Greenleigh Care Home Limited

Greenleigh

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 27 January 2017 and was unannounced. At our last inspection on 3 and 4 December 2015 we found that the provider 'required improvement' overall. This was because of shortfalls in three domains, safe, effective and well-led. We found that improvements in all of those areas had been made.

Greenleigh provides accommodation and personal care for up to 35 older people. At the time of the inspection there were 31 people living at the home.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe in the home. They were confident that staff were aware of the risks to them on a daily basis and how to support them appropriately and keep them safe from harm. Staff had received training in how to safeguarding people from abuse and were aware of their responsibilities to report any concerns they may have.

Staff were aware of their roles and responsibilities on each shift and staffing levels were assessed in line with people's dependency levels. People were supported to take their medication and staff competencies were regularly assessed to ensure they supported people safely and in line with their care needs.

People were supported by staff who benefitted from an induction and training that provided them with the skills and knowledge to support people safely and effectively.

People's human rights were respected by staff because staff applied the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards in their work practice.

People were supported to have sufficient to eat and drink and maintain a healthy diet. People were offered choices at mealtimes and where assistance with eating their meals was required, this was done discreetly and respectfully.

Staff were aware people's healthcare needs and requirements. People were supported to access a variety of healthcare services such as the GP, optician, dentist and dietician, in order to maintain good health.

Staff were described as 'kind' and 'caring' by people living at the home. People were supported to make their own decisions on a daily basis by staff who respected their wishes. People were treated with dignity and respect.

People contributed to the assessment and planning of their care needs and staff were aware of how people wished to be supported and what was important to them.

There was a wide variety of activities available for people to participate in. Efforts were made to provide people with a number of opportunities to engage in activities that were of particular interest to them.

People had no complaints but were confident that if they did raise concerns, they would be listened to and acted on appropriately.

People were complimentary of the registered manager and the improvements she had made to the home. Staff felt well supported in their role and confident that if they had any concerns they would be listened to.

Staff were on board with the registered manager's vision for the home and were motivated and worked well as a team. Audits were in place to assess the quality of the service provided and to drive improvement across the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and were confident that staff knew how to support them safely and protect them from risks and harm. Staffing levels were based on the dependency levels of the people living in the home. People were supported to safely take their medication.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained to ensure they had the skills and knowledge to support people appropriately and effectively. People were supported to have a balanced diet and were offered choices at mealtimes. People were supported to access healthcare services and were supported in line with the principles of the Mental Capacity Act 2005 (MCA)

Is the service caring?

Good

The service was caring.

People described staff as kind and caring and were comfortable in the company of the staff who supported them. People were supported to make their own decisions on a daily basis and were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who knew them well, what was important to them and their likes and dislikes. People were able to participate in a wide variety of activities that were of interest to them. People were confident that if they did raise any concerns they would be dealt with appropriately.

Is the service well-led?

Good

The service was well led.

People told us they thought the home was well-led and were complimentary about the registered manager. A number of improvements had been introduced during the last 12 months in order to improve service delivery across the home. Staff felt listened to and supported by management. Audits were in place to assess the quality of care and drive improvement across the home.

Greenleigh

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 27 January 2017 and was unannounced.

We asked the provider to complete a Provider Information Return (PIR). This 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.

We reviewed information we held about the provider, in particular, any notifications about accidents, incidents, safeguarding matters or deaths. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection. We spoke with 12 people who lived at the service and seven relatives and a visiting healthcare professional. We spoke with the registered manager, the area manager, four members of care staff, the activities co-ordinator and the cook.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We reviewed a range of documents and records including the care records of four people using the service, six medication administration records, two staff files, accident and incident records, complaints, minutes of meetings, quality audits and action plans.

Good

Is the service safe?

