Care Quality Commission

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Greetwell House

Inspection report

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Ratings

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

Overall summary

The service provides care and support for up to 25 people, some of whom may experience memory loss associated with conditions such as dementia. When we undertook our inspection there were 19 people living at the service.

We inspected Greetwell House on 3 February 2015. This was an unannounced inspection. Our last inspection took place on 17 July 2014 during which we found the service was not meeting all the standards we assessed. At our July 2014 inspection we found there were no systems in place to assess and monitor the quality of the services provided; storage of medicines was poor, some records were kept insecurely and staff had not been supervised. At this inspection we found the provider had completed everything on their action plans and were now compliant.

At the time of our inspection there was not a registered manager in post. 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

Summary of findings

responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager had sent an application and was due to be registered shortly.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection there were was one person who was subject to a DoLS authorisation and a second person who was now subject to a Court of Protection order. People's rights were protected by the manager and staff who understood the Mental Capacity Act 2005 code of practice and Deprivation o Liberty Safeguards. They followed the correct procedures when these were applied.

We found that most people's health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan. People told us they were involved in the planning of their care and had agreed to the care provided.The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe.

Although people felt safe within the home, we found there were times when there were not enough staff to meet people's needs. This impacted on the support that people were provided with at certain times of the day.

The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives. However there was no evidence to support that people had been asked about their social interests and few stimulating activities arranged.

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home.

People had a choice of meals, snacks and drinks. Meals could be taken in a dining room, sitting rooms or people's own bedrooms. Staff encouraged people to eat their meals and gave assistance to those that required it.

The provider used safe systems when new staff were recruited. All new staff completed thorough training before working in the home. The staff were aware of their responsibilities to protect people from harm or abuse. They knew the action to take if they were concerned about the welfare of an individual.

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 consistently safe.

Checks were made to ensure the environment was a safe place to live.

There were insufficient staff on duty to meet people's needs at certain times of day.

Staff in the home knew how to recognise and report abuse.

Requires Improvement

Is the service effective?
The service was effective.

Staff ensured people had enough to eat and drink to maintain their health and well being.

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by staff.

Good

Is the service caring?
The service was not consistently caring.

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff did not always respect people's needs to maintain as much independence as possible but fulfilled their end of life wishes.

Requires Improvement

Is the service responsive?
The service was not consistently responsive

People's care was planned and reviewed on a regular basis with them.

Staff ensured people were not socially isolated. However there was a lack of staff understanding about developing people's personal interests and hobbies and the needs of those with dementia. This meant they were not being allowed to explore how to develop themselves as individuals.

People knew how to make concerns known and felt assured anything would be investigated in a confidential manner.

Requires Improvement

Is the service well-led?
The service was well-led.

The leadership at the home was open and transparent and people were relaxed in the company of staff.

Good

Summary of findings

Checks were made to ensure the quality of the service was being maintained.

People's opinions were sought on the services provided and they felt those opinions were valued, as did relatives and staff.

Greetwell 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 03 February 2015 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience either directly or indirectly in using health and social care services.

Before the inspection we reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also spoke with the local authority and the NHS who commissioned services from the provider in order to get their view on the quality of care provided by the service.

During our inspection, we spoke with six people who lived at the service, three relatives, one health care professional, two other visitors, a trained nurse, three care assistants, one cook and the manager. We also observed how care and support was provided to people.

We looked at three people's care plan records and other records related to the running of and the quality of the service.

Requires Improvement

Is the service safe?

Our findings

Views from people living at the home were mixed about sufficient staff being on duty to meet their needs. One person said, "I think they need more. I notice when I'm here they can't deal with all their needs. They haven't always got time for you. You can't say make time because they are always busy." Another person said, "I get up at different times, sometimes its 09:30, it depends how busy they are. I don't like waiting for the commode." A relative told us staff were alright in the week but said, "Perhaps at weekends, no" and another said, " It's difficult, they have a lot of people to get up." People told us staff responded to call bells but views were mixed. One person said, "They don't always come, depends what they are doing" and another said, "They come day and night, on time, within reason." We observed staff took a little while to answer call bells at certain times of day such as first thing in the morning and around meal times. On one occasion we had to find a member of staff to answer a call bell as it had been ringing for nearly five minutes. Staff responded immediately and apologised to the person.

