were aware of people who were diabetic and needed special diets. However, people’s care files or the menu did not show that there were special meals provided for people with diabetes. This indicated that diabetic people were not always receiving meals that met their needs.

The service provided was not always effective. At the last inspection in January 2014 we found that there were no menus for people with diabetes. During this inspection, staff told us that people were consulted about their preferences of meals. We were informed by staff that the cook had worked at the care home for a number of years and knew people well. We checked people’s care files and found that people’s dietary needs were not regularly reviewed. For example, one person’s dietary needs were assessed on 20 September 2011 and were reviewed on 20 January 2015. This person was diabetic and their diet should have been monitored and reviewed more frequently than this. Another person’s dietary care plan did not include the information that they were diabetic, and instead focussed on their need to eat in their room sometimes due to increased incidents of challenging behaviour at mealtimes.

We observed one staff member supporting one person to eat very quickly before moving onto the next person. We noted that the first person was not given appropriate time to chew and enjoy their food. This indicated people did not always receive appropriate time and support to eat their meals.

Fluid charts were not always completed for people including those who could be at risk of dehydration. For example, one person had stones in bladder but their fluid intake was not monitored. This meant that the person was at risk of dehydration.

This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us that the staff arranged healthcare appointments for them. A relative told us that they were satisfied with the healthcare arrangements in place at the home. They said, “[The person’s] health improved greatly” since coming to the home. Records showed that healthcare professionals visited people when and as needed to assess their healthcare needs and provide appropriate treatment.

Staff and care files showed that people had healthcare access. We noted that people were referred to healthcare providers when appropriate.

The registered managers had knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA is a law designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. The DoLS are legal safeguards that ensure people’s liberty is only deprived when absolutely necessary. At the last inspection in January 2014 we found that not all staff had received mental capacity act (MCA) training. At this inspection we noted that six staff had completed training in MCA and DoLS and a DoLS authorisation had been granted for one person. The registered managers stated that they would complete MCA for each person and submit DoLS applications for people who might be restricted for their own safety. This showed that there were systems in place for mental capacity assessments and DoLS applications.

Staff were not always confident in supporting people with complex needs. For example, when an incident occurred in the lounge some staff were not able to manage a challenging situation while others were able to provide appropriate support. This indicated that some staff did not have the skill or experience to understand specific health needs of people and provide effective care. However, staff told us they had attended “a lot of training” such as infection control, moving and handling, MCA, DoLS, and pressure sore awareness. We saw evidence of staff training in the staff files.

Staff told us that they had regular supervision meetings. A member of staff said they benefitted from supervision because it allowed them to discuss about their work and training needs. The registered managers told us staff supervision took place once every three months. Annual



## Is the service effective?

appraisals of staff were also undertaken and we saw records confirming that staff had received supervision and had annual appraisal. This indicated that staff had opportunities to review their skills and training needs.

# Is the service caring?

## Our findings

People told us that they liked the home. One person said, "It is pretty good here." A relative informed us that people experienced good care. They stated that they were satisfied with the service "because people have improved since they moved here". They told us that people were treated with respect and that they "recommend this place to anybody". This showed people were satisfied with the care provided at the home.

Staff were kind and gentle in their approach to people. They explained to people what they were doing, for example, when moving them and were discreet when suggesting personal care such as visits to the toilet. We observed staff were cheerful and positive in their interactions with people. However, we noted an incident when a member of staff talked about people in the third person in front of them. This indicated staff did not always treat people with respect and dignity. It also showed that some staff required training and support to ensure they were always respectful in all their interactions with people.

People's privacy was ensured. For example, we saw information on a noticeboard which reminded staff to give people privacy when the district nurse was attending to them. Staff we interviewed explained how they ensured

people's privacy. For example, one member of staff stated that they would knock on the doors before entering bedrooms and they would close doors when assisting people with personal care.

People's consent to care and treatment was sought. Care records showed that people and their representatives were involved in their assessment of needs and review of care plans. A relative told us that they attended assessment of needs and care plan reviews. Records showed that "individual needs and choices assessment" were completed for each person. The registered managers told us that each person had been informed about the "cctv cameras" in the communal areas. There were also notices on the walls advising people that cameras were in operation in the home. This showed people were aware of the use of cameras in communal areas.

Staff were positive about working at the home. One member of staff told us that they liked coming to work and it was "a second home to me, like a family". Another member of staff stated that they knew everyone so well and they were confident they promoted people's independence and met their needs. We observed that staff were chatting and laughing during most of our visit. We were also informed by staff that a priest regularly visited a person to administer Eucharist. This indicated that staff recognised people's needs and provided appropriate care.