Our findings

At our previous inspection, we found some gaps in one person's medication records which meant we could not be confident that the person had received their medication. At this, our most recent inspection, we looked at the Medication Administration Records [MAR] for six people. We saw that the amount of medication given tallied with what was in stock. For those people who required their medication to be administered 'as required', protocols were in place providing staff with the information they required about when to give this medication. We observed that people were supported to safely take their medication. One person told us, "If want painkillers for a headache they [the staff] give them to you" and another person said, "I have my medication on time and staff check I've taken it".

The member of staff administering medication wore a tabard which highlighted to staff and visitors that she should not be disturbed whilst administering medication. We observed that people's medication was stored and secured safely and audited regularly. For those people who required medication in the form of a patch, body maps were in place to indicate where to place them. A member of staff said, "I know where to place the next one [medication patch], I didn't remove the other one [medication patch] until I'd put the new one on".

At our previous inspection, people had mixed views with regard to whether or not there were enough staff. At this inspection, on the whole, people told us they felt there were enough staff in the home to meet their needs. Comments received were; "If I use the buzzer they [staff] come quickly and check on urgency", "Care is very good, sometimes if staff are busy have to wait and I get anxious but I've never had an accident" and "Three or four times a night I need to use toilet and they come before too long". One relative said, "There's enough staff" and another said, "Feels sometimes need more staff, if two staff members are assisting someone to transfer it only leaves one on the floor to assist other people". We observed that people were responded to in a timely manner and staff were present throughout the home at all times.

The provider told us in their Provider Information Return [PIR] that people's dependency levels were assessed on a monthly basis to ensure sufficient staffing levels were in place to meet people's needs and we saw evidence of this. We discussed with the registered manager the staffing levels and staff skill mix on each shift. She told us that she had identified the need to ensure more staff were trained to give medication, to cover any staff absences. This forward planning had worked well as on the day of the inspection, a carer had to step in and administer medication whilst another carer attended an appointment. We spoke to the carer who told us it was the first time they had to do this but felt well trained and supported.

At our previous inspection, we raised concerns regarding staff allocation during each shift which resulted in people not always being supported in a timely manner. At this, our most recent inspection, we saw that there was a system in place to ensure that staff were allocated to particular roles on each shift. A member of staff told us, "They [staff] don't disturb me now I'm doing the tablets and there's two girls on the floor to help with breakfast, so I'm not stressed out".

People who lived at the home told us that they felt safe. One person said, "'I do feel safe here" and another said, "Sleep well, feel safe". A relative told us, "It is safe here, [person's name] has buzzer [call system

activator] to hand, may not use it but they [the staff] check on them". Staff told us they considered people living at the home to be safe and provided us with a number of examples of why they felt this. One member of staff told us, "We [the staff] have to be aware of the risks to [person]. He is at risk of choking and good communication between staff means they are all aware of this". Staff were aware of the risks to themselves and to the people they supported. A member of staff said, "[Person] can be quite abrupt or aggressive and you have to be aware of that. I try and uphold my professionalism with people".

Staff confirmed they had received training in safe manual handling techniques and that their practiced had been observed by the deputy which gave them confidence when supporting people. This was demonstrated in the comments we received from people with regard to this, for example, one person told us, "Staff have first aid and how to move us training, they use rotunda [a piece of equipment to assist people with their mobility] and I am happy with how they do that, I need to stand up tall, it took me a while to do this" and another person said, "Staff are very good with the hoist" and a relative agreed with this comment.

People were supported by staff who had received training in how to safeguard people from abuse and were aware of what to do if they suspected someone was a risk of abuse. One member of staff said, "I'd report it to the senior on shift and also put it in writing and sign and date it. I would ask for follow up and if I wasn't happy I'd go over their head or contact the Care Quality Commission". We saw where safeguarding concerns had been raised, they had been responded to and acted upon appropriately. Where accidents or incidents had taken place, they were reported, recorded and acted upon.

We saw that recruitment processes were in place to help minimise the risks of employing unsuitable staff. We spoke with staff who confirmed that references had been obtained and checks with the Disclosure and Barring Service (which provides information about people's criminal records) had been undertaken before they started work and we saw evidence of this.