We observed people were left in sitting rooms alone for long periods with little interaction from staff. Staff appeared busy on other tasks. One person said, "Staff can be busy and can't do things right away but they always come back and tell us." People said they would like to see staff more often in the sitting rooms as they did not have time to talk with them. Staff told us at tea time a member of the care staff was taken off their duties to assist in serving the tea time menu. The food was prepared by the kitchen staff earlier in the day, but staff told us they had to prepare and clear away the dishes. This left them short of staff to attend to peoples' personal needs.

Staff told us they struggled to complete tasks at certain times of the day. One staff member said, "We struggle a bit in the morning. It depends on how many the night staff have managed to get up." Another staff member said, "The staff have a good rapport amongst themselves and we manage" and another said "We try our hardest to deliver and I feel we do, but it is busy." Staff told us they had discussions with the manager about staff but there had been few changes. We saw in the minutes of team meetings in September 2014 and December 2014 this had been discussed but no outcome reached. There was no information to tell us how the staffing levels had been calculated recently.

The manager told us how they calculated how many staff were required each day. The last set of calculations could not be found. The manager and deputy manager spent time helping care staff to attend to peoples' needs but this was on an ad hoc basis for the manager. The deputy manager had more structured time helping the care staff as they were on the rota to help certain days each week. The managerial staff told us helping out with care tasks prevented them from completing other wok such as staff supervisions and testing the quality of the service. Both managerial staff told us they worked over their contracted hours.

We observed staff were very busy throughout the day and did attend to people's needs but on several occasions had to ask a person to wait until they had finished another task. The lack of staff at certain times of the day could result in people's needs not being met.

We found that the registered person had not protected people against the risk of a lack of staff to meet their needs. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At our last inspection in July 2014 we set a compliance action because the provider had not taken appropriate action to ensure medicines were stored correctly and there was not system to ensure medicines were administered correctly. This was a breach of Regulation 13 of the Health and Social Care act (Regulated Activities) Regulations 2010. The provider sent us an action plan stating how they were going to comply. They said staff would receive further training, they would improve the storage arrangements and checks would be made to ensure medicine administration records (MARS) were correctly stored.

We looked at the storage areas and found medicines were stored safely and in a clean environment. Processes were in place for the receiving and disposal of medicines no longer in use. The local pharmacy had completed an audit since our last inspection in November 2014 and made two recommendations which had been completed in

Requires Improvement

Is the service safe?

December 2014 which included safe administration, storage and cleanliness. They had developed an action plan on three areas which required improvement. The staff told us they were working through them.

We saw records which showed staff who could administer medicines had their competence tested since our last inspection by a written document and through observation of practice. This ensured they would be able to give medicines safely.

There was sufficient evidence to show the provider had completed all the work on their action plan. For example they now had a safer storage and auditing process in place. This ensured people could receive their medicines in a safe way. They were now compliant.

All the people we spoke with told us they felt safe living at Greetwell House. All the relatives we spoke with said they felt their loved ones were safe and understood about reporting any incident they were concerned about. One relative said, "He is safe, he's definitely looked after." Another relative said, "I feel she is safe, in the last one I didn't feel that."

The staff we talked with were aware of how to look for the signs and symptoms of abuse in order to identify if someone was safe. They said that if they had concerns they would report it to the senior person on the shift. They said they would be confident to take the issue further if they did not feel any action was being taken and knew about the provider's whistle blowing policy. We observed staff interacting with people and taking their health and well-being seriously. They appeared to care for the people's safety. One staff member when asked what communication was like told us, "Staff always communicate if going on a break, pass on information to others and when they come back they ask if there's anything to do." This ensured important information was passed between staff.

The care plans we looked at gave details of when people had been assessed to ensure they were not at risk of harm. For example one person had been at risk of falling due to poor mobility before moving to the home. Staff had assessed their ability and analysed the falls within the home to see if they required to have someone walk with them. Health and social care professionals were happy to tell us they were alerted by staff if someone's condition changed and they could give advice. For example when someone was not walking well. They said staff were reasonably good at following instructions but had to tell the manager on a couple of occasions when this had not happened. Health care professionals were concerned that staff were doing too much for people and not allowing them to exercise as much independence as they could.

Plans were in place for each person in the event of an evacuation of the building. The assessments included how people might respond when knowing there was a fire in the building and if people required one or two people to help them evacuate the building. This ensured people could leave the building quickly in the event of a fire. A business continuity plan identified to staff what they should do if utilities and other equipment failed. Staff knew how to access this document in the event of an emergency.