# Is the service responsive?

## Our findings

A relative told us that they had been visiting the home for many years and they always found people “clean and presentable”. They told us staff responded to people’s needs by listening to and providing them with appropriate personal. They said they “cannot praise [staff] enough” for the care they provided for people. These showed relatives were satisfied with the service people received.

The care plans were detailed with information that included activities of daily living, psychological and emotional stability, skin integrity, dietary needs, social dimension, physical needs, cultural needs and psychological needs. A relative informed us they attended a care plan meeting. We saw evidence of people’s involvement in the care plans we checked. We noted that care plans were not always updated when people’s needs changed. However, daily notes showed people received care and treatment as and when they needed. We discussed about the need to review update care plans when people’s needs changed with the registered managers. They reassured as that they would review people’s care plans following changes to their needs and periodically as stated in their files.

A programme of activity was displayed on the noticeboard in the office. We noted that activities took place approximately every three days including reminiscence sessions, hand massage and board games. There was a bingo activity in the afternoon we visited. However only two people participated, with one joining in later. The atmosphere was pleasant and lively with the participation of three staff. Later a student from a local school arrived to continue playing games with the three people. We noted

that some people were not taking part in the activities and had no stimulation during the inspection. We saw these people sitting on the same chairs for the whole period we were at the home including at lunchtime. We discussed this with the registered managers and were informed that the people were offered activities but they chose to be on their own and not to take part in the activities. We were not able to communicate with the people but we asked the registered managers to review the people’s care plans, especially how they spend time in the lounge during the day.

The home had a complaints procedure and information about how people could make a complaint was displayed on the wall at the entrance. A relative told us they knew who to complain to if they were dissatisfied with any aspect of their care. However, they said they were satisfied with the care provided and they had no complaints. We examined the complaints record and noted that no complaints had been recorded since 2013. The registered managers confirmed that no complaints had been received.

The registered managers used annual surveys to receive feedback from relatives. The last annual survey was carried out in October 2014 and the outcome showed that the respondents were positive about the service. The relative’s comments included, “I have always been extremely satisfied and pleased with the care of my [relative].” Another person wrote, “All staff are excellent.” However, three out of 16 respondents indicated that the activities available to people were “average”. **We recommend that** the provider reviews the activities to ensure that they reflected the needs of each person using the service.

# Is the service well-led?

## Our findings

A relative told us that the home was well managed. They said, “This home is better than the others I have been to. I cannot understand why the home is not filled up [with people and why there are vacancies].” Staff were also satisfied with the management. A member of staff commented. “This is a very good place to work – there are nice staff and nice managers.” Another member of staff said, “Although the work is hard sometimes, I don’t feel stressed or dread coming to work – I love it and I’m happy.”

Staff told us the registered managers listened and supported them. A member of staff said that the registered managers were “very open and I can talk to them”. Staff said they liked working at the home because the registered managers were flexible and “I work part-time”. We saw examples of letters in which staff requested and were offered leave and emergency loan by the registered managers. This showed that staff there was good communication and understanding between management and staff.

Regular staff meetings had taken place. Staff told us they attended monthly meetings which they found useful. We saw the minutes of staff meeting dated 29 April 2015 and

noted 10 staff were in attendance. The agenda items discussed at this meeting included training and care practice related issues. We noted that no "service users' meetings" were being held. However, the registered managers told us that they spoke with people when they visited the home and organised annual relatives' meeting. The minutes of the last annual families' meeting was not available for inspection.

The registered managers were proactive in seeking feedback from people through their annual surveys. We also received an online feedback which indicated that people were satisfied with the home and how it was managed.

The registered managers checked the quality of the service by undertaking regular audits of the facilities, equipment and the service. We saw records of audits and checks undertaken by the registered managers and noted these were detailed and current. These included medicine audits and health and safety checks. The registered managers also conducted annual surveys and asked relatives' experience of the quality of the service. The registered managers monitored accidents and incidents in the service and took appropriate actions sharing information with staff through team meetings and supervision.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Treatment of disease, disorder or injury

**The registered person had not taken proper steps to ensure that the premises were safe to use for their intended purpose. Regulation 12 (2) (d) (e)**

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

Treatment of disease, disorder or injury

**People's dietary needs were not met because there was no evidence to confirm that they were reviewed or met. Regulation 14 (4) (b)**