Good

Is the service effective?

Our findings

At our last inspection, we observed that at mealtimes, people's choices were not always observed. At this, our latest inspection, we observed people being offered a choice of meals and drinks at mealtimes. People told us they had plenty to eat and drink and we received a number of comments regarding the food, for example, "I like the meals and puddings. I am given two options as the food is served", "Food excellent, fish and chips today which is a favourite and nice pudding, enjoyed it, always get a choice" and "Meals very good, two choices each day, always something I like, enough to eat and drink". We observed an alternative lunch was provided for one person who did not want what was on the menu. A relative told us, "[Person] has a choice of meals and can ask if she wants additional drinks" and another relative commented, "Tea time sandwiches and cakes look lovely". We saw that biscuits were also offered to people when they were offered drinks during the day. Some people commented that they would like additional snacks in the day. We raised this with the registered manager and the regional manager and they confirmed that this was something that could be looked into and provided.

We observed that people were supported to sit where they wanted at mealtimes (some people chose to sit in particular friendship groups). Lunchtime was calm and organised and each table was served at the same time, ensuring people were able to enjoy their meals togetherWe saw that each meal was plated in accordance with people's specific preferences. We spoke with the cook who was aware of people's individual dietary requirements and preferences and confirmed that they were kept informed of any changes in a timely manner.

People told us they were happy with the care they received. One person told us, "Care is quite good, staff treat me excellently" and another said, "Care is marvellous, doesn't matter what you ask for they will do it". A relative told us, "Care wise, they are very good, [person's name] is very demanding". Another relative told us, "Staff noticed [person's name] mobility had deteriorated a little bit and they got her a walking frame. She had had a couple of falls and they were reasonably quick to let us know".

People were supported by staff who had received an induction that prepared them for their role and included shadowing more experienced staff. One member of staff told us, "Any new staff I try and make an effort to support them. And another told us that part of their induction involved being introduced to the people living at the home and being given the opportunity to get to know them. The registered manager confirmed that arrangements were in place to ensure that any new staff to the home completed the Care Certificate as part of their initial induction. The Care Certificate is an identified set of standards that care staff should adhere to when carrying out their work.

People were supported by staff who felt well trained and supported in their role. Staff told us they received regular training which provided them with the skills required to meet people's needs. The provider told us in their Provider Information Return [PIR] that staff would continue to have access to regular training and development opportunities and their practice would continue to be assessed and we saw evidence of this. The registered manager had identified that the home would benefit from more staff being trained in administering medication and this had been arranged and put into practice. There was a training matrix in

place which identified when refresher training was required and a number of staff had been given the responsibility of being leads in particular areas such as end of life care, safeguarding, infection control and first aid. Additional training opportunities were sought for staff in order to develop their knowledge. One member of staff told us, "I've done my NVQ [National Vocational Qualification] medication training and have signed up to do other training as well". Staff told us they received regular supervision and an annual appraisal and we saw evidence of this. We saw that staff practice was regularly observed and formal observations took place of staff competencies when it came to administering medication and manual handling practices. We saw that the registered manager had access to staff training records and had systems in place to ensure staff training was up to date.

Staff told us communication in the home was effective and they were kept informed of any changes in people's care needs. A member of staff said, "Everything on the handover sheet is also in the daily report. If I've been off a few days I'll ask if everyone is ok. As care needs change we adhere to these changes".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked to see if staff were supporting people in line with the MCA and DoLS and we found that they were. Staff spoken with had received training in this area and were aware of who had a DoLS authorisation in place and what it meant for them. We saw where DoLS were in place, the correct paperwork had been completed and people's care plans detailed the reasons for the application and how to support people in line with the authorisation. There were systems in place to ensure authorisations would be re-applied for in a timely manner. People told us that staff routinely obtained their consent prior to supporting them and we observed this. One person told us, "They [staff] always ask before doing anything and it's okay for me to say no" and another person said, "If you don't want to do anything they don't force you". A relative commented, "Staff talk to [person] and ask permission".

