Kirkley Limited

Greenways Care Home

Inspection report

Greenways Care Home
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Warwickshire
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14 November 2017

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 7 and 14 November 2017. The inspection visit was unannounced on 7 November 2017; we then announced our return on the 14 November 2017 to continue our inspection, the delay of one week was to make sure we could speak with the consultant manager on the second day of our inspection visit.

Greenways Care Home is a residential home which provides care to older people including some people who are living with dementia. Greenways Care Home is registered to provide care for up to 27 people. At the time of our inspection there were 19 people living at the home. The inspection was a comprehensive inspection to follow up on issues we found at our previous two inspections.

Since our inspection of Greenways Care Home in June and July 2017 we have reviewed and refined our assessment framework, which was published in October 2017. Under the new framework certain topic areas have moved such as support for people when behaviour challenges, being moved from Effective to Safe. Therefore, for this inspection, we have inspected all key questions under the new framework, and also the previous key question to make sure all areas have been inspected to validate the ratings.

We placed the home in special measures in January 2017. Requirement notices were issued to the provider which required them to send us action plans of how they would meet the regulations. Following our inspection in June and July 2017, the home remained in 'Special Measures', as we found continued breaches in the governance of the home and in medicines management. Because of our concerns, we rated the service as 'Inadequate.' We placed a condition on the provider's registration of Greenways Care Home, telling the provider that no-one should be admitted to Greenways, due to the concerns we found at the home.

In November 2017 there was not a registered manager in post at the time of our inspection. However, the provider had recruited a consultant to manage the home and make improvements whilst they recruited a new registered manager. The provider had recruited a new registered manager to start at the home during December 2017. 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. We refer to the previous registered manager as the registered manager in this report. We refer to the consultant as the consultant manager in this report, and the newly appointed manager as the new manager in this report.

At our previous inspection we found the provider and registered manager did not always manage risks to people's safety, and people were placed at unnecessary risk. At this inspection we found risk assessment procedures had been improved, however, risks continued to be managed inconsistently. Further improvements were required to ensure people were always supported safely.

In our June and July 2017 inspection the registered manager and provider did not have safe and effective procedures and processes in place to ensure medicines were stored and managed safely. We could not be sure people received their prescribed medicines when they should and in line with manufacturers guidelines. At this inspection we found improvements had been made, medicines were stored securely and in a single location. Procedures to monitor and administer medicines had been updated, so that the consultant manager was able to establish whether people received their medicines as prescribed. Further improvements needed to be made to ensure medicines continued to be administered safely, and in line with recommended guidance.

At our previous inspection we had identified there were not always enough competent and skilled staff to ensure people's safety, as staff training was not up to date. Staff training still required improvement to ensure staff always had the skills they needed to provide people with safe and effective care. The management of staff had improved so that staff had the opportunity to meet with their manager on a regular basis, and share their feedback.

Relatives told us they felt their family members were safe and were satisfied with the service their family member received.

Some fire safety checks had not been completed in June and July 2017, people did not have emergency evacuation plans and staff were uncertain about what actions to take in the event of an emergency. The fire authority visited the service in July 2017 and issued the provider with a number of actions to keep people safe. We found on this inspection that some actions had been implemented at the home to improve fire safety procedures, and the environment, including the fitting of more fire doors. People had individual emergency evacuations plans in place to instruct staff and emergency personnel how people should be supported to evacuate the building. Two fire drills had been held at the home, and further training had been arranged for staff in fire safety.

Care records had been improved since our inspection in June and July 2017, however, more work needed to be done to bring records completely up to date. Some care plans and risk assessments lacked the information staff needed to ensure people received safe care. We found the provider had a plan in place to review all care records with the people who lived at Greenways and their relatives in early 2018.

At our previous inspection in June and July 2017 the registered manager and provider had not consistently notified CQC, and the relevant authorities of accidents and incidents that occurred at the home. Safeguarding concerns had not been investigated or referred to other agencies. Analysis following accidents and incidents was not sufficient, to identify how these could be prevented in the future. We found on this inspection that systems had been improved to record and refer safeguarding concerns, and analyse accidents and incidents at the home.

At this inspection we found quality monitoring systems had been improved and included health and safety checks and checks on medicines management. These checks were regularly reviewed by the consultant manager.

At the last inspection in June and July 2017 we found people were not supported in line with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We found some improvements had been made, however further improvements were required.

Activities planning and the engagement of people in social activities had been reviewed by the consultant manager, and a new programme of activities and events was advertised and on offer to people at

Greenways. However, this required further development to ensure people were supported to do things they enjoyed.

