

Mrs Brenda Clark

Greenways Care Home

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

The inspection took place on the 7 February 2017 and was unannounced.

Greenways Care Home provides personal care and accommodation for up to 15 people. On the day of our inspection there were 14 older people at the home, some who were at early stages of living with dementia. The home is spread over three floors with a passenger lift, communal lounge/dining room and conservatory leading to the garden.

At the last inspection on 26 October 2014, the service was rated Good. At this inspection we found the service remained Good.

People and relatives told us they felt the service was safe. One person told us "Oh I feel safe here. I was lonely at home but this is the place to be". People remained protected from the risk of abuse because staff understood how to identify and report it.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine safely when they needed it. People were supported to maintain good health and had access to health care services.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People and their relatives felt staff were skilled to meet the needs of people and provide effective care. One person told us "These girls [staff] know what they are doing and they tell me about the training they get".

People remained encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People and relatives also said they felt listened to and any concerns or issues they raised were addressed. A relative told us "To be honest, it's extremely difficult to find anything they don't do well but it's easy to talk to them if you needed to".

Staff supported people to eat and drink and they were given time to eat at their own pace. People's nutritional needs were met and people reported that they had a good choice of food and drink. One person told us "The food's very good. Yes choice every day. They tend to know what sort of things we all like so it's rare that anything gets turned down and you get plenty".

Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. One member of staff told us "We have regular time with the

manager and discuss how we are getting on".

The home continued to have a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team which we observed throughout the inspection. A relative told us "The staff are just so nice and you can tell they really care about the people here. They always do their best to help in a kind way"

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

People, staff and relatives found the management team approachable and professional. One person told us "X (registered manager) is very nice. I've no complaints and I'm well looked after".

Further information is in the detailed findings below:

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 7 February 2017 and was unannounced. The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection was an expert in care for older people.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted stakeholders, including health and social care professionals involved in the service for their feedback three health and social care professionals gave feedback regarding the service.

During the inspection we observed the support that people received in the communal lounge/ dining room. We were also invited in to people's individual rooms. We spoke to 11 people, two relatives, two care staff, senior carer/administrator, deputy manager and the registered manager. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We reviewed five staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We also looked at the menus and activity plans. We looked at six people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. One person told us "Oh I feel safe here. I was lonely at home but this is the place to be". Another person said "Gosh I feel so much safer here 100%. I don't have to worry anymore about forgetting to turn things off or leaving the kettle on and I'm much more relaxed for it which means I'm not so stressed and I think my memory has improved for it. The Doctor thought so too. As soon as I came here I settled and was so relieved it just makes you feel better. I really am so happy and content".

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us "Any concerns, like a bruise or someone's change of behaviour. I will inform the manager and it would be dealt with".

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

People and relatives felt there was enough staff to meet their needs. One person told "If I need someone day or night, they are here for me. Such nice staff". Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff. We saw there was enough skilled and experienced staff to ensure people were safe and cared for.

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager analysed this information for any trends.

Medicines were stored in an appropriate lockable medicine trolley within a secure medicine room. Trained staff had access to the medicine room and were responsible for administering medicines to people. Appropriate arrangements were in place in relation to administering and recording of prescribed medicine. Medicines were administered three times a day and also as required. We observed medicines being administered in the morning by a member of staff who had good rapport with people and knew them well. They took care to ensure that the correct medicine was administered to the correct person. The nurse then completed the person's medication administration records (MAR) chart correctly. A medicine/infection control lead undertook audits of people's individual MAR charts. The audit examined areas such as whether

all medicines had been administered and recorded, if not administered had the reason for this had been recorded and addressed. The lead explained that any concerns were raised with the staff administering medicines and the registered manager. People we spoke with about medicines all told us that medicines were delivered on time in a professional manner by a member of staff.

