

Sanctuary Care (Wellcare) Limited

Greenheys Lodge

Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced inspection of Greenheys Lodge on 1, 2 and 6 August 2018.

Greenheys Lodge is a purpose built residential care home that provides care for up to 33 older people and forms part of the 'Sefton Park Care Village' situated near Sefton Park in Liverpool. Bedrooms are all single occupancy with ensuite facilities and there are several lounges, a dining room and accessible bathroom facilities throughout the home. There is a large garden and car parking is provided at the front of the building. At the time of inspection Greenheys Lodge was providing care for 23 people.

Following the last inspection in February 2018 we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, caring, responsive and well led to achieve a Good rating.

At this inspection although we found there had been improvements in some areas we found repeated breaches in relation to Regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities). Regulations 2014. These breaches related to safe care and treatment in relation particularly to staffing levels, good governance, staff support and infection control.

There was no registered manager in place, a new manager had been working at the home from 9 May 2018. 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 manager in post was going through the process of registration with the Commission.

People received support with their health care. However, care plans and risk assessments had not been updated accurately and in some cases contained contradictory guidance that if followed would pose a risk to people's health and safety. Monitoring records including food and fluid charts and, repositioning records had not been completed fully by staff to inform that the care and support had been provided as required in the care plans.

Medications had not been safely managed, as required monitoring records for controlled drugs had not been completed appropriately and medication fridge temperatures not completed to ensure the safe storage of medication.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been adhered to in the home. We saw that mental capacity had been assessed appropriately, consent had been sought, DoLS conditions that were being applied by the home for people that required updating had been applied for by the manager.

Accidents, incidents and complaints had been managed appropriately.

Infection control standards at the home varied we observed poor environmental issues specifically in the servery attached to the dining room. Audits of the service were ineffective and in some cases not carried out.

We saw no evidence of a robust induction process into Greenheys Lodge and the staff training we were provided with informed us that staff had not had relevant training or required updated training. Supervisions and appraisals were taking place but not all staff had received them.

The manager had reduced the number of agency staff being used however feedback we received from people using the service, relatives and staff all indicated there were still issues regarding staffing levels.

People we spoke with told us they felt safe at the home and they had no worries or concerns. People's relatives and friends also told us they felt people were safe. The staff at the home knew the people they were supporting and the care they needed. We observed staff to be kind and respectful towards people. The home provided a range of activities to occupy and interest people.

People's personal emergency evacuation plans did match their risk assessments and gave the relevant information required.

Ratings from the last inspection were displayed within the home and on the provider's website as required. The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- □ Ensure that providers found to be providing inadequate care significantly improve.
- □ Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- □ Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location from the providers registration.

The CQC was informed on the 14 August 2018 that Greenheys Lodge would be closing and de-registering with the CQC in September/October.

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 always effective

It was not always clear if staff had received an induction and training was not up to date.

People's nutrition and hydration records were not completed effectively.

People's mental capacity had been assessed in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards conditions had been adhered to and appropriate consent processes were being followed.

Inadequate ●

Is the service effective?

The service was not always effective

It was not always clear if staff had received an induction and training was not up to date.

People's nutrition and hydration records were not completed effectively.

People's mental capacity had been assessed in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards conditions had been adhered to and appropriate consent processes were being followed.

Inadequate ●

Is the service caring?

The service was not always caring.

Staff we observed interacting with people treated them with kindness and respect. Staff were however rushed at times and this impacted on the care and support provided.

There were insufficient staff on duty at times to adequately meet people's care needs.

Staff communicated well with the people they were supporting and showed patience and understanding and gave them

Requires Improvement ●

information and explanations about what they were about to do.

Peoples' friends and family were able to visit the home at any time.

Is the service responsive?

The service was not always responsive.

Although the care plan documents were designed to be person centred, they were not completed with all relevant details. Records were not up to date and staff were not always following the wishes of people including repositioning for comfort.

People were offered choice about their food and were able to experience activities they preferred and enjoyed. People were engaged in activities within the care home.

A system was in place to ensure people knew how to complain if they needed to and we found that complaints had been dealt with appropriately.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The manager was not registered with the CQC and the governance of the home was not being monitored effectively in areas.

The manager was not supported from their recruitment into the home from May 2018. The provider did not have over-sight of the service and its issues found at this inspection.