When an incident or accident happened in the home the manager quickly let the Care Quality Commission (CQC) know. They made appropriate referrals, when necessary, if they felt events needed to be escalated to the safeguarding adults team at the local authority. This ensured people were protected against harm coming to them.

The manager told us the provider did not have a maintenance plan in place and recognised some areas of the home required to be refurbished. Although some paintwork was scuffed in places, areas were clean. We looked at a couple of people's bedrooms, with their permission. The bedrooms were clean, well decorated and personalised with photographs and mementoes. However, some maintenance issues were not picked up by the auditing process. For example a hospital bed required repair and there were problems with the hot water temperature. The maintenance person was asked to look at these while we were still at the home.

We looked at three staff files which showed safety checks had been made prior to their commencement of employment to ensure they were safe to work with people. A system was in place where the manager checked the registration with the Nursing and Midwifery Council of all the trained nurses employed to ensure they had a valid registration.

Good

Is the service effective?

Our findings

At the last inspection in July 2014 we set a compliance action because there were insufficient records to show how staff were supported and when they had received supervision. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan telling us they were introducing a supervision planner and staff supervisions would be more individualised.

We found staff had received regular supervisions and we saw records confirming this. Staff said supervision took place every few months. When we looked at the records we found that approximately 50% of staff had received four supervision sessions since our last inspection. Others had received two or three sessions. This was in line with the provider's policy. Staff told us they valued the sessions when they did occur and felt they had a voice and their opinions were valued. The provider had fulfilled everything on their action plan and were compliant.

One staff member told us about the induction process they had undertaken. This included assessments to test their competency skills in such tasks as manual handling and bathing a person. They told us it had been suitable for their needs. We saw the induction records within the person's personal file. This had ensured the person was capable of completing their job role before being offered a permanent post.

Staff we spoke with told us they had completed mandatory training in topics such as basic food hygiene and manual handling. They told us training was always on offer. The training records supported this. Some staff had completed training in particular topics such as diabetes, end of life care and dementia awareness. They said this helped them understand the needs of people better. The manager was aware which topics staff required to complete and we saw the training planner for 2015.

People's health needs were being looked after. A relative told us, "He [relative] is on medication for dementia and heart attacks, they always notify you, phone you and tell you everything they are doing." A relative told us how effective the home had been in clearing up their relatives urine infection stating, "[named staff member] and [named staff member] got it sorted." Another relative told us how their family member had been in another home who had been unable to sort out the person's hearing problem. They said within two days the manager had arranged for their family member's ears to be syringed and now they could hear perfectly.

We observed staff attending to the needs of people through out the day and testing out the effectiveness of treatment. For example one person complained of a headache. The staff member reassured them and checked whether they could have some pain relief medicine. This was offered and accepted. Later the staff member asked the person if the medicine had worked.

Health and social care professionals we spoke with before and during the inspection told us they knew staff gave person centred care as they were asked for their opinions about people. We observed staff liaising with health professionals on the telephone and in person. The staff gave a précis of each person's immediate needs and had information to hand about the person. We observed staff handing over between shifts. They ensured the staff coming on duty were aware of everyone's needs and what treatments were left to complete. Staff were given the opportunity to ask questions.

MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions themselves. Deprivation of Liberty Safeguards (DoLS) is a framework to approve the deprivation of liberty for a person when they lacked the capacity to consent to treatment or care. The safeguards legislation sets out an assessment process that must be undertaken before deprivation of liberty may be authorised and detailed arrangements for renewing and challenging the authorisation of deprivation of liberty.

We discussed this with the manager and other staff. They showed that they were knowledgeable about how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. All staff told us had undertaken training in the Mental Capacity Act 2005. This was confirmed in the training records.

Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. We saw these in the care plans. They showed the steps which had been taken to make sure people who knew the person and their

circumstances had been consulted. We were told that one person living at the home required an application to be made under DoLS as they required a level of supervision and control that may amount to deprivation of their liberty.

A further person was subject to an order made by the Court of Protection as they could not make complex decisions for themselves and had no one to speak on their behalf. An independent advocate had been appointed to help them make decisions and help others understand the person's wishes. We saw the records of both people in their care plans and the decision trail of how staff had helped the person and others arrive at the decisions made. This ensured staff were aware of people's individual needs regarding their capacity to make decisions.