This service has been in Special Measures since January 2017. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the provider demonstrated to us that improvements had been made and is no longer rated as 'Inadequate' overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

We found there were three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines management had been improved but required further improvement to ensure people were not placed at risk. Where people were identified as being at risk of harm, measures were not always taken to keep people safe. Safeguarding procedures were in place, to investigate any concerns. There were enough staff at the service to support people safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People did not always have mental capacity assessments in place, that followed the principles of the Mental Capacity Act 2005. We were unable to assure ourselves that staff had the relevant training, skills and support to provide people with effective care. People were provided with nutrition that met their needs. People were supported to maintain their health and referred to external healthcare professionals when a need was identified.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff were kind and caring, and knew people well. People were supported by staff to make choices about how they lived their daily lives. Documents about people's care were not always stored securely and did not always protect people's privacy.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People and their families were not always involved in planning how they were cared for and supported. There continued to be limited physical and mental stimulation for people, which did not always meet their needs. People knew how to make a complaint and provide feedback to staff and the manager.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider's management systems continued to require improvement to be effective in identifying where improvements were needed. Further actions identified as requiring improvement needed to be addressed by the provider.

Greenways 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 07 November 2017 and 14 November 2017. The first day of our inspection visit was unannounced. On the first day of our inspection visit two inspectors, an expert by experience, and a specialist pharmacy inspector visited the home. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of service. On the second day, two inspectors visited.

Before the inspection visit we looked at our own systems to see if we had received any concerns or compliments about Greenways Care Home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We looked at information we had received from other agencies, including commissioners of services. Commissioners are professionals who may place people at the home, and fund people's care. We considered this information when planning our inspection of the home.

This inspection was a follow up visit to check improvements had been made in the management of the service and management of medicines. We asked the consultant manager and the provider, to supply us with information that showed how they managed the service, and the improvements they had made. We considered this information along with the action plan they had submitted to us following our inspection in June and July 2017.

Following the last inspection, we met with the provider and asked them to complete an action plan to show us what they would do and by when to improve the key questions of safe, effective, caring, responsive and well led.

Some of the people who lived at the home were not able to tell us in detail, about how they were cared for and supported because of their complex care needs. However, we used the short observational framework

tool (SOFI) to help us assess whether people's needs were appropriately met and to identify if people experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We observed care and support being delivered in communal areas of the home. To gain people's experiences of living at Greenways Care Home, we spoke with six people and two relatives or visitors of people who used the service. We spoke with the previous registered manager, the provider, the consultant manager, the newly appointed manager, three care staff, the cook and the assistant cook. We also spoke with a visiting health professional.

We looked at five people's care records to see how they were cared for and supported. We looked at other records related to people's care such as medicine records, daily logs and risk assessments. We also looked at a range of documents produced by the consultant manager which demonstrated how quality assurance was undertaken.

Requires Improvement

Is the service safe?

Our findings

At our last inspection 'Safe' was rated as 'Inadequate.' We identified a continued breach of Regulation 12 because care and treatment was not being provided in a safe way, risks were not always managed to minimise the risks to people's health and wellbeing. At this inspection we found the provider had made a number of improvements to the safety of people living at the home, and we have rated 'Safe' as 'Requires Improvement'.

At this inspection, we still found risks to people's safety were not always managed effectively. We found one person who was at risk of falling out of bed, had been moved the day before our inspection from an upstairs room, to a downstairs room. Arrangements to consider their safety had not been considered; for example the sensor mat in place in their old room to alert staff if they moved out of their bed, had not been moved to their new room; their bed had not been lowered, to minimise the risk of them harming themselves if they fell and their call bell was not in reach. This placed the person at risk of injury and isolation. We brought this to the attention of the consultant manager who had addressed these risks by the second day of our inspection visit.

One person had recently been admitted to hospital for de-hydration. When they returned to the home their risk assessments and care plans had not been updated to instruct staff how much they should drink to maintain their health. We saw on the first day of our inspection visit, fluid monitoring for the person was insufficient to ensure they remained hydrated.

Staff told us about the needs of one person saying, "The person can be verbally and physically abusive. If you talk softly, this can help." We found there were no risk assessments in place to instruct staff on techniques to calm the person. We later saw three staff enter the person's room to assist them, as the person sometimes refused personal care. One staff member appeared agitated, spoke loudly to the person, telling them to calm down. Staff did not understand how the person could be calmed, to reduce their anxiety and risk to themselves and the staff.

At our previous inspection we identified radiators in the communal areas of the home were not protected by radiator covers. Radiator covers are commonly used in care homes to protect people from burns. At our inspection in November 2017, we found uncovered radiators in people's bedrooms and in the communal areas of the home. The provider told us they were in the process of purchasing radiator covers and intended to have these in place in the next few weeks. They told us they would complete a risk assessment of radiators around the home, and put in place measures to reduce risks (such as moving beds away from radiators) until covers could be fitted.