The issues of ineffective record keeping had been identified by the home's audits.

Requires Improvement ●

Greenheys Lodge Residential 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 1, 2 and 6 August 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we asked for information from the local authority and we checked the website of Healthwatch Liverpool for any additional information about the home. We reviewed the information we already held about the service and any feedback we had received.

During our visit we spoke with four people who used the service, one person's relative, three care staff, three domestic staff, the assistant chef, the maintenance officer, the manager, a quality support manager and the regional manager. We undertook a Short Observational Framework for Inspection (SOFI) which is a tool developed and used by CQC inspectors to capture the experiences of people who use services who may not be able to express their views for themselves.

We looked at care notes for four people who used the service, medication storage and records, four staff records, accident and incident report forms, health and safety records, complaints records, and other records for the management of the home.

Is the service safe?

Our findings

When we last inspected on 21, 26 and 28 February 2018 we found the service was unsafe. We served requirement notices. On this inspection we found improvements had been made to identified risks for people being recorded in a risk assessment record. Medication procedures had improved but processes required further improvement. Staffing levels were still identified as being insufficient and the infection control monitoring and cleaning of the premises in certain areas was not to an acceptable standard. The provider remained in breach of Regulation 12; Safe care and treatment and Regulation 18; Staffing levels on this inspection.

We asked people if they felt safe with the care staff looking after them. One person who lived at the home said, "I feel I am safe with nothing to worry me". A second person told us "I am safe and secure here but would rather be in my own home". A relative we spoke with also agreed that the home was safe. Their comment's included, "Yes, we as a family have no worries, the front door is always locked and safe and we are happy [family member] is here".

We received information of concern regarding staffing levels within the care home prior to the inspection. We found there were not always enough staff to provide care for people. We asked the manager about staffing levels and they responded by telling us; "staffing is fine". We asked about staffing in communal areas as we observed staff running around and we found the dependency levels where at least five people who required two care staff to support them with their care. Staffing levels were 3 or 4 staff. This meant in the event of two people requiring two care staff to support them at the same time people would be left unsupervised or people would wait for their care.

This is a Breach of Regulation 18 Staffing of the Health and Social Care Act Regulations 2008 (Regulated Activities) 2014

Risk assessment information and records we looked at had improved since the last inspection. However, monitoring information such as charts for pressure relief care/nutrition/fluids were not always completed fully by staff which meant it was difficult to ascertain if the relevant care was provided. This was discussed with the manager who told us that they had spent a lot of time with staff to ensure the checks had been completed however monitoring of these records had not been effective.

We looked at the different prescribed amounts of 'Thick and easy', a thickening agent for people with swallowing difficulties. The MAR's had evidence that this had been administered effectively to the people at the correct consistency. A record in the servery by the dining room had a list of people and amounts to be administered however the information was incorrect. This could impact on the health of the people receiving it as they could choke. We also observed one person who had a choking risk assessment in place was given a drink by staff with no thickener added. This meant that the provider was not taking the relevant actions to mitigate the risks to people.

During the inspection we looked at how medicines were managed within the home. Medicines were stored

within a trolley in a locked clinic room. The temperature of both the clinic room and the medicines fridge were not monitored and recorded each day as required to ensure medicines were stored within safe ranges. If medicines are not stored at the correct temperature it can affect their effectiveness.

Infection control procedures at the home were not being followed. On two days of this inspection we saw that the servery was not clean and food and drinks were provided by staff from this area. The manager and quality manager were shown on day three a window sill with dead flies on and a fan blowing towards the serving trolley. There was also an issue with two people's bedroom carpets smelling of urine. This meant that the provider was not protecting people from the risk of infection control as the environment was not clean in certain areas.

These issues are a breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act Regulations 2008 (Regulated Activities) 2014

We checked the management of medicines in the home and observed a medicines round. The senior undertaking the medicine round checked all identification photographs for each resident prior to administering the medication, the trolley was being kept locked throughout and in between when unattended. We observed medicines were being signed for in line with best practice only after each person had taken their medication. Medication administration sheets (MAR) sheets were all correctly filled in. We also checked the Controlled Drugs register and drugs returned books which were up to date. However, the senior staff were not signing the evening record to inform that all counts for controlled drugs had been completed.

