

# Greensleeves Homes Trust

## St Cross Grange

### 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

### About the service

St Cross Grange Care Home is a residential care home and provides care for up to 64 older people aged 65 and over. At the time of the inspection, some of whom were living with dementia or other cognitive impairments. At the time of the inspection, there were 41 people using the service.

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

Incidents and accidents were fully investigated and learning had improved practice. The introduction of a tracker enabled the registered manager to have oversight.

The provider deployed staff according to their skills and experience to meet people's needs in a timely way.

The storage and recording of medicines had been improved to ensure people were receiving their medicines. Risks were appropriately managed.

Activities were constantly being improved and bespoke training had been provided for staff so they could consider the activity needs of people living with dementia when planning activities.

Governance systems were effective in ensuring improvements were embedded.

The adaptation, design and decoration of the building considered the needs of people living in the home. There was an ongoing refurbishment programme.

People told us they received appropriate care and support with their nutritional needs.

Relatives told us complaints were dealt with appropriately.

Suitable arrangements were in place for the management, supervision and appraisal of staff.

The provider had suitable infection control procedures.

Staff felt supported by the registered manager and told us they had improved the service since the previous inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

We last inspected the service on 20 November 2018 and rated the service 'requires improvement'.

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# St Cross Grange

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team

The inspection was carried out by one inspector, a pharmacist inspector and an expert by experience.

#### Service and service type

St Cross Grange Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed information, we had received about the service. This included details about incidents the provider must notify us about, for example, injuries that occur in the service and any allegations of abuse. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

Some people using the service were not able to verbally express their views about the service. Therefore, we spent time observing interactions between staff and people within the communal areas of the home. We spoke with seven people, 11 members of staff, the registered manager and the regional operations manager. We asked for feedback from external healthcare professionals, however, this was not received. We also spoke with five relatives and observed the interactions between people and staff.

We reviewed a range of records. This included four people's care records and five people's medication records; five staff files in relation to recruitment and quality assurance records.

After the inspection

We received further information from the registered manager to support our inspection process. This was used to assist our decision making.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. This meant the service was safe.

Systems and processes to safeguard people from the risk of abuse

- Unexplained bruising was investigated. We found that staff we spoke with knew what to do to report abuse and what action to take to keep people safe. When people had reported bruising it was raised and discussed in daily meetings. The registered manager explained that action was then taken to fully investigate and taken action when necessary to mitigate the risk of further harm.

Using medicines safely

- The management, storage, recording and administration of medicines was safe. The provider ensured that there were regular medicine reviews and care plans and risk assessment were updated when a person's medicines or their particular circumstances changed. An audit was completed by a pharmacy following the inspection.
- Creams such as emollients and barrier creams were stored in some people's rooms. Each cream had been risk assessment depending on the person's needs and abilities. For example, Mometasone cream – a potent steroid cream was kept in the person's room. But this had been appropriately risk assessed as safe to do so.
- Medication administration records (MAR) did not always detail why as required (PRN) medicine was given. For example, a member of staff told us one person was prescribed cetirizine to help them 'calm down'. This medicine was an antihistamine and would be commonly prescribed for an allergy. Since the inspection a review of all PRN medicines has taken place as well as training for staff.
- Every topical administration record (TMAR) reviewed had gaps in recording. Since the inspection the provider has carried out a review and provided refresher training for all staff on the importance of recording.
- Staff told us, 'If there were issues with applying the cream we would be told at handover. It would be documented on daily record, and care notes.'
- All medicines were stored safely in a locked clinical room, in a locked trolley secured to the wall when not in use.
- Medicines were disposed safely and always recorded in 'record for destroyed/ returned medicines'.
- Controlled drugs were locked securely in a locked cupboard in the clinic room. Compliance with the Misuse of Drugs Act 1971. Balance checked and was correct as per CD Record. No excessive stocks of medication were kept.
- All the medicine administration records reviewed had no gaps and there was evidence of regular audits to ensure they had been signed appropriately.

Staffing and recruitment

- People told us they did not feel there were sufficient numbers of staff deployed to meet people's needs at

important times of the day.

