

Greenlands Residential Home Limited

Greenlands Residential Home

Inspection report

44-46 Green Lane
Bolton
Lancashire
BL3 2EF
Tel: 01204 531691

Date of inspection visit: 5th November 2014
Date of publication: 12/05/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this unannounced inspection on 05 November 2014.

Greenlands is a privately owned residential care home registered to provide care for up to 28 older people. On the day of our inspection 24 people were living at the home. The home provides accommodation in single or shared bedrooms over three floors. Lift access is available

to all floors. There is limited outside space for people to access. Car parking is available at the front or rear of the home. The home is situated close to local amenities and is accessible for local transport to Bolton town centre.

The last inspection of Greenlands took place on 17 September 2013. At this inspection the service was found to be meeting the required standards inspected.

Summary of findings

The home had a registered manager who had been in post for a number of years. 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 and associated Regulations about how the service is run.

We spoke with six people who lived at the home and with their relatives. One person told us, "I am happy living at the home and the staff are always around to help". Another said, "I am quite safe here. I have been here awhile and I have no problems". A relative told us, "The staff ask my opinion on all my relative's aspects of care. I feel I am in a caring partnership with the staff". Another said, "It's wonderful here, I am very happy with everything".

During our inspection we found some aspects of fire safety and staff training in response to emergencies that gave us some cause for concern. Therefore people living at the home, staff and visitors were not fully protected from the risk of harm. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponded to a breach of Regulation 12 (2) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the home to be clean and free from any offensive odours. We saw that there were paper towels and liquid soap in the bathrooms and toilets. However, we saw that in some of the communal bathrooms and toilets that cloth hand towels were in use. Cloth hand towels should not be in communal areas to help reduce the risk of cross infection.

We found that people, where possible were involved in decisions about their care and the level of support they required. We saw that staff made appropriate referrals to other healthcare professionals such as GPs, dieticians and district nurses as required where it had been identified changes had occurred in someone's health

needs. We observed that the staff had a good understanding of people's care and support needs. We observed that the staff were kind and responded swiftly when people required assistance.

On the day of our inspection there were adequate numbers of staff on duty to meet the needs of people living at the home. We saw staff were responsive to people's needs and wishes.

We observed that people were encouraged to join in activities. Some people were happy to watch but did not wish to participate.

We spoke with a visiting health care professional who told us they had no concerns about the care at the home and found the staff responsive to people's needs.

We looked at care records and found these contained sufficient information and risk assessments to guide staff how people wanted to be cared for. We saw that records were complete and up to date.

We saw that the provider had systems in place to help protect people from abuse. Policies and procedures were in place and were accessible to staff should they need to refer to them.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). All staff at the home had undertaken training in the Mental Capacity Act 2005 and In Deprivation of Liberty Safeguards. Deprivation of Liberty Safeguards (DoLS) screening was carried out and applications for authorisation made appropriately.

We looked at the recruitment practices and found that all the necessary checks were in place prior to new staff commencing work at the home. This helped to protect people living at Greenlands from staff that were unsuitable to work with vulnerable people.

We saw a complaints procedure was available in the main hallway. This provided people with information of how to make a complaint if they had any concerns. We noticed that the address of the Care Quality Commission (CQC) was out of date. The registered manager told us this would be amended immediately.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

We saw that safeguarding procedures were in place and staff had received training in safeguarding vulnerable people.

We saw that medicines were administered in a safe and timely manner.

People's safety was not protected as the fire safety procedures and staff training was not managed effectively. Suitable controls must be in place with regard to adequate window restrictors.

Staff needed to be mindful about the risk of cross infection in areas of the home. Cleaning products should be securely stored when not in use.

We found that recruitment procedures were safe and thorough. Policies and procedures were in place to help protect people from unsafe practice.

Requires improvement



Is the service effective?

The service was effective

People were able to make informed choices in relation to food and drink and how they spent their day. People told us it was their choice with regard to times of rising and retiring.

Staff received training and development, however fire training needed updating. Staff supervisions had been completed by senior staff.

People's needs were regularly reviewed and if required referrals were made to other healthcare professionals to help ensure people received the care and support that met their needs.

Deprivation of Liberty Safeguards (DoLS) screening was carried out when necessary and applications for authorisation made appropriately. Staff had received training in the Mental Capacity Act (2005) (MCA) and worked within the legal requirements of the act.

Good



Is the service caring?

The service was caring

We saw that staff interacted with people living at the home in a kind, caring and respectful manner.

Staff respected people's privacy and dignity.

We saw that the staff team understood people's care and support needs.

