Greenway House Residential Home Limited

Greenway House Residential Home

Inspection report

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Tel: 01902330777

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Greenway House Residential 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 care home accommodates up to 12 people in one adapted building, arranged over two floors. At the time of our inspection, there were 11 people living there, some of whom were living with dementia. There is a communal lounge and a separate dining room on the ground floor. There is also a conservatory and garden area that people can access.

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

The systems the provider had in place were not always effective in identifying concerns or driving improvements within the home. The provider had sought feedback from people and relatives however had not used this information to make changes. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice. We have made a recommendation about identifying concerns and driving improvements.

People were happy with the staff that supported them and the provider had ensured they were suitably recruited. There were enough staff available for people. People were encouraged to be independent and make choices about their day. Their privacy and dignity was also considered. People were happy with the food and drink that was available. They were given the opportunity to participate in activities they enjoyed.

Risk to people were considered and reviewed and medicines were managed in a safe way. Staff received an induction and training that helped then support people. Staff understood safeguarding and how to protect people from potential harm. The home was decorated in accordance with people's needs and preferences.

Staff offered consistent care and knew people well. There was a complaints procedure in place and they knew how to complain. People were supported to access health services when needed. Staff felt listened to and knew who the registered manager was. Relatives and friends could freely visit the home. The provider worked jointly with health professionals who came into the home. The provider was displaying their rating in line with their requirements. There was a system in place to ensure lessons were learnt when things went wrong.

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.
Individual risks to people were considered. There were safeguarding procedures in place to protect people from potential harm. There were enough staff available for people. Medicines were managed in a safe way. Infection control procedures were in place and followed. Systems were in place so lessons could be learnt when things went wrong.

Is the service effective?

Requires Improvement

The service was not always effective.
Capacity assessments were not always completed and their was no evidence decisions were made in people's best interests. All restrictions on people had not been fully considered. People enjoyed the food and were offered a choice. People were supported by suitably trained staff and received access to health professionals when needed. The home was decorated in accordance with people's needs and preferences.

Is the service caring?

Good

The service was caring.
People were supported in a kind and caring way by staff they likes. People were encouraged to be independent, makes choices and their privacy and dignity was maintained. Relatives and friends could visit when they liked.

Is the service responsive?

Good

The service was responsive.
People were supported by staff that knew them well and their preferences were considered. People's cultural and spiritual needs were considered. There was a complaints procedure in place and people knew how to complain. People were also offered the opportunity to participate in activities they enjoyed.

Is the service well-led?

Requires Improvement

The service was not always well led.
The systems in place were not always effective in identifying concerns and the information was not always used to drive improvements within the home. Feedback was sought from

people and relatives however this was not always used to make changes. Staff felt listened to and supported and had the opportunity to raise concerns.

Greenway House Residential 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 visit took place on 15 January 2019 and was unannounced. The inspection visit was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about incidents at the service and information we had received from the public. A notification is information about events that by law the registered persons should tell us about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to formulate our inspection plan

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with four people who used the service, two relatives or visitors, and one members of care staff. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with the registered manager and the providers.

We looked at care records for three people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and staff recruitment.

Good

Is the service safe?

Our findings

At our last inspection we found people were not always protected from potential harm as safeguarding incidents were not always investigated or appropriately reported. This was a breach of Regulation 13 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. We also found lessons were not always learnt when things went wrong within the home. We rated Safe as Requires Improvement. At this inspection we found the necessary improvements had been made and Safe is now rated as Good.

There were procedures in place to protect people from potential harm and when needed we saw these procedures were followed. For example, since our last inspection we saw when incidents and accidents had occurred within the home, a full investigation had been carried out by the provider. This included when people had unexplained injuries such as skin tears. When incidents needed to be reported to the local authority safeguarding team for investigation the provider had completed this. Since our last inspection staff had received further training in safeguarding and were aware of the procedures that needed to be followed. This ensured people were protected from potential harm.

The provider had used this information to ensure lessons were learnt when things went wrong within the home. Since our last inspection a safeguarding had occurred where a person had a fall and it was identified the sensor alert mat had not been switched on. After the provider had taken action to investigate and resolve the incident, we saw a system had been put into place to stop reoccurrence. The provider had introduced a check on all sensor mats and documentation was in place to ensure this was completed by staff. The provider had also shared this information and learning from this incident with staff through a memo. This meant the provider had systems in place so that improvements could be made and lessons learnt.

People were safe living at Greenway House Residential Home. One person said, "I feel safe here." A relative told us they did not have any concerns with their relations safety. We saw when people needed specialist equipment it was provided for them and used in the correct way. For example, we saw people were sat on pressure relieving cushions and people used aids to assist with their walking. Some people needed to be transferred with the use of specialist equipment, such as standing frames. We saw staff using this equipment safely and in line with the person's care plan. This equipment had been maintained and tested to ensure it was safe to use. This showed us people were supported in ways that kept them safe.