Recruitment practices were checked in the care home. We looked at four staff recruitment files and found they contained evidence of safe checks being undertaken including a Disclosure Barring Service check being undertaken. References were seen within the staff files were looked at. This assists employers to make safer decisions about the recruitment of staff.

Accidents and Incidents were being logged with body maps seen with the incident form to illustrate the injury/mark to a person. The system of reporting and analysing incidents was more robust.

We found personal evacuation plan [PEEPS] were seen in care plans we checked. The maintenance files were viewed and we found regular checks were being undertaken of fire safety equipment, call bells, bedrails and sensor mats in place for people at risk of falls. We viewed the legionella, gas and electrical certification which were valid. The service had been awarded a five- star rating by Food Hygiene Standards Agency on their last visit to the care home.

Is the service effective?

Our findings

When we last inspected on 21, 26 and 28 February 2018 we found the service was not always effective. There was a person's assessment of care records that were out of date in most areas. We looked at how people's nutritional needs were met within the home and monitoring records implemented for staff to complete when concerns regarding their health were raised. The food and fluid charts for people had not been completed by staff, there were gaps and information on quantity of food and fluid intake. This made it difficult to know if the relevant plans had been followed and if the people had been provided with the relevant support by staff. These breaches continued and there were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

We looked at diet charts during the inspection. These charts are meant to be completed by staff to monitor the food and drink intake a person has throughout the day. One person had gaps in the records when no staff had recorded any food or fluid intake. Another two people had gaps with no calculations of amounts given. We questioned how the staff were able to effectively monitor a person's intake to reduce the risk of malnutrition or dehydration with gaps in the information. This meant that there was no provider oversight in the monitoring of nutritional records where there were identified risks to the health of the people living at the home.

We observed different mealtimes at Greenheys Lodge over three days and observed staff supporting people. One person prescribed a thickener for all fluids was given a cup of tea by a member of staff. This indicated that the staff did not know about the person's dietary requirements or the risk to the person if they drank fluids with the wrong consistency.

These were additional breaches of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people about the meals the feedback was mainly positive. Comments included "Everything is nice" and "Good food but I do get a bit fed up". One relative told us "[Person] seems quite happy with the food. She came in with not a good appetite but now she eats everything".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. The service was working within these principles.

We saw the manager had a tracker in place that identified 3 DoLS authorisations were in place and that all had expired but had been reapplied for prior to them expiring. There were another 16 people who had been assessed for their mental capacity by the provider and the relevant paper work sent to the Local authority. We did see care plans in the care files we viewed relating to DoLS. The local authority had visited the home for one person at the request of the manager as they had a condition on their DoLS that stated the home was to include in the care plan an action plan for the event if the person were to vacate the building unaccompanied. This person was sat by the main door at different times of the day shouting to 'go home', other people found this to be upsetting. We discussed the person with the manager and staff and was informed that there were not sufficient staff on duty at times to provide reassurance. This meant that there were insufficient staffing levels to support the person.

This is a Breach of Regulation 18 Staffing of the Health and Social Care Act Regulations 2008 (Regulated Activities) 2014

People living in Greenheys Lodge were supported by staff and other healthcare professionals in order to maintain their health and wellbeing. All people we spoke with told us they could see a doctor when they needed to. Care files showed that advice was also sought from other professionals such as the dietician, dentist, optician, chiropodist and the speech and language therapist.

Staff told us and records looked at informed that supervision meetings were not taking place as frequently as required by the providers supervision guidelines and policy. The manager told us that the meetings were not up to date due to her concentrating on other areas to be actioned. A staff member said that they did not feel supported by the provider however the new manager was very supportive. Another carer told us that the changes in the management were better but support was still not being provided and there was never enough staff on duty. However, another staff member told us that they felt supported in their role and had regular supervision meetings with the manager. Support provided to staff was inconsistent and not adequate to support them to carry out their roles effectively.

We looked at staff training records for all staff and were provided with an up to date training matrix. We were told by the manager and staff that training was not up-to-date specifically in induction training and refresher training for example moving and handling and fire safety at work. We requested the competency records for staff working at the home and were provided with a matrix that had their training recorded.

We were told that all staff had received an induction when first employed by the service, however this was not always apparent. We discussed this with the manager who herself had no induction or had attended a corporate induction and had been in post since 9 May 2018.