We found this was a continued breach from our inspection in March 2016 and January 2017 of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found the service had breached Regulation 12 because they had not administered medicines to people safely. In response we issued the provider with a requirement notice to improve

medicines management. At this inspection we found some improvements to the management of medicines had been made. However, improvements needed to be sustained and other improvements were required to ensure people always received their prescribed medicines.

Previously we had concerns about the safe storage of medicines, as some medicine was missing at our inspection in June/July 2017. On this inspection significant improvements had been made to storage arrangements including the introduction of a medicines storage room. We found keys to the medicines room and trolley were held by a designated member of staff on each shift, and medicines were kept locked away.

Records showing which medicines had been given to people were up to date. We found skin patches were being changed at the right time and were being rotated correctly so that people did not experience unnecessary side effects.

People told us, "The carer gives me my tablets in the morning." Another person commented, "I need quite a lot of medication and the carers always give me my medication on time." However, we had concerns about medicines that needed to be administered at a specific time of the day. For example, one person had been prescribed a medicine that needed to be given on an empty stomach, with water, half an hour before food or any other medicines. Staff told us this medicine was being given with the person's breakfast. There was a risk that unnecessary side effects could be experienced because the prescription was not followed.

We previously found the temperature of the refrigerator that was used to store medicines, was not being monitored correctly and that this was still the same at this inspection. Therefore the provider could not demonstrate medicines were stored at the correct temperature to maintain their effectiveness.

Some people were prescribed medicines that were to be taken 'as required'. At our last inspection we found plans to detail when people needed to take these medicines were not available. At this inspection we found the necessary information to inform staff on how these medicines should be consistently administered was not always in place. For example, plans directed staff to administer analgesic medicines to people 'when [they were] in pain'. However for people who were unable to tell staff their needs, there was no detail about what symptoms/behaviours would tell staff people needed some form of analgesic intervention.

All staff had recently received medicines training from a local pharmacy, if they administered medicines. However, care staff who applied creams to people's skin, did not complete records to show this had been done. Records were being completed by other medicines trained staff. This meant we could not be sure staff who completed records knew if people received their medicine.

At our previous inspection we found there were not always enough numbers of suitably qualified, competent and skilled staff to meet people's care needs. We found staffing availability had increased, and the deployment of staff had been altered. Staff were always available in the communal areas of the home to assist people. Staff had been allocated to support people on each floor, to ensure people had the support they needed if they chose to stay in their room.

People's comments about staffing levels were mixed. Most people told us there were enough staff to keep them safe. However, one person felt more staff, at busy times of the day would be beneficial. Comments from people included; "Their [staff] time is tight sometimes especially in the evenings when they are getting people into bed, that is when an extra member of staff would be good", "I feel very safe here. If I use the call bell [staff] are usually quite quick, there can be a delay in the mornings when they are getting everyone up and washed." One staff member said, "Overall I am happy working here, we could do with more staff at

holiday time or to cover the school run times." The consultant manager and provider told us recruitment for extra staff was on-going.

At our previous inspection we found we had not received statutory notifications regarding safeguarding concerns and raised this with the registered manager and provider. They told us they would review their procedures in this area. At this inspection all staff were clear about the different kinds of potential abuse, and told us they had received training on how to safeguard people. Staff said if they saw anything of concern, they would tell a manager. Information about how to raise a safeguarding concern was also displayed in various places around the home. The provider had a procedure in place to instruct staff on how they could raise concerns with them, if they were concerned about practices at the home. The consultant manager told us there had been no safeguarding concerns since our inspection in July 2017.

At our previous inspection we found specialist equipment for people (such as pressure relieving mattresses) were not always used correctly. The provider now had an audit in place to check these, however, we saw that one person's mattress was not set incorrectly. The incorrect setting of the mattress put the person at risk of developing skin damage. A mistake had been made in the conversion of metric and imperial weights for the person, which had not been highlighted in auditing procedures. We brought this to the attention of the consultant manager who made sure the setting was corrected and advised us that their new records would be updated to show metric and imperial weight calculations, to better inform staff.

Previously we found some safety checks were not always effective to ensure people remained protected in the event of an emergency. At this inspection we found an up to date fire risk assessment and staff had two fire drills to test their understanding of meeting points at the home. Instructions for staff on what to do in an emergency was available, but staff still had no training in the use of evacuation equipment. One member of staff told us about a recent fire drill, "We met by the fire point and went through if it was a real fire what would happen. We ensure there are two doors between us and the fire and find out what zone it is in. A full evacuation is also planned." The consultant manager told us further training in evacuation equipment was also planned.