Each person had an individual care and support plan. The plans followed the activities of daily living such as communication, people's personal hygiene needs, continence, moving and mobility, nutrition, medication and mental health needs. The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. For example a Water low risk assessment was carried out people. This is a tool to assist and assess the risk of a person developing a pressure wound. This assessment takes into account the risk factors such as nutrition, age, mobility, illness and loss of sensation. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that the correct mattress or equipment was made available to support pressure area care. Staff told us that they were aware of the individual risks associated with each person and where they found the care plans to be detailed.

Is the service effective?

Our findings

People and their relatives felt staff were skilled to meet the needs of people and provide effective care. One person told us "These girls [staff] no what they are doing and they tell me about the training they get". Another person said "The staff know me ever so well and understand how much I can do myself or if I'm worried they notice. It's just nice to know they're always thinking of you. I didn't know what to expect when I first came but after two or three days I thought this is flipping good. It's down to the girls [staff] being good at what they're doing and they're all the just as good. I'm very impressed". A relative told us "They are so on the ball here".

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. We checked whether the provider was working within the principles of the MCA. Staff had a good understanding of the MCA and the importance of enabling people to make decisions. Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area. People were given choices in the way they wanted to be cared for. One member of staff told us "MCA is the resident's capacity and if they can make choices which are safe to them, we have training in this". Posters with the MCA principles were on walls in staff areas as a reminder for them.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority and notifications to the Care Quality Commission when required. We found the registered manager understood when an application should be made and the process of submitting one. Care plans clearly reflected people who were under a DoLS with information and guidance for staff to follow. DoLS applications and updates were also discussed at staff meetings to ensure staff were up to date with current information.

People received consistent support from specialised healthcare professionals when required, such as GP's and social workers. Access was also provided to more specialist services, such as a chiropodists and falls prevention team if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. One person told us "I know if I needed a Doctor there would be a quick reaction".

When new staff commenced employment they underwent an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. The training plan and training files we examined demonstrated that all staff attended essential training and regular updates. Training included moving and handling, food hygiene, infection control and health and safety. Where training was due or overdue, the registered manager took action to ensure the training was completed. Staff we spoke with all

confirmed that they received regular supervision and said they felt very well supported by the management team. Staff had regular supervision meetings throughout the year with their manager and a planned annual appraisal. One member of staff told us "We have regular time with the manager and discuss how we are getting on".

From examining food records and menus we saw that in line with people's needs and preferences, a variety of nutritious food and drink was provided and people could have snacks at any time. We observed the deputy manager visiting each person and asking what they would like for their lunch offering choices. People enjoyed their meals and snacks throughout the inspection. One person told us "The foods very good. Yes choice every day. They tend to know what sort of things we all like so it's rare that anything gets turned down and you get plenty".

Is the service caring?

Our findings

People and relatives felt staff were kind and caring. Comments from people included "I couldn't wish for anything better or for them to be any better at caring for us", "They just always react perfectly" and "When I first came they asked me all about what my problems are and how it affects me. They told me that I mustn't worry about any of those things because they would always be there to help me. It makes you feel a lot better that they are so understanding and always approachable". A relative told us "The staff are just so nice and you can tell they really care about the people here. They always do their best to help in a kind way"

The home continued to have a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team which we observed throughout the inspection. One person told how they use to visit a friend in the home and said "I always knew if I went into a care home this would be the one. It is so homely and the staff are all wonderful". Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas or in their rooms. People's rooms were personalised with their belongings and memorabilia. One member of staff told us "This home is just like a local community family. Lots of people here are local so they feel they have that familiarity so it's not such a shock it's like a family. One person's husband was part of the cricket club and from their room they can hear them calling "Four" and it makes them think of their husband and they go along and sit there to watch the cricket. Another person is a train spotter and they love it because they can hear the trains going by.

Peoples' differences were respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. Diversity was respected with regard to peoples' religion and both care plans and activity records, for people staying at the home, showed that people were able to maintain their religion if they wanted to.