These were breaches of 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. □

We looked around the home and saw that bedrooms were furnished, decorated and had an en-suite. We saw people had a television and a telephone point. The two floors, and the hallways and lounges were carpeted and decorated. The communal areas had seating areas however in some instances required decorating. The gardens were fairly extensive and tendered. The manager told us that there was a plan of decoration in place and the organisation was currently awaiting information on tendering from maintenance companies.

Is the service caring?

Our findings

One visitor told us that their relative was treated with dignity and respect, they told us "The staff speak to [person] kindly at all times. They take notice". "The staff are friendly and approachable. No matter what's going on, me and our family always get greeted by staff when we walk in". One person told us "I'm as happy as I could be. The staff are very nice and helpful and very kind and take care of all my needs. Sometimes though there are just not enough of them on duty and I do have to wait". We observed staff interactions with people who lived in the home and people were approached and communicated with dignity and kindness.

We asked people if they had choices in the way they lived and if they were respected. We saw that staff throughout the day were respectful and discreet when supporting people with personal care. During our visit people moved about freely and communicated with us and staff.

During our tour of the building we saw that there was a notice board in the reception area that had information displayed for the benefit of people living in the home as well as visitors. This included activities, complaints and safeguarding information.

The manager stated she had held residents and relative meetings since being in post and we saw that the last meeting had been held in July 2018 where activities and menus had been discussed. One relative told us "The current manager does encourage relatives to talk to her. There is also a suggestion box".

We looked at the service user guide and the statement of purpose for the service, which were available in the entrance of the home. They contained information about the service and what people could expect when they moved into the home. It also included information regarding the complaints and safeguarding processes. The aims of the service and a resident's charter were also included within the service user guide. This showed that people were given information and explanations regarding the service. We observed that confidential information was mostly kept in locked cupboards in the main office. This meant that people's right to confidentiality was being respected.

However, during the course of the inspection we were aware of a number of incidences that were not responded to effectively and appropriately due to staffing levels. This meant that staff working at the home did not always recognise people's diversity. There were occasions where staff had omitted to respond to people's needs or provided support and this potentially impacted on the wellbeing of people living in the home.

It was clear through observations and discussions with staff, that they knew the people they were caring for well. For instance, a staff member told us how they observed a person for specific facial gestures which indicated they required support as they were unable to verbally communicate this to staff. The staffing levels had an impact on the care provided as written in the other domains. There was still a high use of agency staff that were not at all times orientated into the role and aware of what care to provide. We observed some positive interactions between the home's staff and people living in the home. We saw that support was

provided in a friendly, familiar and respectful manner. We heard staff ask for people's consent to provide care and explain what support they were going to assist them with.

We saw people's friends and family visiting throughout the inspection and those we spoke with told us they could visit at any time and were always made welcome. The manager told us that there were no restrictions as to when people could visit and this encouraged people to maintain relationships they had. For people that did not have any family or friends to support them, details of advocacy services were available within the home. We observed records in peoples' files where advocacy services had been sought, for example supporting a person who did not have capacity to consent to the care and support being provided.

Is the service responsive?

Our findings

We looked at care files for four people and found these did not always reflect people's needs and all four were different in their formats and information. We looked at records relating to the support staff provided for a person to help them reposition in order to prevent pressure ulcers developing. We found however, that these records had not been fully completed. For example, the care file stated that they required support from staff to reposition every two hours and to monitor for skin integrity. Records of staff monitoring and supporting were not being completed and we saw gaps of when the support should have been provided. There were also gaps in other records for this person including food and fluid records.

Another person had no photograph of them in their plans of care to enable staff to ensure it was the person receiving care. The person required food and fluid monitoring due to their risk of choking and did not have continuous monitoring taking place. This person was also given a cup of tea without the required thickener in that was cause for concern. The persons records also contained a record that was written calling them another name. We discussed this with the manager who agreed to ensure records were completed in a timely way. This meant that the care provided did not accurately reflect the person's needs.

The files of the other two people had gaps in place of the care being provided. We were told by the management team that new summary and information sheets were being devised so that information was relevant for each person.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the social aspects of the home and what activities were available to people. An activity coordinator was employed and provided activities most days. A schedule of activities was available, which included bingo, memory games, chair exercises, cake making and crafts. The activity coordinator told us they also arranged birthday parties and other celebratory events. External entertainers were also arranged and visited the home most weeks. These included folk groups, singers and local choirs. They also told us that local schools and youth groups also visited on occasion. During nice weather the activity coordinator arranged meals in the garden and took people out to a local park for a walk or to a café for lunch. There were also weekly groups for the men that included talking about sports, going to a local pub. Weekly women's groups included beauty and nail treatments. We asked if the men and women were invited to take part in the groups and was told by the activity coordinator "Of course, I call them men and women groups but the men and women will often join in either group".