Since our previous inspection infection control procedures had been improved and the home was generally clean and free from odours. The provider and consultant manager had conducted an infection control audit. Staff told us there was a cleaner every day of the week and night staff did some cleaning. New clinical waste bins had been introduced in the previous week. However, we found a lack of infection control training for some staff was affecting their performance. We saw staff on two occasions did not remove their gloves and apron at the end of tasks involving supporting people to the toilet, before moving onto next task. The consultant manager told us infection control training had been organised for all staff during November 2017.

People told us they felt safe at the home. Comments from people included; "feel safe living here", "I do feel safe here", "I feel safe and do not want my door to be shut at any time." Staff told us how they would respond to accidents and incidents safely at the home. For example, one member of staff said, "If people have a fall, we check them out and then put them back in their chair or bed if they are OK. We would then call the GP or 999. We fill in an accident form which goes in their care plans and at handovers everyone gets told who's had a fall."

The provider's current recruitment process ensured risks to people's safety were minimised, as they took measures to try and ensure new staff were of 'good character.' Staff told us they had a DBS check which the home completed, and they had to wait for their references to be returned before they were offered employment. The Disclosure and Barring Service (DBS) is a national agency that keeps records of criminal

convictions.

Requires Improvement

Is the service effective?

Our findings

We have inspected the home under all the key questions, to follow up the concerns found during our previous inspection in June and July 2017. The topic areas relating to some concerns were previously under the key question of well led and safe in the previous assessment framework, but were moved to the effective key question when the framework was reviewed and refined.

At our previous inspection, 'Effective' was rated as 'Requires Improvement' as we found the provider did not always have up to date and accurate assessments of people's capacity so that they could be supported with making decisions, where appropriate. At this visit 'Effective' continued to be rated 'Requires Improvement'.

At our previous inspection we found the registered manager did not have paperwork in place to assess people's capacity to make decisions, and that staff and the registered manager had limited understanding of the MCA. 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 where 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. Where people have capacity, a mental capacity assessment is not required.

Staff and the management team continued to lack sufficient knowledge about the principles of the MCA. Everyone had a mental capacity document completed to assess their capacity levels, even though this was not a requirement. We were told everyone at the home had been assessed as having the capacity to make all of their own decisions. One person was re-assessed during our inspection visit, following our suggestion, and was found to lack capacity to make complex decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider or consultant manager had not submitted any applications to restrict people's freedoms. They were unable to tell us whether people had been assessed as requiring a DoLS, as they did not know who had restrictions placed on their care.

Care plans showed where people had the capacity to consent to their care and treatment they had sometimes signed to do so. However, where people had the capacity to sign consent to their care, we found people's relatives had sometimes been asked to consent instead. Under the MCA family members are unable to 'consent' to care and support unless formal arrangements are made for them to do so. The consultant manager agreed to change care records to reflect family members were 'consulted' about certain decisions.

We found this was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had mixed opinions about the quality of food provided at Greenways. One person said, "Food is

sometimes good and sometimes not so good", However, another person told us they always had enough choices of food, "I would say if I could not eat either food choice staff would get me another meal." The atmosphere in the dining room was calm during mealtimes. Tables were laid with cutlery and table mats and provided a pleasant environment where people could enjoy their meal. The mealtimes were a sociable experience for people in the dining room, people sat and chatted together. People were offered a range of drinks, including hot drinks and wine.

The cook informed people of the choices on the menu each morning by asking people at breakfast what they would like to eat. There was also a large menu on display for people to refer to. People were given choice where they would like to sit to eat their meal. Some chose bedrooms where staff took their meals on covered plates. Some people ate in the lounge but the majority of people ate in the dining room. One person was reluctant to eat; a staff member sat beside them and offered encouragement saying, "Do you want me to cut it up for you? You are doing ever so well, do you want me to help you?" They did not rush the person.

We were concerned that was a lack of information in the kitchen and the care records so that those in need of a special diet received this. The assistant cook told us they did not have a list of allergies or people's preferences, as they knew people well and knew people's needs. However this put people at risk in the event that staff who knew, were absent from work. For example, one person told us they had an intolerance for cheese, they said, "The staff are aware of this, and they are good enough to ensure that I don't get anything with cheese in." Staff told us that no-one at the home had a special diet. However, one person needed to have food that was soft, to prevent them from choking and to assist them to swallow. The cook knew the person had softer food, but no professional advice had been sought to check the needs of the person.