- They told us;" There's not enough staff, they're always in a hurry. A lot of them are agency, especially at night." Another person told us;" They come in, give her her dinner and go. My friend doesn't like to ask them to cut it up, they don't have time."
- The provider told us that staff deployment is constantly under review, there had been no reduction in staff numbers and to aid with staff response times people had been relocated from the second floor of the building to the first floor to enable staff to respond as quickly as they could to people's needs.
- Staffing had been reviewed and there was the addition of staffing for those peak times of the day in the morning and evening.
- Recruitment was robust. At our previous inspection we identified safe recruitment practices were not always followed. At this inspection we found improvements had been made. The registered manager told us they had reviewed the recruitment process and introduced changes to the way information is recorded.

#### Assessing risk, safety monitoring and management

- Each person had a personal emergency evacuation plan (PEEP) in place; effective evacuation procedures were in place in the event of an emergency.
- All regulatory health and safety checks and compliance certificates were in place.
- Staff had good knowledge of the people they supported. They were aware of risks associated with their care, how to monitor for these and the action to take to reduce these risks, meaning that the risk to people was minimised.
- Risk assessments were individually designed around each person and were regularly reviewed by staff.

#### Preventing and controlling infection

- During our inspection we found the home was clean and free from odours. Effective systems were in place to ensure that the home maintained good hygienic levels and that the risk of infection was minimised. Equipment used to mobilise people safely for example, wheelchairs, hoists and hoist slings were well maintained and checked regularly to ensure they were safe to use and fit for purpose.

#### Learning lessons when things go wrong

- The registered manager provided evidence which demonstrated that the provider was taking action to learn from incidents and accidents, for example, when someone recently had a fall the provider sought advice from a health care professional to implement new practice and minimise the risk of further falls.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support achieved good outcomes.

Adapting service, design, decoration to meet people's needs

- Most people living in the home were living with dementia, signage and lighting supported people's independence around the home.
- The service had various reminiscence items around the home to aid stimulation for people. We did not see people using the items during the course of the inspection however, we understand that they are encouraged to touch and use these items regularly and when appropriate to do so.
- There were some scuff marks on walls as a result of the regular use of hoists at the service, however, the Provider has a continuous programme of refurbishment and redecoration in place and regularly rectified such issues. We also saw that a number of the rooms were in the process of being refurbished as part of this programme.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and relatives helped to develop individual care plans and risk assessments as a way of ensuring the most effective level of tailored care was provided.
- People received a holistic level of care from healthcare professionals. For example, people received support from occupational therapists, physiotherapists, dieticians and local GPs.

Staff support: induction, training, skills and experience

- Staff were supported in their role and had been through the provider's induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- There was an on-going programme of development to make sure that all staff were up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Specialist training had been provided to staff in areas such as dementia awareness and diabetes.
- There was a consistent approach to supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff received regular one to one supervision, annual appraisal and on-going support from the registered manager. This provided staff with the opportunity to discuss their responsibilities and the care of people living at the home. Records of supervisions detailed discussions and there were plans in place to schedule appointments for the supervision meetings. Staff had annual appraisals of their work performance and a formal opportunity to review their training and development needs.
- The registered manager said, "Over 95% of the work force are now trained in their mandatory subjects. We

have run a series of positive risk-taking courses. The training has been good. The positive risk taking training was good."

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager had arranged for the dining experience to be reviewed and updated which had resulted in new menus, suppliers, varying dishes, special meals (birthdays and anniversaries), and tableware. They used this information to ensure people received meals that would provide them with good nutrition and that they would find appetising.
- People's care plans highlighted people's food preferences.
- People were protected from risks of poor nutrition, dehydration and swallowing problems. Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for.
- People's nutritional status was monitored, and action taken where a person was losing weight.
- Staff were knowledgeable about people's differing dietary requirements. Kitchen staff told us they were kept informed of people's needs, likes and dislikes. They attended risk meetings where any issues of concern for people were discussed.
- Care plans detailed the risks associated with people's nutritional needs. For example, one care plan stated, "(Person) has been diagnosed with having diabetes (Diet controlled). Therefore a diabetic menu will be offered at all times".
- People on the whole thought the food was good, one or two people thought it was too cold when served.

