

Greenfields Care Home Limited

Greenfields Care Home

Inspection report

130 Dentons Green Lane
Dentons Green
St Helens
Merseyside
WA10 6RA

Tel: 01744808949

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09 December 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Greenfields Care Home is a residential care home providing accommodation and personal care. The service can support up to 30 people within one building. Bedrooms and facilities are located on all floors of the building. Twenty people were living at the service at the time of this inspection.

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

Systems for the management of infection prevention and control were in place to minimise risk of cross infection during the Covid-19 pandemic.

People were protected from abuse and the risk of abuse.

Regular safety checks were carried out on the environment and equipment to maintain people's safety.

People received their medicines appropriately by trained and competent staff.

Recruitment procedures were in place to help ensure that only suitable staff were employed at the service.

People's needs and wishes were sought and recorded in their individual care plans which were reviewed on a regular basis.

People were supported by staff to maintain contact with their family members.

Systems were in place for the management and review of complaints. People and their family members knew who to speak to if they wanted to make a complaint.

Systems for the oversight and monitoring of the service people received were in place. People's views were sought on the service they received whilst living at Greenfields Care Home.

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 requires improvement (Published 11 October 2019).

Why we inspected

This was a planned focused inspection based on the previous rating.

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 coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenfields Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Greenfields Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 was carried out by two inspectors. The inspection site visit was carried out on 9 December 2020 by one inspector.

Service and service type

Greenfields Care Home 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

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 reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and a further four people's family members. We spoke with five members of staff including the registered manager.

We reviewed a range of records that included people's care and medication records. We looked at three staff files in relation to recruitment and training and records relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found during the visit to the service and information sent to us during the inspection process.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm. Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding procedures were in place which included local authority joint agency procedures.
- Staff had access to information about how to protect people from harm.
- People were supported by staff who had completed safeguarding training.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider continually reviews their procedures to ensure that any equipment in use is regularly assessed for safety. The provider had made improvements.

- People's care planning documents recorded potential risks and how these risks could be mitigated.
- Identified risks for people were monitored, reviewed and recorded within the electronic care planning system.
- Regular safety checks were carried out on the environment and equipment used. Action was taken if improvements were identified.
- Procedures were in place to enable people to be supported safely out of the building in the event of an emergency.
- Staff had access to policies and procedures in relation to health and safety and had received training in this area.

Staffing and recruitment

- Sufficient numbers of suitably trained and experienced staff were on duty to meet the needs of people.
- The needs of people who used the service determined the number of staff on duty.
- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered a job.

Using medicines safely

- Staff followed safe medicines policies and procedures and good practice guidance. An electronic medicines management system was in place to assist staff with the oversight and administration of people's medicines.
- People's medicines were stored appropriately.
- Staff responsible for managing people's medicines had completed training and their ability to manage medicines safely had been assessed.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.

- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accident and incidents which occurred were recorded and the registered manager monitored accidents and incidents on a regular basis to identify patterns or trends.
- Information relating to accidents and incidents was reported to the provider on a regular basis. This enabled the provider to further monitor incidents within the service.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended the provider reviews processes in place for the recording of care and support delivered to ensure that detailed person centred records were maintained at all time. The provider had made improvements.

- Care planning records demonstrated what actions were needed to support people in their day to day life.
- People's care plans were detailed, and person centred. They clearly reflected people's individual needs and choices.
- Information relating to people's care and support needs were accessible via an electronic records system.
- Family members were regularly updated about their relative's care needs and where appropriate, were involved in their care plan reviews. One family member told us they were aware of the care plans in place for their relative.
- Staff were person-centred in their approach and actively listened when supporting people. For example, one member of staff was seen supporting a person who had become upset. Staff were seen to sit at the person's level, asked open questions to understand how the person was feeling, and were reassuring and attentive.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's sensory needs were recorded in their care plans. For example, whether people had hearing or sight needs.
- People were supported to to utilise different forms of communication to maintain contact with their family members. For example, during the pandemic, family members told us, periodically staff sent videos and photographs of their family member.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were made available within the service. However, changes had been made to this provision during the pandemic. One person told us "I used to enjoy the visiting performers but understand why they can't come at the moment."

- Family members told us staff supported people to keep in touch. For example, one family member told us staff supported their relatives to make phone calls and facilitated window and garden visits when possible.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and accessible to people.
- A system was in place to record, review and monitor any complaints made regarding the service.
- People and family members knew how to make a complaint. Comments included "Would go to [name] if I had any concerns" and, "I've been impressed how they have turned things around. Have addressed all the previous issues."

End of life care and support

- People were given the opportunity to record their specific wishes about how they wanted to be cared for at the end of their life.
- People's end of life plans involved the support of community-based nurses.
- Several staff had undertaken specific end of life care training.
- Facilities were in place for the storage of anticipatory medicines when needed in supporting people with their end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems were in place for monitoring of the service, ensuring quality and safety. Weekly and monthly checks and audits took place. For example, in relation to the management of people's medicines and people's living environment.
- A system was in place for the regular monitoring of people's care planning records and information around their care and health needs.
- Regular communication took place between the provider and the registered manager. In addition, the provider reviewed audits and the monitoring systems in place and supported the registered manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their responsibilities in responding to people who used the service under the duty of candour, following incidents and when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and provider were clear about their responsibilities in relation to their regulatory requirements.
- Policies and procedures to promote safe, effective care for people were available to staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People and their family members had engaged in a satisfaction survey in July 2020. People's views were sought. For example, in relation to catering and food, religion and cultural requirements and staff availability. Following a review of people's responses, an action plan was implemented to make, where possible, people's suggested changes.
- Staff sought advice and worked in partnership with others such as the local authority and health care professionals to promote the best possible support for people.
- Family members spoke positively about their engagement with the service. Comments included, "Communication is good, they get in touch, deal with things well", "They are doing a great job. Good communication, open and helpful with information."

Continuous learning and improving care

- Staff received regular support and training to ensure they had up to date knowledge for their role.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.