We found one person who was struggling to eat their meal unaided by staff. They were in their room, and called out for staff to help them. They told us, "I can't eat this," and did not eat all of their meal. The person's records showed staff did not need to offer the person assistance, but this clearly required review. We brought this to the attention of the consultant manager to review the person's needs.

On the first day of our inspection visit we found people were not always provided with drinks when in communal areas. People did not always have drinks in reach, when they were in their rooms. We brought this to the attention of the consultant manager, on the second day of our inspection visit, people had improved access to drinks. For example, one person who was at risk of de-hydration was offered a drink every hour, to encourage the person to drink as much as possible.

Most people at Greenways were able to find their way around the home without assistance. However, to provide people with guidance if they needed it, the provider had placed some large pictorial signs to indicate where the lounge, dining room, and toilets were located. Each person at the home had a sign on their bedroom door with their name. Some people also had pictures on their door to help locate their room easily. In the lounge area there was information on display to assist people in recognising the day of the week, and the time of year. A large whiteboard was in the lounge with the date, month and weather in large, bold lettering.

Care records lacked detail to show when people had been involved in planning their own care, there were no hospital or transfer sheets to provide information about people if they went into hospital, and on re-admission to the home there was no re-assessment documentation to ensure people received consistent, and co-ordinated person centred care. Care records did not provide information that people's cultural and personal preferences were respected when it came to things like receiving gender specific care, engaging in cultural or religious activities or maintaining their sense of individuality and identity. We found that people

were not provided with choices about who provided their care, whether they had any special dietary requirements in association with their spiritual, religious or cultural beliefs. However, some people told us they did attend church services.

There were call points in all bedrooms, bathrooms and communal areas so people could call for assistance when needed. People could decorate their bedrooms to reflect their own preferences and interests. Communal areas gave people a pleasant environment to socialise and a well-maintained garden offered people open space they could enjoy during warmer weather.

People were usually referred to other healthcare professional if there was a change in their health. Care records showed when people were seen by healthcare professionals, or were admitted to hospital. For example, details of GP visits were recorded, together with the outcome of the visit. In a recent questionnaire one relative had commented when their relative had a chest infection the antibiotics were delivered and administered that day. One person told us, "I am reassured with the care I get. I had the doctor out three times when they thought that I might have a kidney infection."

A visiting health professional told us there were no concerns at the home and referrals were made to them appropriately and when needed. A person's visitor told us, "[Name] has water infections but the staff are now getting to recognise the initial signs and get the doctor in very quickly. The doctor is very responsive." One relative said, "[Name] had a couple of falls which are due to underlying health conditions. I am contacted very quickly and kept informed as to how they are. The girls are very good here, if they have any concerns then they raise them with me and we have a chat about them."

At this inspection we found staff training was taking place. New staff completed an induction when they started work which included them working alongside more experienced staff to gain the practical skills they needed. The training matrix showed, and the consultant manager confirmed, not all staff had attended certain essential refresher training such as manual handling. Staff training had been planned in infection control, moving and handling and safeguarding vulnerable adults, for all staff, before the end of 2017. New training suppliers and external organisations were being assessed to see whether training programmes could be improved.

Staff were seen to support people to move around the home effectively and safely. For example, when people were sitting in the communal lounge area we saw people had their walking frames within easy reach. Staff gave people time, reassurance and support when they were standing up. Brakes were put on wheelchairs and footplates were put in place on wheelchairs. Staff encouraged one person to walk with their frame with lots of praise. One staff member walked behind the person with their wheelchair and said, "Tell me if you have had enough, I am right behind you." The person said they had enough and they were immediately supported to sit down.

Staff told us they were now having regular scheduled meetings with their manager to discuss their performance and training needs. One staff member said, "Supervisions are now up to date. They are useful, I feel able to speak up if I have concerns." Staff also had meetings as a team to discuss on-going concerns, or the share information about how improvements at the home could be implemented. One staff member told us, "We have had some meetings to reflect on how the home can move forward."

Requires Improvement

Is the service caring?

Our findings

At our last inspection, 'Caring' was rated 'Requires Improvement' because people's privacy was not always protected. At this visit it continued to be rated 'Requires Improvement' as limited improvements had been made.

At our previous inspection we found care records and medicine administration records were open and left out in the communal areas of the home giving visitors and people who used the service access to people's personal information. On the first day of this inspection, we found people's medicines details were available in the lobby area of the home, as emergency documents. We also found the registered manager continued to leave a laptop and other computer equipment open with confidential information showing, in the communal areas of the home and in their office which was visible to passers' by. We brought this to the attention of the consultant manager, and on the second day of our inspection visit this had been rectified.

At our previous inspection we found people were getting up earlier than they wished. At this inspection people told us they could get up when they liked. Care records showed people's preferences about when they wanted to get up and when they wanted to go to bed. We observed people looked happy to be up and about.