Staff working with other agencies to provide consistent, effective, timely care

- Pre-assessments were conducted, and further reviews were repeated regularly to establish the level of required care for each person.
- Regular meetings took place to discuss care, including 10 at 10 (handover meeting), where new information was shared, and staff had the opportunity to raise any issues/concerns.
- Where people required support from external healthcare professionals this was organised, and staff followed guidance provided.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us about using the skills of the Admiral Nurse to support people living with dementia, relatives and staff. Admiral Nurses are nurses with experience in dementia care who work collaboratively with families and with other dementia care providers, sharing their expertise and giving them the support and skills needed.
- People confirmed they had been involved in an assessment of their needs.
- People's needs were assessed and regularly reviewed. Care plans identified people's needs and the choices they had made about the care and support they received.
- Assessment tools were completed, and the information helped to inform the development of people's care plans and risk assessments.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS). Where the service is currently depriving a person of their liberty, whether under a Deprivation of Liberty Safeguards (DoLS) authorisation or under authorisation from the Court of Protection:

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a good understanding of the Mental Capacity Act 2005.
- People told us staff always asked their permission before carrying out any tasks. We observed staff gaining people's consent throughout our visit.
- Mental capacity assessments had been completed when required.
- It was evident when talking to people and their relatives that they were involved in decisions and that the principles of the MCA were applied day to day.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us that staff always recognised when their family member was unwell and immediately contacted the GP and let them know.
- Comments from people were mostly positive and included, "It's comfortable here, they're very good, they are pleasant and polite.", "I think it's excellent, I can't fault it here. I get a good service; all the girls are brilliant. I've got my own bathroom, a clean bed, good food and I don't get harassed.", "They're very good, all kind and helpful".
- Everybody said staff respected their privacy, they thought staff treated them with dignity and respect. People thought staff did ask permission before providing personal care. People told us staff said things like:- "We're going to take you to the toilet." "I'll put some cream on now, is that ok?" "Would you like help with a wash?" "Shall we shower you today?"
- Visitors and relatives told us staff were always very friendly, their loved ones were always clean. If they needed anything, staff would always be available to help, they could generally find staff around.
- All staff knocked on doors before entering. Staff bent down to give eye contact, to people when speaking with them. Staff used touch to reassure people, staff spoke in a kind and caring way.

Ensuring people are well treated and supported; respecting equality and diversity

- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. There was evidence people's preferences and choices regarding some of these characteristics had been explored or had been documented in their care plans. We saw no evidence that anyone who used the service was discriminated against and no one told us anything to contradict this.
- The registered manager said, "We have a holy communion here, we had a remembrance service here last week. We are thinking about changing the room to a quiet room which can be used for staff praying. One person said, "I go to the church service that's all. A lady comes in and asks if I'm interested in other activities, but I prefer to stay in my room and listen to my talking books."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care, for example, when they wanted to get up, what they wanted to wear, how they wanted to spend their time.
- People told us they were provided with opportunities to give feedback and felt listened to and were confident to talk to staff about any concerns they might have.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people's needs were met.

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

- Person centred activities were available for people to join. For example, there were a variety of daily activities people could participate in. We were told not everyone wanted to participate but that they did enjoy watching the activity.
- A diary event tracker was used to monitor people's attendance and this information used to engage with people who do not attend and find activities which might interest them.
- We received mixed feedback about the activities provided. Some people told us they were happy to participate and looked forward to the activities other people said they did not put on any activities which interested them.
- People and relatives told us activities were poor. Comments included, "I join in sometimes, there's not much I like to do though. I like chatting to people and watching the shows", "I don't particularly like sitting here watching TV all day. If it was something like sitting at a desk playing cards, I could join in, but they don't do things like that here."
- One person told us they sat in the lounge all day every day, from after breakfast until they were taken back to the dining room for lunch, then back in lounge until bed time. But said "I'm quite happy here, I'm settled." "I like it when the College boys come in, they make a beeline for me and we talk about my history (in the army)."
- The provider and registered manager were aware of this mixed feedback about activities and had regular meetings with people to discuss what they would like to do. For example, an excursion had been arranged following a suggestion by people. Young people from a local college came to the home and engaged people in activities.
- All staff were booked on a bespoke four day "Ladder to the Moon" training which would enhance their understanding of activities for people living with dementia.