People told us they were involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. The registered manager recognised that people might need additional support to be involved in their care; they had involved peoples' relatives when appropriate and explained that if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' privacy was respected and consistently maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. Observations of staff within the home showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity and people were able to lock their doors to keep their personal space secure. One person told us "Staff would always make sure my door is closed if we needed to have a private chat"

People were encouraged to be independent. Staff had a good understanding of the importance of

promoting independence. One member of staff told us "We have to encourage and let people do things for themselves. Even the small things like brushing their hair and teeth". People told us that they were able to go out for walks with a member of staff if they wanted. One person told us "It's too cold to go out but when it warms up they will help me go out for a walk down the road. I need to keep moving". People told us that staff were there if they needed assistance but that they were encouraged and able to continue to do things for themselves and records and observations confirmed this.

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. One person told us "I'm an only child so they know I prefer my own company. I'm quite happy in my room here and I get on with my crosswords and I enjoy my books. They always ask if I want to join in if there's anything going on". A relative told us "X [relative] has their housecat here with them. They actively encourage it as they understand how important it is for X. They feed the cat and even if I have to pick up on minor things from time to time, the attitude is completely right with an apology and it gets seen to".

We saw the staff undertook an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. One person told us "Yes they did a folder when I came and wrote down what I liked and what I didn't like and had all my medical history". The pre-assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people or their relatives were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. The care plans were detailed and gave descriptions of people's needs and the support staff should give to meet these. Each section of the care plan was relevant to the person and their needs.

Care plans were reviewed regularly and updated as and when required. People and relatives told us they were involved in the initial care plan and on-going involvement with the plans. One person told us they had expressed a view on what time they liked to get up and go to bed and this preference was being met. Another person told us "Yes I've seen my care plan, they took photographs of me and the information in it covers everything. Yes it's reviewed from time to time and I'm fully informed".

People and relatives remained aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed around the service. Although the service had not received any complaints since the last inspection, we were told any minor issue was dealt with straight away. People told us they have no need to complain but would know how to if they needed to. A relative told us "To be honest it's extremely difficult to find anything they don't do well but it's easy to talk to them if you needed to".

Staff undertook activities with people and external entertainers. Activities on offer included arts and crafts, exercise and games. We were shown photos of activities and people's artwork was displayed around the home. People's comments around activities included "We have weekly exercise classes, just keeps you moving a bit", "I have my paper delivered each day and that takes up quite a bit of my time" and "We don't get bored really there's always a bit of chat". Meeting records confirmed that activities were discussed at resident meetings to gather people's ideas, personal choices and preferences on how to spend their leisure time. We observed one person knitting and chatting to a member of staff in the dining area. Another person told us they enjoyed being in the communal lounge and watching the TV. A third person told us they had been helping in the kitchen which they enjoyed. The deputy manager told of a recent Burns night that they

had held. They told us "We do themed events and the recent one was Burns night. We had a Scottish menu and many people tried haggis for the first time, we all had fun". One person told us "Oh yes there is always something happening. We had a Scottish night the other night and it was funny".

Is the service well-led?

Our findings

People, visitors and staff all told us that they were happy with the service provided at the home and the way it was managed and found the management team approachable and professional. One person told us "X (registered manager) is very nice. I've no complaints and I'm well looked after". Another said "It's well run and organised and people are content". A relative told us "It's a happy home and the staff are always full of the joys".

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

People looked happy and relaxed throughout our time in the home. Staff said that they thought the culture of the home was one of a homely, relaxed and caring environment. When asked why the service was well led, one staff member told us "I can go to the manager anytime, they are part of the team. Like today they are in the kitchen helping out". Another said "Any issues or help I need, I can go to the manager or deputy. They are always working alongside us and very approachable".

The registered manager showed passion and knowledge on the people who lived at the home. They told us "This is the resident's home and we continuously look to improve and residents play a big part in this. We are always asking what they would like on a one to one basis or group meeting. I have lovely staff that do a great job". One person told us "Any suggestions you make, the manager is very interested in and always interested in making any improvements"

Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

The service had recently been short listed for a local award. The "Community Stars 2016" award was run by a local newspaper. The registered manager told us "We were very proud that a relative had recommended us for this award and we were very pleased to have been short listed".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The care manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