People were supported to maintain good health and access a variety of healthcare services, including the chiropodist, district nurse and the dietician. Everyone spoken with told us they had access to their GP when required. One person said they had seen their GP several times for a particular condition and went on to say, "Staff tell me what the GP said which is very important".

The registered manager informed us that staff had been trained on using a telemedicine service (a way of accessing health advice via a secure video link) which had been introduced in a number of care homes the week before. It had been used already, successful which meant that staff were able to obtain medical advice for people without them having to leave the comfort of their home.

We saw that appointments had been made for a number of people to had their eyes tested by the visiting optician. We observed arrangements were calm and orderly and people were supported appropriately. The optician spoke positively about how people were supported to with these appointments and how the staff worked with them to maintain people's eyesight, they told us, "They [staff] have all the information ready for us when we come in. They are very good and the result is quite effective". We saw that prior to the optician visiting, staff went through questions with people to ensure they received glasses that met their needs, for example, to support them with particular activities. This information was then shared with the optician who

produced an information sheet that was displayed in people's rooms, identifying their different types of glasses and in which circumstances they should be wearing them, for example, reading, watching television, walking, or taking part in particular activities.

Good

Is the service caring?

Our findings

People told us they were supported by staff who were kind and caring. We observed care interactions that were kind, patient and sensitive. Staff reassured people and provided encouragement where appropriate. People's facial expressions and responses indicated that they were at ease with staff and they had a laugh and a joke with them. We received many positive comments from people regarding the care they received and how staff supported them, such as, " "I like it here very much, they [staff] are very good to me", "They really look after me, staff are lovely, absolutely beautiful" and "I like it here, everybody's nice, not like own home but next best thing' and comments from relatives were equally as positive.

Staff spoke warmly of the people they supported. One member of staff said, "I have a good rapport with staff and people" and we observed this. Another member of staff told us how they ate their lunch every day with a particular person, who preferred to eat in the lounge, to keep them company and the person confirmed this.

People told us they were involved in the planning of their care and supported to make their own decisions on a daily basis. People told us, "[Staff] get me up at 8.30 when I'm ready", "I prefer a shower and I have that and am happy with how they do it" and "It's very important what I wear and I choose each day". Staff were able to describe to us how they supported people with their daily living and what was important to people.

People told us they were supported by staff who treated them with dignity and respect and we observed this. One person told us, "[Staff] always knock the bedroom door, my private room" a second person said, "Staff are very polite, always knock". A relative told us they felt care was provided in a dignified way. One member of staff described how they maintained a person's dignity whilst supporting them with their personal care. They told us, "I help [person] sit up in front of the sink, cover with a towel and try to encourage him to do it for himself. The most important thing for me is to promote independence, it gives people a better quality of life".

We saw that staff knew people well and responded to their individual care needs. We observed several people mobilising using frames were given encouragement by staff and not rushed. A relative advised that their loved one had continued to use a frame as encouraged by staff and were not rushed by staff. We heard a member of staff say "Take your time, how are you getting on with your walking frame".

One person told us, "I like the atmosphere, I'm made to feel welcome and there's no restrictions on visiting" and another person said, "Had Christmas lunch here and it was lovely".
Relatives told us that staff were friendly and approachable and they were always made to feel welcome and could visit at any time.

The provider told us in their Provider Information Return [PIR] that advocacy services were available for people to use. We saw that one person in the home currently used the services of an advocate. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes. The registered manager told us, "We can arrange for an advocate for anyone who may require one"

and there was information on display to inform people of this.

Good

Is the service responsive?