Staff we spoke with were able to describe the actions they would take when caring for someone whose behaviour was challenging to others. Visitors told us they had seen staff dealing with a person whose behaviour was challenging to others. They said, "Staff calmed the situation down in a nice way." One person said, "Staff seem to handle it." A relative told us, "Some men shout a lot, staff talk to them and calm them down, see what's bothering them." We observed staff handling several difficult situations during the day. Staff were calm, talked to each person in a respectful way and offered alternatives if possible.

People told us that the food was good, which was echoed by relatives. One person said, "On the whole it's pretty good, always a choice." A relative told us they sometimes eat at the home with their family member. They said, "The food is brilliant, can't fault it, absolutely fantastic always choices." One person however told us there wasn't much choice at breakfast and stated, "We don't get a lot of eggs though and I like eggs." One relative told us how their family member had stopped eating and what the staff had put in place to encourage them, including liaising with the GP. They said they were now eating well.

We observed the lunchtime meal in the dining room. The room was clean and bright. People had a choice of where to sit. Staff in the dining room kept up a constant friendly banter, which people appeared to enjoy. Some people needed assistance to eat and staff supported them to eat at the person's own pace of eating and drinking.

The meal appeared hot and was well presented. We saw a member of the kitchen staff asking people what they wanted prior to the meal being presented. Any different choices had been prepared prior to people sitting in the dining room. People were still offered choices though once they sat down and for those with limited sight staff pointed out what was on different parts of the plates using a clock method. Portion sizes were not individualised to each person. Staff told us they liked to give large portions but people knew they could leave food. One relative told us, "My [named relative] only complaint is that they give her too much, put too much on her plate and she doesn't like that." There was no menu on display for people to refer to if they had forgotten what the choices of the day were but staff said this had been a oversight that day.

The staff we talked with knew which people were on special diets and those who needed support with eating and drinking. They told us a person who had swallowing problems had been referred to the community speech and language therapist and they followed their guidance. Staff had recorded people's dietary needs in the care plans such as a problem a person was having controlling their diabetes with their diet and when a person required a softer diet. We saw staff had asked for the assistance of the hospital dietary team in sorting out people's dietary needs. This was recorded in care plans.

Requires Improvement

Is the service caring?

Our findings

Although staff were able to describe the actions they took to preserve people's privacy and dignity, these were not always applied consistently. They said they would knock on their bedroom doors before entering and closing doors and curtains when providing care. We observed staff knocking on doors before entering a room. However at certain times of the day when staff were engaged in a task with someone there was little social interaction and this did not promote individuals dignity and well-being. For example when a staff member was completing a tea round they were called away to help someone in a toilet area, no one continued with the tea round until that staff member came back, even though people were calling for a drink. Also when people were being escorted to a sitting room that was the task and people were not asked where they wanted to go until everyone was in. One person said, "It does annoy me. They just plonk them in front of the television and we can't see."

People and their relatives told us staff were caring and kind. One person said, ""Everybody is pleasant." A relative told us, " Everybody seems to be happy in here to me." One relative had looked after their family member at home for several years and told us, "They treat him nicely and properly, with love and care. I can go away and know [named relative] is being looked after and cared for. It's the first time for two and half years I've been able to do that." Another relative stated, "He's said himself that they are good to him and kind to him and he wouldn't' say that." People told us they had confidence in the staff's ability to look after them. They told us they felt staff were well trained. One person said, "Staff seem to know how to look after me and I've got lots of problems."

The staff all appeared caring and kind towards people. They were patient with people when they were attending to their needs. We observed staff ensuring people understood what care and treatment was going to be delivered before commencing a task, such as changing a wound dressing and giving medicines.

We observed many positive actions and saw that these supported people's well-being. We saw a member of staff laughing and joking with someone and saw how this had enhanced the person's mood. When a person who had memory loss became upset staff took them to a quiet area and spoke quietly to them until they were calm.

Throughout our inspection we saw that staff in the home were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made. For example one person wanted to remain in their bedroom for most of the day. Staff ensured they were in a safe environment and we saw they made numerous visits to them during the day.

All the staff we spoke with told us they felt people were well cared for in this home. They said they would challenge their colleagues if they observed any poor practice. One staff member said, "I would have no problems in reporting poor practice."

Relatives we spoke with said they were able to visit their family member when they wanted. They said there was no restriction on the times they could visit the home. One person said, " I always have a cup of tea when I come, I have my dinner here, they are always polite."