Risks to people were considered. For example, when people were at risk of falling people had sensor mats in their room to alerts staff when they were mobilising. We saw this equipment was being used within the home and risk assessments were in place for this. This demonstrated staff had the information available to manage risks to individuals.

There were enough staff available for people and they did not have to wait for support. One person said, "There are always enough staff." Another person told us, "There are plenty." The relatives we spoke with were happy with the staffing levels within the home. We saw when people needed support it was provided for them. There were staff available for people in communal areas and when people in their bedrooms

requested support by pressing their buzzers, staff responded without delay.

There were infection control procedures in place and these were followed. We saw staff used personal protective equipment such as gloves and aprons when needed. Staff confirmed this was freely available to them. The provider also completed an audit in relation to infection control, the last audit completed in April 2018 did not identify any areas for improvement. People's bedrooms and communal areas were clean and well maintained and the home was free from infection.

We looked at one new starters staff recruitment files and saw pre-employment checks were completed before the staff could started working in the home. This demonstrated the provider ensured staffs' suitability to work with people within the home.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we found capacity assessments were not always in place where needed, and there was no evidence that decisions were made in people's best interests. Relatives were consenting on behalf of people without the legal power to do so. This was a breach of Regulation 11 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. We rated Safe as Requires Improvement. At this inspection we found some improvements had been made however further improvements were needed. Effective remains rated as Requires Improvement.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

We found when people lacked capacity to make decision for themselves capacity assessments were not always in place. One person had a capacity assessment in place for living at the home and administration of medicines, however there were no capacity assessments in place for the other restrictions placed upon them. For example, the sensor alert mat. We found the same concerns for two other people. Throughout people's care files it stated decisions had been made for people in their best interests, however there was no record of an MCA assessment or the best interest decisions and how the decision had been made. We spoke with the registered manager who told us they had completed this however not recorded it.

Since our last inspection when relatives had the legal power to support people with their decision making the provider had obtained a copy of this for their records. We did not see that any relatives were consenting on behalf of people without the legal power to do so.

The provider had considered when people were being restricted unlawfully and applications for DoLS had been made, however they did not always cover all areas of restriction. One person had a DoLS authorisation in place. The provider had not considered further restrictions that had been placed on this person since this had been introduced. There were also no capacity assessments in place for this. Since our last inspection the provider had also put in place guidance that stated people should be supported in the least restrictive way whilst DoLS applications were considered. However, there were no details stating what the least restrictive care was for people. This meant the principles of the MCA were not always followed.

Staff had the skills to meet people's needs and received an induction and training. One person said, "They go off for training now and again they know what they are doing with all the equipment." Staff received training and an induction to give them the skills needed to provide care and support to people. Since our last inspection staff had received an update in safeguarding and MCA. This demonstrated staff were supported to receive training relevant to meeting people's needs. When new staff started working within the home we saw they had received an induction and there were copies of this on staff's files. The provider had introduced competency checks, this included in medicines management. Staff also had to complete booklets in key areas such as infection control. During supervisions, staff would also discuss training they had received to see if there were any areas that needed development.

People were offered choices at mealtimes and enjoyed the food provided. One person said, "Very enjoyable." We saw throughout the day people were offered a selection of hot and cold drinks. When people needed specialist diets, for example a soft diet, this was provided for them. People's dietary needs had been assessed and considered and when needed people's fluid, food intake and weights were monitored so action could be taken if needed.

People had access to healthcare professionals when needed. One person said, "I haven't been well recently and I saw the doctor." Records we looked at included an assessment of people's health risks and it was documented when people had seen the GP, optician and chiropodist. When people needed support from other health professionals such as the falls team, we saw referrals had been made. Some people were supported by the district nurse team and they held a folder with this information in. The provider told us they worked jointly with health professionals to help deliver the care and support people needed.

The home was decorated in accordance with people's choices and needs. People had their own belongings in their bedrooms. When people sat in specific areas in the communal rooms they had their own comfortable chairs. In communal areas there were photographs of people and relatives that were important to them. There was a garden area that people could access and people told us they enjoyed using in the summer.

Good

Is the service caring?

Our findings

People and relatives told us they were happy with the staff and the care they received. One person told us, "It's a lovely home, they look after me really well I couldn't ask for more." A relative told us, "We have no concerns, we are very happy with everything including the staff and the care." We saw staff chatting and laughing with people throughout our inspection. People were treated with respect and approached in a kind caring way. For example, we observed one person was in an uncomfortable position; staff quickly recognised this and got the person a cushion so they were more comfortable. When people liked to wear their jewellery, staff had supported them and people were happy with this. This showed us people were treated with kindness and staff were caring towards them.