Some people required assistance to communicate with staff and visitors and staff did not consistently use good communication methods to understand the person's needs and wishes. Information was not always recorded in people's care records. For example, one person had a stroke however, care records and risk assessments did not state their current cognitive function level nor document how staff should communicate with the person. Staff members told us, "[Name] doesn't speak very well due to the stroke. We give them visual choices." A member of staff told us, "[Name] actually has a communication book with them at all times but I've never looked at what it says."

Communication assessments that were in care records detailed how people communicated using clear speech, whether they had good eyesight and could see large print but not print in newspapers and books. Care plans did contain information about whether people wore glasses and when these should be worn. Some people had large digit telephones in their rooms if they needed them. Staff responded to people when they saw people had difficulty communicating. One person was slightly confused. A staff member realised they did not have their hearing aid and immediately went and fetched it for them and watched them put it in. Another staff member was helping one person to get ready for lunch and said, "Are you going to have your glasses on to eat your dinner so you can see what you are doing?"

People told us they enjoyed living at Greenways, and that staff were kind and caring. Comments from people included; "I get excellent care, I couldn't get better care anywhere else", "It is lovely here. I spend quite a lot of time in my room but I do go to the lounge and I know who I can talk with", "It is a happy place, you always hear the staff laughing and they are happy. Staff are lovely", "The staff all work very hard, they go the extra mile for me, when I had a bereavement they were so caring and supported me above and beyond their call of duty."

Relatives told us they felt they had privacy when they visited the home, saying "We get privacy when it's required." Another relative said, "I am offered a cup of tea each time I visit. Staff pop in and have a few words but never overstay their welcome."

One person said, "My daughters had looked at a few homes for me and when they came here and saw the surroundings they knew that this was the right home for me. I did feel insecure when I first came here but the staff have been very supportive." A relative told us, "We chose this home for its homely atmosphere. People who work here are marvellous." Another relative commented, "I feel the staff are really wonderful. I feel [Name] is really cared for."

Staff also told us they felt the home was a nice place to work and they enjoyed their role. One staff member said, "The home is friendly."

Although one person shared a concern with us, that they would like to be offered showers and baths more often, people were clean and wore clean clothing. One person's visitor told us, "Personal hygiene is fine, my friend is fiercely independent and the staff look after her well. The staff give them either a wash or shower daily."

The service user guide has a charter of rights which included: "To have people's social, emotional, religious, cultural and political needs accepted and respected."

Where possible, people were supported to be as independent as they could. For example, one person was able to walk independently with a walking frame. We saw staff walking by the side of the person, encouraging them to use the frame rather than be assisted by staff. One person told us, "I do some tasks myself, I wash myself most days, I have a shower 3 times a week. I get my own clothes back from the laundry."

Staff and people had formed caring relationships. We saw genuine laughter and banter between one person and two staff members who were helping them to mobilise. They turned to the staff members and said, "I love you so much, you are wonderful girls." One person told us, "It is a happy home." They went on to say, "Staff and people knew each other well and had things to talk about together." Where staff interacted with people they spoke in a kindly way, crouching down and speaking clearly so they could understand. Staff members asked people if they were happy and had everything they needed. Because one person appeared anxious a member of staff spoke to the person and held their hands and talked about their lunch, until the person appeared less anxious.

People were encouraged to make everyday decisions about where they spent their time, themselves. For example, one person chose to eat in the lounge and the staff member noticed their table was a little high, they asked the person, "Shall we get a lower table to eat your lunch?" The person was happy to take the staff member's advice. One person told us, "I sit in the same chair which is where I want to sit, as I can see all of the lounge."

People had their personal space and rooms arranged how they wished, according to their personal preferences. People could bring items of furniture or family items into the home to make their room comfortable. One person said, "My room is beautiful, I have all my own furniture in there."

Relatives told us they could visit whenever they wanted and said staff made them feel. Relatives and visitors spent time talking with people. When visitors arrived, people became more alert and engaged and were pleased to see them. One person told us their family visited them each week, and they could come when

they wished. Another person said, "My daughter comes every Wednesday to see me, my visitors can visit at any time." This helped people maintain relationships that were important to them.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection visit, we rated 'Responsive' as 'Requires Improvement' as people were not always offered the stimulation they required to support their wellbeing and care records were not always up to date to provide staff with information about people's life history and preferences. The home continued to 'Requires Improvement' in these areas.