Staff encouraged people to maintain their independence, however they responded swiftly and efficiently when people needed help and support.

Good



Summary of findings

Is the service responsive?

The service was responsive

People's health, welfare and care needs were discussed with them where possible. Relatives, where appropriate were also involved with the planning of their relatives care.

Systems were in place to enable people to express their views and opinions to improve the services offered.

Individual and group activities were offered that reflected people's needs and preferences.

Good



Is the service well-led?

The home was well-led.

The registered manager had been in post for a number of years.

Systems were in place to monitor and assess the quality of the service.

Accidents and incidents were recorded and actions taken to minimise the risks of reoccurrence. The registered manager notified the CQC of incidents as required.

People living at the home, their relatives and staff told us they felt supported and listened to by the registered manager.

Good



Greenlands 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 checked 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.

The inspection took place on 05 November 2014 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of service.

Prior to our inspection we asked the provider to complete a Provider Information Return (PIR). A PIR asks the provider to give us key information about the service including what the home does well and what areas they could improve.

We looked at other information we held about the service, this included notifications of incidents, accidents and deaths and previous inspection reports. We spoke with Bolton local authority commissioning team who regularly monitor the service and with two visiting healthcare professionals who visited the home on a regular basis to see their patients (people who use the service).

During this inspection we spoke with six people who were able to tell us their experiences of living at Greenlands. We had the opportunity to speak with two relatives and three members of care staff.

We looked at three care records and three staff personnel files. We looked around the home including the lounges, the dining area, people's bedrooms and bathrooms.

Is the service safe?

Our findings

The service was not consistently safe.

People told us they felt safe living at the home. When asked one person told us, "I am quite safe here. I have been here for a while and I've had no problems. It doesn't take staff long to help me". Another person told us, "I feel safe here". One relative spoken with told us, "I feel my relative is completely safe in here".

We had been notified by the registered manager that a person living at the home went out of the home through the front door, which placed this person at risk of harm. A DoLS authorisation had been applied for. We were told by the manager that this person had now left the home as they had been assessed as requiring nursing care. We saw that the registered manager had taken steps with the security of the door; however we had some concerns that this may contravene fire regulations. We also noted that the fire door on the second floor could be opened with a push bar mechanism which led on to an outside fire escape. We opened the door which was not fitted with an alarm to alert staff. Therefore people living on the second floor could easily open the door and leave the building without staff being made aware. This could potentially place people at risk of harm. Due to these concerns we asked the fire officer from Greater Manchester Fire and Rescue Service to visit the home as part of this inspection. The visit took place on 10 November 2014.

The fire officer found that staff training was inadequate to enable the employees to safeguard themselves and other people on the premises. All staff training should take account of the findings of the fire risk assessment. It should include the duties that members of staff would be expected to carry out if a fire occurred. A fire drill should be carried out at least once a year or as determined by the fire risk assessment. If there was a high staff turnover a fire drill needed to be carried out more often. All staff should be provided with adequate fire safety training. The type of training should be based on the particular features of the premises. The fire officer found several other areas of concern where the home was failing to comply and issued the provider with an Enforcement Notice under Article 30 of The Regulatory Reform (Fire Safety) Order 2005.

The provider has been given until the 06 July 2015 to comply with the Enforcement Notice. This was a breach of

Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponded to a breach of Regulation 12 (2) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On walking around the home we found two of the bedroom windows on the first floor had no window restrictors fitted. The windows opened out wide enough, which could have resulted in a person falling from the window. This was discussed with the registered manager who said this would be addressed the day after our inspection. We received written confirmation from the registered manager on 06 November 2015 informing us this concern had been actioned.

We noted in the toilet areas there were communal toiletries and in one toilet there was a plastic container of cleaning agent left on display. Toiletries should be kept in people's own rooms and in the interest of safety cleaning products should be securely stored when not in use. We also saw in the communal bathrooms and toilets that cloth handtowels were in use. Cloth towels are acceptable in people's own rooms and should be taken in to the bathroom when people were preparing to bathe. Paper towels and liquid soap were available to reduce the risk of cross infection. Cloth hand towels should be removed from communal areas.

We looked at three care records and saw these contained information to guide staff to how people's care needs were to be supported. We saw that risk assessments had been completed in areas such as falls, mobility, skin integrity and nutrition and hydration. We saw that the care records were regularly reviewed and any changes in people's plan of care was reflected in their records. One relative spoken with told us, "Staff ask my opinion on aspects of my relatives care. I feel I'm in a caring partnership with the staff".