### Meeting people's communication needs

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

- Staff were able to provide examples of when they would adapt care plans and risk assessments to ensure people were able to be involved and understand their records. Staff also produced materials in different formats (size and colour) and in circumstances where people had poor or failing eyesight, staff would discuss the information with them on an individual basis.

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

- Care plans contained some useful information about how people wished to be supported. The provider was in the process of transferring content from paper documents to an electronic care planning system. Further time was needed to develop this. A member of staff told us the registered manager was supportive in aiding their learning with regards to the system.
- People told us they had their preferences met and said staff were aware of how they preferred to be supported.

Improving care quality in response to complaints or concerns

- People told us they were confident to raise any concerns and said they were confident the registered manager would take action.
- A complaints procedure was in place and people knew how to complain.
- One person said, "I've no complaints. A lot of the day staff are very good, and they spoil me here."

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- Staff confirmed that they would always try to meet a person's end of life needs and would consult with other health professionals as needed. We did note that people did not have end of life care plans to guide staff about their needs, wishes and wants in relation to their end of life support.
- The registered manager told us of their plans to develop End of life care in the home. One of the senior care staff had an end of life NVQ and would be the homes champion. The registered manager had plans to develop this and follow the Six Steps to Success Programme which aims to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care. The aim is to ensure all people at end of their life receive high quality care provided by organisations that encompass the philosophy of palliative care.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as 'requires improvement'. At this inspection this key question has improved to Good. This meant the service management and leadership was consistent. Leaders and the culture they created supported the delivery of high-quality, person-centred care.

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

- The provider did have systems in place to monitor and assess the quality of care provided, they had been effective in driving improvement since the last inspection. Issues such as staff deployment, and activities had been identified in the providers most recent audits for areas of development.
- The registered manager had made improvements to the service and continued to focus on what they could do better. For example, the introduction of a tracker to monitor incidents and accidents and the monitoring of activities to develop and enhance people's experience.
- There were times in the day when people were not receiving care in a timely way and this had been identified by the provider and action taken to address this by staff being deployed differently to support those more pressured times.
- Quality assurance processes were developed to provide consistent oversight. The providers management structure had been changed to ensure there was a dedicated team who provided support to the management of the home.
- The registered manager had introduced a variety of improvements which focused on ensuring the service provided the best experience for people. For example, people living in the home were now involved in the recruitment of care staff.

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

- The registered manager expressed pride sharing developments in the culture of the home. They said, "We have come a very long way. There are still some things we need to get right but we are in a much better place" and "morale had significantly improved". This was consistent feedback from all staff we spoke with.
- Staff spoke positively about the management of the home. Comments included, "The management are very good, I see (manager) and (another manager). It seems to run alright, I get looked after and have no worries", "I know the manager would help me if I needed any help, and mostly everyone's friendly", "Good manager building a really good team. He's fair, approachable, will listen, he communicates well. He's got the best interest of everyone in the home.", "He's around on the floor, he talks to the residents. My second shift back, he was in the dining room, he knelt on the floor, he knew people's names, I asked if he wanted a chair and he said no he was chatting to the residents" and "Every floor I've worked on I see the (registered manager). People now work a bit more together".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and visitors had the opportunity to offer feedback about the provision of care people received
- Staff meetings were regularly taking place; staff told us this was an effective way of communicating with each other.
- 'Resident' meetings were arranged; meetings were designed around the needs, ideas and suggestions of people receiving care and their relatives.

Working in partnership with others

- The registered manager was building good working relationships with health care professionals and had started working with others such as the Admiral Nurse to develop good practice in the home.
- The provider was a founding member of Winchester Dementia Action Group, which the service, and the Greensleeves Admiral Nurse, have been involved with from the start. In addition, the Registered Manager and the Admiral Nurse had also started a family support group in February 2019, for relatives affected by family members living with dementia.