People were encouraged to be independent. One person said, "I come and go as I please, I have my walker so I don't have to ask staff for help. It gets me from A to B." Another person told us, "I am very independent, I like to do what I can for myself. When I was at home I was nervous the staff give me the confidence I need." We observed people were encouraged to be independent. For example, we heard staff encourage people to do tasks for themselves such as eating their meals. Staff were able to tell us how they encouraged people's independence and we saw care plans reflected the levels of support people needed.

People's privacy and dignity was promoted. One person said, "I like to keep my door shut as its much quieter they knock before they come in." We observed staff knocking on people's doors and offering support to people in a discreet way. For example, when asking people if they needed support with personal care.

People were offered choices and made decisions about how they would like to spend their day. One person told us, "I can do as I wish. I enjoy the time in my room its much quieter and lovely views. I do go down for meals but if I wanted to I could have them in my room." We saw staff asking people what they would like to do and where they would like to sit. At lunch time some people ate in their rooms where as others went into the communal dining area.

Relatives and friends could visit anytime. One person said, "I have visitors all the time." A relative told us, "We can come when we like, some homes you can't go at lunch time but that's not an issue here." We saw friends and relatives visited throughout the day.

Good

Is the service responsive?

Our findings

Staff knew people well. A relative said, "They all know my relation very well." Staff were able to find out information about people from their care plans and risk assessments as well as from other staff, handover and talking to people. Memos were also used within the home as a way to share information. The records we looked at showed us people's likes and dislikes were taken into account to ensure people received personalised care and support. For example, some people preferred showers to baths and this was documented and followed.

The provider had considered people's cultural and spiritual needs and information was gathered from people as part of their pre-admission assessments. When needed the provider had used a family to help translate from a person's first language, the home was working towards supporting this person with their cultural needs. Information was displayed around the home about the accessible information standards (AIS) and that information could be provided for people in a different format, if needed. AIS were introduced by the government in 2016, it is a legal requirement for all providers of NHS and publicly funded care provision to make sure that people with a disability or sensory loss are given information in a way they can understand.

People were given the opportunity to participate in activities they enjoyed. Staff offered people the opportunity to participate in activities throughout the day. We saw some people were watching the television or listening to music of their choice. Others were reading their books which they told us they had got from the library. During the morning people had the opportunity to participate in a group board game, people told us they enjoyed this. This showed us people had the opportunity to participate in activities they enjoyed.

People and relatives knew how to complain. One person said, "I have no complaints I am very happy. If I was worried or upset I would talk to the staff." A relative said, "I would talk with someone in the office, I am confident they would resolve this. I have never made a complaint." The provider had a procedure in place to manage complaints. No formal complaints had been made since the last inspection. The feedback the home received from people and their relatives was positive.

At this time the provider was not supporting people with end of life care, so therefore we have not reported on this at this time.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection audits were not always effective in identifying areas of concern or driving improvements within the home. At this inspection we found the same concerns and Well led remains rated as Requires Improvement.

We saw since our last inspection some further audits had been introduced. For example, the provider now completed a medicines audit. We could not be assured this was effective as it was completed in May 2018 and November 2018. When we reviewed Medicines Administration Records (MAR) we saw there were gaps in recordings. When we checked the stock levels within the home we found these medicines had been administered however not signed for. As this had not been identified by the provider no action had been taken to reduce the risk of reoccurrence. Furthermore, we found no guidance was in place for when people received 'as required' medicines. And we saw hand written MAR that had not been signed by any staff members to ensure it was accurate. As no audit had been completed since November 2018, the provider had not identified these issues or taken any action.

As at our previous inspection we found audits were completed on accident and incidents within the home. The incident and accident audit was a tally of how many incidents had occurred. We did not see how this information was then used to drive improvement within the home.

Other audits had been introduced for example on infection control and care plan audit. The care plan audit that was completed monthly had not identified an inaccuracy in a person's care plan therefore this was not always effective. The provider told us this was an area they had identified as requiring improvement and had recently appointed a staff member to support in this area.

We recommend that the service seek advice and guidance from a reputable source, for the management team on developing systems which identify concerns and drive improvements.

The provider had completed an annual survey in April 2018. The surveys were stored in a file in the office and there was no evidence to identify what action had been taken following this or how this information had been used to make changes for people. The provider told us people and relatives feedback on their website and they would offer a response.

There are two registered managers in place, both are providers. One of the providers was available during our inspection. They understood their responsibility around registration with us and notified us of significant events that had occurred within the home. People, relatives and staff spoke positively about the management team and the support they received. Staff had the opportunity to attend staff meetings and regular supervisions where they had the opportunity to raise concerns. The provider was displaying their previous rating within the home and on their website, however on the website it was not in line with our requirements, they took action to resolves this immediately.