We saw that the home had safeguarding policies and procedures in place. These were accessible to staff should they need to refer to them. We saw evidence that staff had completed vulnerable adult safeguarding training on commencing their employment at the home and refresher training had been undertaken. Staff spoken with knew what constituted abuse and what action they would take if they had any concerns.

We observed the lunchtime medication round. We looked at the administration, storage and recording of medicines.

Is the service safe?

We saw that medicines were stored in a locked drugs trolley. Only staff who had received training administered medicines. We looked at the Medication Administration Record sheets (MARs). We saw that the individuals' MARs had a photograph of the person attached to them to help staff ensure the right person received the right medicines. The MARs had been completed correctly. The home had a small number of controlled drugs. These were stored in a separate controlled drugs cupboard and recorded and checked in a controlled drugs register with two staff signatures as required. The member of staff dispensing the medicines knew the importance of giving medicines at the prescribed time for example; some medicines were given once a week and others such as paracetamol were prescribed 'as and when required' (PRN). We saw that some medicines were given covertly (this means to be given in food or drink). We saw that this had been agreed and signed for the relevant healthcare professional acting in

this person's best interest and had been discussed by all the relevant people involved in this person's care. One person spoken with told us, "They [the staff] look after my tablets and they always give them to me at the right time with a drink". One relative said, "I have been here when they give out medication, they seem to be given on time. They seem to have the same routines that the hospitals follow".

We looked at three staff personnel files and found that robust recruitment procedures were in place. Files contained an application form, references and other forms of identification were sought. We saw that a Disclosure and Barring Service (DBS) check had been completed prior to people commencing work at the home. A DBS check helped to ensure that people living at the home were cared for by people who were suitable to care for vulnerable people.

Is the service effective?

Our findings

People living at Greenlands received effective care because the registered manager and staff team had a good understanding of the people they were supporting and how to meet their needs and preferences. Staff spoken with told us the registered manager knew all the people living at the home really well as the registered manager was ‘hands on’ and works alongside us”.

We spoke with a visiting health care professional who told us they had no concerns about the care at the home. They told us that staff communicated well with them and acted on any advice and support they recommended with regard to their patients (people who used the service).

We observed the lunchtime meal and saw that people were offered sufficient amounts to eat and drink. A choice of meal of was offered. We saw the food was nicely presented and the meal was not hurried. The mealtime was a relaxed and a sociable time. We saw that for some people, they required assistance eating their meal, this was done in a discreet and sensitive manner. People told us that the food was good; one person told us they had put weight on and felt better for it. We saw that most people ate in the main dining room, however some people had their meals in their own rooms as was their choice.

We asked staff about training and we were told there were opportunities for training and development. Staff told us they had undertaken training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DOLs). We asked staff about their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The MCA sets out the legal requirements and guidance

around how to ascertain people’s capacity to make particular decisions at certain times; DOLS is used when a person needs to be deprived of their liberty in their own best interests. This can be due to a lack of insight in to their condition or the risks involved in the event of the individual leaving the home. At the time of our visit there was no one living at the home with a DOLs authorisation. We were told by a member of staff that one person living at home had an independent advocate who acting on their behalf.

Staff told us they had completed an induction programme on commencing work at the home. They told us that they had undertaken training in moving and handling, first aid, food hygiene and medication and vulnerable adults safeguarding training. One member of staff said they had completed specialised training in diabetes. The training matrix confirmed when staff had completed training and when refresher updates were due. Staff confirmed they received regular staff supervision with the manager; evidence of these supervisions meetings had been documented.

We looked around and found the home was clean and free from offensive odours. We saw that people had been encouraged to personalise their rooms with their own belongings and mementoes. We saw some people were in their own rooms listening to music or reading or watching television.

We saw that people had equipment to meet their needs, such as walking aids, wheelchairs, grab rails. There was a choice of bathing facilities and people could be assisted in to the bath by the use of a bath chair or a shower was available if people preferred.

Is the service caring?

Our findings

We observed how people were supported by staff. We saw that staff were kind and caring. Staff responded swiftly and efficiently when people needed assistance. One person said, "The staff are kind and considerate, I have nothing to worry about". We heard polite and friendly interactions between people living at the home, staff and relatives. Two relatives spoken with told us they were always made welcome when they visited their relatives. One person told us, "I am very happy with the care my relative receives, the staff are wonderful". The relative told us, "The staff keep me informed at all times, they let me know if my relative is not well and if they need to call for the doctor".

One relative spoken with described to us about the care and support their relative received, they

told us that they were very happy with the care provided. They said the staff were very kind and caring and they had noticed an overall improvement in their relative's general health and wellbeing.