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care were supported by staff and the local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Requires Improvement

Is the service responsive?

Our findings

The people we spoke with told us staff responded to their needs as quickly as they could. One person stated they were asked what they wanted to do each day and said, "[Names staff member] asks day to day things." A relative described how their family member required a different type of bed and staff obtained this immediately for them.

People told us staff had talked with them about their specific needs, but this was in the form of a conversation rather than a formal meeting.

Staff responded quickly when people said they had physical pain or discomfort. When someone said they had a pain in their stomach, staff gently asked questions and the person was taken to one side and given some medication.

People told us they could get up and go to bed when they wanted. They said there was always an opportunity to join in group events but staff would respect their wishes if they wanted to stay in their bedrooms. However some people told us there was very little to do. One person said, "I spend the day sitting and watching the television, sometimes I have a newspaper or magazine. There's not a lot to do." Another person told us, "I like the music and sitting out in the garden, when you get old you don't want to do much, I don't."

There was very little stimulation for those with dementia. Some therapy centred on dolls for the females. There was nothing to stimulate the men. We heard one staff member asking a person with memory loss if they remembered war time songs and when the staff member sang the person did as well. This made the person laugh a lot.

Activities were mainly centred on those who could make informed decisions to join in events. These included bingo sessions and music to movement. We did not find any one who had been encouraged to develop their own interests, but people told us they liked knitting and watching sport programmes. The care plans did not state the type of interests people had and how they would like to spend their days. This could result in people becoming more institutionalised rather than the activities being person centred. The activities planner, which was on display, did not describe the activities taking place.There was a quiet room and a room with a television both were used all day by people living at the home.

People told us they were happy to make a complaint if necessary and felt their views would be respected. No-one had made a formal complaint since their admission. The records confirmed this. We saw the complaints procedure on display. The manager informed us they had contact with an organisation which could translate this in different languages. However they did not have access to the information in different formats. This could mean people with a visual impairment for example may not be able to access that information. The manager told us they would rectify this. Two relatives told us they had made concerns known to the manager in the past and they were rectified to everyone's satisfaction.

Staff said that if a person wanted to make a complaint they would listen to the person and try to resolve it. They said they would document it in the care record and inform the person in charge of the shift.

Good

Is the service well-led?

Our findings

At the last inspection we set a compliance action because there was no process in place to test the quality of the service. This was a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2010. The provider sent us an action plan telling us they were going to commence staff and resident meetings, give questionnaires to people six monthly and put a suggestion box on display. The provider had taken action to address the issues we identified.

Staff told us they worked well as a team and would help other teams out if they were busy. One staff member said, “The manager is very good, fair and if you have a problem she’ll deal with it.”

Staff said the manager was available and walked the floor each day. They told us the manager was approachable. One staff member said, “The manager is very receptive.” Another staff member said, “If I raise something they act on it.”

Staff told us staff meetings were held more regularly since the last inspection. They said the meetings were used to keep them informed of the plans for the home and new ways of working. They said they received feedback and were encouraged to put their views and issues forward at meetings. We saw the minutes of staff meetings held during September 2014 and November 2014. Each meeting had agenda items related to future plans, staffing, training and issues raised by staff. This ensured staff were kept up to date with events. Staff we spoke with told us there was a whistleblowing policy and they would not hesitate to use it if they felt it was necessary.

There was sufficient evidence to show the home manager had completed audits to test the quality of the service. Where actions were required these had been clearly identified and signed when completed. Audits completed in December 2014 included, infection control, health and safety, staff file and care plans. A suggestion box had been placed in the hall way for people to use. The provider was now compliant.

At the last inspection we set a compliance action because archival records were insecurely stored. This was a breach of Regulation 20 of the Health and Social Care Act (Regulated Activities) Regulations 2010. The provider sent us an action plan telling us they were going to purchase a new lockable cupboard. This had been purchased and archived records were now locked away. The manager understood the time scales for keeping records on people who used the service and staff.

People said they felt the home was well led. One person said, “The manager is very approachable and deals with things. I think she is a very capable person.” A relative told us the manager was approachable and friendly.

These matters were a breach of Regulation 22 of the Health and Social Care act 2008 (Regulated Activities) Regulation 2010.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing Appropriate steps were not being taken to ensure sufficient numbers of staff were employed for the purposes of carrying on the regulated activity. How the regulation was not being met: The needs of people who use services were not always being met due to insufficient staff being available to look after them.