Our findings

One person told us, "Staff know my likes and dislikes, they know me well" and another person commented, "If I don't want a male carer I can say no and they are okay about it". People told us they were involved in the development of their care plans and we saw evidence of this. Prior to people being admitted to the home, assessments took place to ensure the correct information was available to staff to assist them in building up a picture of the people they were going to support. This information included how to support people safely and manage the risks to them on a daily basis, people's healthcare needs, their likes and dislikes and how they wished to be supported on a daily basis. From our observations, it appeared that people's care needs were delivered according to their individual needs and wishes. We saw that regular reviews of people's care needs took place. Relatives spoken with told us they had not been invited to any recent reviews, but were in constant touch with staff and the registered manager and were kept informed of any changes. One relative told us, "All staff know [person] and how he likes things to be done" and another relative said, "Staff try to treat [person] as an individual". Staff spoken with were able to provide us with detailed accounts as to how they supported people, responded to their needs and what was of interest to them.

One person told us, "I like skittles, throwing the beach ball, play your cards right. I'm hoping to go on a boat trip in July and I attend monthly church service" and another person said, "I knit for exercise, good for my arthritic fingers, I read magazines, [activities co-ordinator's name] is very good at getting you to join in, went on Christmas meal and go to café at a centre".
We received a number of positive comments from other people with regard to the activities available and a number of people commented that the activities co-ordinator encouraged them to join in activities that they enjoyed. Although there was a set programme for activities, there were a number of impromptu things going on during the day. We saw that people had the opportunity to take part in a wide variety of activities that were of interest to them or introduced them to new things that were interesting and stimulating. As well as group and individual activities, there were memory boxes available for people to rummage through [that can be helpful for people who had limited memory], regular visits from singers and entertainers, trips out and a variety of animals visited the home [to provide pet therapy], which from the photos seen, people clearly enjoyed. We saw plans were in place for a tea dance on Mother's Day which relatives would be invited to attend.

Everyone spoken with, people, visitors and staff alike, spoke positively about the impact the activities co-ordinator had on the home and the activities that she was introducing. The registered manager told us, "She's [activity co-ordinator] all about the people and she has really got relatives involved". We spoke with the activities co-ordinator and she told us how prior to commencing in post she had spent a week with the previous activities co-ordinator, getting to know people and their interests. It was clear from our conversation that the activities co-ordinator held detailed knowledge regarding the people living at the home and their individual interests. For example, she knew who enjoyed gardening, who liked to visited particular places and why, what people's parents did for a living and how this impacted on their lives growing up. For one person who had regular hospital appointments and liked to participate in certain group activities, they were scheduled to fit in with the appointments where possible, so that the person did not miss out on the activity they enjoyed. We observed the activity co-ordinator knew what to do to encourage

people, what people liked join in on and who preferred to be in the quiet lounge at certain times a day. She told us, "I try to get as many people involved in groups, some people prefer one to one support. I ask people what they like and try to make things personal for them".
People told us about the trips that they had been involved in and how much they were looking forward to other events that were taking place. We saw lots of pictures on display, all showing people enjoying activities, such as trips on a barge and having fish and chips [which many people mentioned to us as a particular highlight]. The photos clearly showed people enjoyed these experiences. The activities co-ordinator had arranged for some people to enter a competition to decorate their walking frames and had supported them to do this in a way that made them very personal to them. We saw that three students from the local college were also providing one to one support with people on the day. The activities co-ordinator told us, "It's nice for them to interact with people". One of the people supported by the students commented that they were a 'nice little helper' and we observed they enjoyed the engagement with this person. The home had a lively feel about it and there was lots going on, but for those people who did not wish to join in activities, quiet areas were available for them.

One person told us, "If something is not right I would tell them" and another person said, "I think I would complain if I needed to". Relatives spoken with told us, "I know the manager, she's approachable, I would raise any concerns and I I'm aware of the complaints procedure" and another person said, "I've no complaints, but would raise them [if needed]". Other told us they were happy with the care received and had no complaints. We saw that there was a system in place to log and investigate complaints, but none had been received since 2014. People told us that if they had any concerns, they had no problems raising them and were confident they would be dealt with appropriately.