We saw that people were well groomed and well presented. We saw that attention had been given to people's hand and nail care. Ladies' hair had been attended to and gentlemen were clean shaven as was their choice. We saw in the care records we looked at clear instructions were available to guide staff on how people's care and personal hygiene was to be addressed.

During our visit we saw that staff upholding people's privacy and dignity. Staff were seen knocking on people's doors before entering. People were referred to by their preferred choice of name.

We saw that in shared rooms privacy screening was available to maintain people's dignity. We spoke with two people who shared a room and asked them if they were happy with those arrangements or would they prefer single rooms. Both confirmed they had been offered the opportunity to move into single rooms but had declined the offer as they were very happy with the arrangements and they said they looked after one another and enjoyed each other's company.

Is the service responsive?

Our findings

We asked the registered manager what information was provided to people prior to people moving in to the home. The registered manager told us that people were encouraged and welcomed to visit the home and meet with staff and people already living at the home. One relative spoken with told us that they had the opportunity to ask the registered manager and staff any questions they had before any decisions were made about their relative moving in to Greenlands.

We looked at three care plans and found that these contained all the relevant information to guide staff about each person's care and support needs. Care plans contained risk assessments with regard to falls, nutrition and skin integrity. Information also included likes and dislikes and interests and pastimes. Other information in the care records included daily record sheets, monitoring of weights and visits from other healthcare professionals.

We asked people at the home if they knew about their care plan. One person confirmed they did and told us it had information in about them and what they needed. A relative confirmed they were fully aware of their relative's care plan and had seen it was kept up to date with current information that reflected any changes to the care and support required.

People spoken with told us they could take part in the activities if they wished. There was evidence around the home of board games, jigsaws, bingo, gentle exercises and

art and crafts. One person said they enjoyed it when the entertainer came to the home, they liked to sing along with them. On the day of our visit we observed that people living at the home were singing along to a musical CD. We questioned with the registered manager if the music was age appropriate and this was a children's music tape. The registered manager invited us to watch and we saw that people knew all the words and actions and were enjoying joining in. This activity got people moving and was good to aid reminiscence as most people would have sang these a child and possibly with their own children.

The relatives we spoke with said that the registered manager was approachable and they felt if they had any concerns that they would be dealt with accordingly.

We saw that the home had procedures in place for dealing with and responding to any complaints. The registered manager showed us the complaints file. There had been no complaints made about the service within the last year. The complaints procedure was available in the foyer, we noticed the address of the Commission required updating, the registered manager said this would be amended.

We saw that the registered manager and staff had received some compliment cards from relatives. Comments included : "Thank you to everyone who showed such patience and care and compassion to my relative whilst at Greenlands". Another said, "A big thank you to everyone at Greenlands. You always made us welcome and greeted us with a smile".

Is the service well-led?

Our findings

There were management systems in place to ensure the home was well-led. The home had a manager who was registered with the care Quality Commission. The registered manager had been in post for several years.

During the inspection we saw that the registered manager was active in the day to day running of the home. One relative told us, “The manager is at the home every day and knows what is going on, they are always a visible presence”.

We saw that during the day people living at the home and their relatives sat chatting at ease with the registered manager. We saw that the staff were aware of their duties and worked well together as a team. We also observed that staff made time to speak with people and spend time with them.

We looked at the quality assurance systems that were in place. We saw that accidents and incidents were recorded and what actions had been taken to prevent reoccurrence. The Commission had been notified as required about incidents, accidents and deaths within the home.

We saw that the care records had been reviewed and where any changes to people’s care needs had occurred, these had been reflected in their care records.

We saw that there was a handover following the change of shift. The handover informed staff of people’s needs and any changes to any care records.

We saw that there were regular medication audits. These were carried out by the registered manager to check that medicines had been given correctly and records had been completed and that overstocking did not occur and medicines were correctly stored.

We saw evidence of in house environmental checks. All rooms had a call bell and the number of the room registered on an electronic panel to inform staff who required assistance.

We saw that Portable Appliance Testing (PAT) was up to date. This meant small electrical appliances such as televisions has been checked and deemed safe to use.

Staff spoken with told us that the home sought the opinions of staff through regular team meetings and supervisions. One member of staff said, “I feel entirely supported by the management. We work well as a team. My manager gives me support and help. I have monthly supervision sessions. We have two managers and they work alternate weekends, I can call either of them if there is a problem”.

We saw that surveys for people living at the home and for their relatives were sent out on a regular basis and positive feedback had been received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

The registered person had not ensured that staff were sufficiently trained to respond to emergencies safely. The premises did not comply with the Regulatory Reform (Fire Safety) Order 2005.