At our previous inspection we found people's care records were not always up to date and accurate. For example, we identified people did not always have up to date records of the personal care each person received each day. Care records did not provide clear and up to date guidance so that staff could offer a consistent approach to meeting people's needs. For example, in one person's care records it stated they communicated with clear speech. When we tried to speak with the person we found they were unable to speak (staff confirmed this was usual). Staff told us the person communicated their feelings through gestures and actions. One said, "She lets us know if she doesn't like food, she spits it out." This information was not in the person's care records.

Staff told us about one person who may harm themselves. They told us a doctor had visited the home to assess the person after an incident. However, we could find no information in the person's records regarding this incident. Staff told us they did not read the care plans, as these did not provide them with all the information they needed. One member of staff said, "I've not read a care plan, I've always learnt from people."

However, where records showed information about people's life history, this included a 'Getting to know you' document which contained details about their family, school, likes/dislikes. This was person centred information such as how likes hair to be done, what time likes to get up, go to bed. This was so staff knew how to provide care in a way that met the person's individual needs and preferences. This information is vital to provide person centred care based on people's likes, dislikes and taking into account their past experiences.

People did not have plans in place to meet their individual needs, in terms of social interactions and stimulation that could be provided to them. Two people we spoke with told us they would like more social interaction. Comments included; "I would like to go out more but they don't do that", "Sometimes there are no activities as the carers are too busy, I am lucky that my family live locally and take me out, I feel sorry for those who do not have relatives who visit them and do not get out."

There was not a dedicated staff member to arrange events and support people with their interests. However, staff sat in the communal lounge area with people and chatted when they had time, conducted exercise sessions and listened to music or the TV. Where activities had been organised people told us they enjoyed them. One person said, "The home organised a nice firework display in the garden for us. We sometimes play bingo, Thursdays we have a musical sing along."

There was a monthly timetable in the communal area of the home, however, it did not provide people with

times or details of events. Two people told us they did not take part in the activities on offer saying, "I prefer to stay in my room", and, "I am used to my own company so I would not bother taking part in activities. I don't' go out, but I have nothing to go out for." The provider recognised people may need encouragement to take part, and activities could be improved. The provider had organised a meeting involving people who lived at the home to discuss activities on offer.

When people required staff assistance, staff responded. For example, one person chose to each their lunch in a lounge chair. They looked uncomfortable and gestured for assistance. A staff member placed a cushion behind their back to make them more comfortable, and reduce the risks of the person choking. Most people had call bells within their reach, only one person did not. People used them when they needed assistance. Comments from people included; "I have had to use the call button in my room and the staff always respond very quickly", When I use the bell in my room the staff come quickly. They will make me a cup of tea during the night if I ask for one."

A visitor told us how staff had responded to ensure their friend had the support they needed saying, "If I have any concerns, I will raise them and they do get addressed. At one time my friend ran out of hearing aid batteries and luckily the home had a supply while we were waiting for replacements."

One person told us staff looked after them well. They explained they knew a member of staff before coming to the home, and they felt staff understood their individual needs. A staff member said, "I like working here, we know people's likes and dislikes."

Staff attended a daily 'handover' meeting at the start of their shift to exchange information about people at the home. Staff told us this assisted them in keeping up to date with people's health and care needs. These handover records were used to communicate important messages and listed key information about each person that lived at the home.

There was information about how to make a complaint or provide feedback about the service available in the reception area of the home and in the lounge area. People and their relatives told us they knew how to raise concerns with staff members or the manager if they needed to. At our previous inspection we saw one complaint had been received, but there had been no others listed and recorded in the complaints folder. There was no monitoring or analysis systems in place to monitor complaints for any trends and patterns, due to the low number of complaints received. However, we were concerned that not all complaints were being recorded. For example, one person told us, "I did complain yesterday to the manager that the shower was not very clean and she assured me that she will get that sorted."

We found some people had some end of life care arrangements in place, where these had been arranged before they came to Greenways Care Home, or during hospital stays. The arrangements included decisions that had been made regarding whether people should be resuscitated following a cardiac arrest (DNARCPR). We found however, that some people's DNARCPR had not been reviewed or discussed with family members or individuals. We have asked the consultant manager to review all such arrangements, to ensure decisions have been recorded correctly and respect peoples' wishes.

Requires Improvement

Is the service well-led?

Our findings

We rated the service 'Inadequate' in January 2017, and the service was placed into 'Special Measures'. We had identified a breach under regulation 17 Good Governance, as systems and processes were not robust, established and operated effectively to ensure risks to people were reduced and to provide a good quality service to people.

Following the inspection in January 2017 we also met the provider to help them understand why we had rated their service 'Inadequate'. We inspected the service in June and July 2017 and continued to find a breach in regulation 17. We issued the provider with a condition that was placed on their registration, stating the registered provider must not admit any new service users, without the prior written agreement of the Care Quality Commission with immediate effect.