We saw that regular meetings with people living at the home and their relatives took place, providing people with the opportunity to voice their opinion of the care received and raise any concerns they may have. One person commented, "They [staff] do take notice of what is said".

Good

Is the service well-led?

Our findings

At our last inspection we found that the home was in a period of transition following the departure of the former registered manager and that staff were not always clear on their roles and responsibilities. We also found that communication systems were not always effective and audits for medication had not been fully completed and did not pick up the errors that came to light during the inspection. Following that inspection, the new manager had registered with the Care Quality Commission. We saw that the registered manager had made great efforts to address the areas of improvement that were identified at the last inspection and also introduce changes to improve the efficiency of the home. We saw that work had commenced to improve and streamline care plan paperwork and we found evidence of improvement. Allocation sheets were now in place which ensured staff were aware of their roles and responsibilities. Staff told us communication was good across the home and we saw that medication audits were effective in identifying any errors. Staff spoke positively about the changes introduced by the registered manager. One member of staff said,[Registered manager's name] has introduced more staff, she's being really good. She's supportive and she listens it's nice for someone to listen to me".

People told us they considered the home to be well- led and had a welcoming atmosphere. People were complimentary about the registered manager, they described her as "approachable" and told us that they always saw both her and her deputy around the home and if they had a problem they would listen to them.

Staff told us they felt supported by the registered manager and their colleagues alike. Regular staff meetings and supervision took place, providing staff with the opportunity to raise any concerns or issues they may have. For those staff unable to attend meetings, copies of minutes were made available to them. One member of staff told us, "The manager is caring and supportive to staff", and provided us with a number of examples of how the registered manager and staff group had supported her in her work and made her feel included and part of the team. She told us, "Here it's more open, I felt I was on my own in the last home I worked in" and another member of staff said, "[Registered manager's name] is good, I really get on with her, I really like her and it's good working with her".

The registered manager led by example and we saw that the staff group were on board with her vision for the home, not only for the people living at the home, but also for supporting one another. She told us her biggest challenge had been getting staff to work as a team. From our observations and comments received from staff, we saw that she had been successful in this.
One member of staff told us, I'm happy to help people and we're supported all the way". We observed that staff worked well together as a team and a number of them commented that they were like one big family. The registered manager commented, "It's genuinely a happy home and staff genuinely care. I aim to keep staff happy, I don't want any staff member dreading to come to work, you have to have a handle on things and you can't take your eye off the ball".

The area manager visited regularly and we observed she had a good working relationship with the registered manager and knew the people living in the home. The registered manager told us she felt supported by the area manager adding, "[Area manager's name] is absolutely fantastic, she comes in quite

regularly to see me". The area manager said, "I don't have any issues with [registered manager's name] she always acts on every action I have left for her to deal with".

The registered manager explained why she had arranged for additional staff to be trained to administer medication. She told us, "It's good to have someone to fall back on if one of the seniors are off and it has worked, it's wise to have members of staff who are carers across the board, I'm a bit of a forward planner, I'm thinking ahead". She told us her plans for the next 12 months included creating a more dementia friendly environment and ensuring all staff were trained to be dignity champions.

The provider told us in their Provider Information Return (PIR) that they would be systems in place to monitor the completion of audits and any actions required resulting from them and we saw evidence of this. We saw that there were a number of audits in place to assess the quality of the care provided. These covered areas such as infection control, medication, health and safety, quality dining, accidents and incidents. Provider questionnaires were also sent out every six months to people living at the home, families and visitors to the home in order to obtain feedback on service delivery. This information was analysed by head office and where appropriate, action plans were put in place. We looked at some examples of questionnaires received and all held positive comments. We saw where action plans were in place, the areas of concern were acted upon.

The provider had notified us about events that they were required to by law and had on display the previous Care Quality Commission rating of the service as is also required by law.