However, at our inspection November 2017 we found one person had been admitted to hospital, and had later been re-admitted to Greenways. No re-assessment procedure was followed to ensure Greenways were able to continue to provide support to the person. The provider had not checked with CQC whether the person was able to return to Greenways. We spoke with the provider to ensure the condition of their registration was fully understood.

There was not a current registered manager at the home managing the service. The previous registered manager had been removed from CQC's register; the provider and consultant manager had recruited a new manager for the home. The new manager would apply for registration with the CQC as soon as possible. In the interim the consultant manager had begun an application process with CQC to become the registered manager. They were managing the home on a day to day basis.

At our previous inspection we found quality assurance systems were not in place to identify areas of improvement. At this inspection we found quality assurance procedures had been put in place, however, quality checks needed to be sustained and developed to ensure people always received safe care. At this inspection we continued to find risks to people's health and well-being had not always been assessed appropriately to ensure people were safe.

Care records and risk assessments were not always up to date and comprehensive. We also found that confidential information was not always stored securely at Greenways. The consultant manager had been unable to locate a member of staff's personnel files. This meant the information had not been stored safely. We asked the consultant manager to notify the affected staff straight away of any missing information. They later confirmed the staff member had been informed.

We found medicine management had been improved, but improvements needed to be sustained and further improvements needed to be made, to ensure people always received their medicines as prescribed.

At our previous inspection training had not always been provided to staff, to ensure they supported people safely and effectively. We found some improvements around staff training still needed to be made. For

example, some staff still required training in essential areas such as moving and handling and safeguarding, although these were now planned.

This was a continued breach from our inspections in March 2016 and January 2017 of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us the manager, consultant and staff were all approachable. One person said, "Everyone is extremely friendly, always happy to answer questions." A relative said, "I have been impressed with the approachability of all the staff and with their attitudes to both my mother and myself."

Staff told us about some of the changes that had happened at the home since the consultant manager had been in place. One staff member told us, "Staffing levels are better and I have always found the manager approachable and if I have any concerns then I can raise them and I feel confident raising them." Another member of staff said, "There have been drastic changes. Handovers are more detailed and we are conducting a lot of audits." They added, "I can make suggestions for changes anytime I want. There's a lot more recording going on. That needed to be done. The provider comes in twice a week."

At our previous inspections we found there was a lack of proactive management and leadership which affected the quality of service. Effective systems to monitor safety checks and audit the quality of care people received were not in place. At this inspection we found the consultant manager had implemented a system to check the environment at the home including, electrical testing every 5 years and annual electrical testing of appliances.

We found the provider was now carrying out weekly audits to ensure all medicines could be accounted for and demonstrate people were receiving their medicines as prescribed. We found this audit process had contributed to improvements in the management of medicines.

At our previous inspection we were concerned that positive action had not been taken to assess why some people who were identified at risk of falls, continued falling, and what interventions could be taken, to minimise the risk of further falls and potential injuries. At this inspection the consultant manager had reviewed accidents or incidents, to see whether any patterns and trends could be identified, to minimise risks to people in the future.

We checked food stocks that were in use in the kitchen, because at the last inspection we found food was not labelled appropriately to show its 'best before' and 'use by' dates. We found some foods were now being labelled. Labels had been purchased for kitchen staff to use, to when food was opened and taken out of its original packaging. The consultant manager had also implemented audit checks, to ensure this system was used. We noted however that kitchen staff had not recently attended training to ensure they understood correct food management systems.

The consultant manager had identified the need to review care records, and planned to arrange reviews for everyone at the home, to involve them or their relations in the review and update their records.

We met with the newly recruited manager, who told us about some improvements they planned to make. However, details of these were still be finalised as any improvements would involve consultation with the provider, staff and people where possible. The consultant manager told us they planned to continue working at the service after the new manager had officially started, and they also intended to make regular quality monitoring visits to the service to support them, a minimum of six months. These changes would help to embed new quality monitoring systems and build on the improvements already in place.

Other changes that staff described to us included; new senior meetings to discuss how care plans would be improved, more resources being available, and discussions around improvements and décor. People were involved in improving the service, they were asked for their feedback in quality assurance surveys, and there was an open suggestion box in the hallway. We saw recent meetings notes showing relatives and people discussed the décor and also the recent changes at the home.
We have asked the consultant manager and the provider to send us monthly updates on the progress being made at Greenways Care Home.

At our inspection in November 2017 the ratings from the previous inspection was on display in the lobby-way of the home. It is a requirement of the regulations for the provider to display their overall rating in a conspicuous location for visitors and anyone entering the home to see the current rating of the service.