The activity coordinator told us that peoples' religious needs were met by the service. A priest visited weekly and a vicar from a local Church of England church also visits the home regularly. We discussed other religious denominations and was told that if a person wanted access this would be provided to enable people to practice their beliefs.

People spoken with all informed us that the activity coordinator was really good at her role and they

thoroughly enjoyed the activities provided. Throughout the three days of this inspection we saw lots of activities taking place and different people were seen joining in.

The home had a complaints policy that was on display for people to access, this was up to date and had been reviewed. This was displayed at the entrance to the building making it easily accessible for everyone. We asked people if they felt they could raise concerns and everyone said they could. However the manager in post told us that no complaints had been made since they had been in post. We saw that a complaints file was available and included the complaints policy and procedure.

We looked at the systems in place to help support people at the end of their life. We saw that care files showed that end of life care had been discussed with people and their preferences had been recorded within their plans. We discussed end of life care with the management team as staff had not had training in this area. However, communication with relevant health professionals had improved. For example we looked at a health care plan implemented by the community team for staff to follow including pain monitoring records when the person could not verbally communicate discomfort or pain. Records informed staff had been responsive to the persons needs.

Is the service well-led?

Our findings

The provider for Greenheys Lodge had changed officially in March 2018 and there were changes of management at all levels. We looked at what systems were in place for the provider and manager to be able to monitor the quality and safety of the service provided at Greenheys Lodge. Records showed that senior management staff had visited the home to complete audits which looked at a variety of areas, including staff training, supervisions, the appearance of the home, activities and medicines. However the new manager had implemented regular internal checks which covered various areas of the service, including infection control, medicine management, care planning and health and safety.

We found, that these checks did not identify the concerns highlighted during the inspection such as those relating to staffing levels, staff training and development, and care plans not being up to date. We found room monitoring records implemented due to risk were not completed effectively by staff and not picked up by management. Monitoring records including repositioning and food and fluid were still not being completed appropriately by staff and had not been picked up by the audits completed by the provider. Reviews were not taking place as required. Infection control audits did not inform about the concerns we observed in relation to the servery and carpets.

We were provided with audits for care plans, medication, infection control and environmental checks. The audits were all scored highly from 85% up to 100%. We discussed this with the management team and requested all audits be looked at and action plans implemented to show how the provider will improve the service. As the systems in place to monitor the quality and safety of the service were not always effective.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they were not sure who the manager of Greenheys Lodge was and feedback regarding the manager included "Nice person", "Who is the manager" and "I'm not sure who is the manager, so many changes". Through discussions and observations it was clear that the manager was still getting to know people, we did observe her being helpful, polite and supportive to people.

All people we spoke with told us that they were mainly happy with the care and support they received at Greenheys Lodge. Comments included, "I like it here", "They need more staff to help out" and "[Staff] are all very good here".

There was also a schedule of meetings for staff, people who lived in the home and their relatives. These were advertised within the home so people were aware of them and we viewed the minutes of previous meetings. People had the opportunity to share their views as there was an agenda at these meetings.

A range of policies and procedures were available to help guide staff in their role. However staff told us that the new provider had not shared their policies and procedures with them but they were aware of the policies. We were told when staff commenced in post they were provided with and signed for, an employee

handbook which included information on the essential policies of the organisation. We were sent a copy of the new staff handbook.

The manager had notified the Care Quality Commission (CQC) of all incidents that had occurred in the home in accordance with our statutory requirements. This meant that CQC were able to accurately monitor information and risks regarding Greenheys Lodge.

Ratings from the last inspection were displayed within the home and on the provider's website as required. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

We received an action plan from the quality manager on the 6 August 2018 that had actions that were required for the service. We were told it was not completed and an up to date version would be sent to the CQC. This was not sent. The manager agreed to send the CQC a monthly update to inform us where the provider was in meeting the action plan.

We were unable to see any information from the provider in relation to monitoring the quality of the service with people, relatives, staff or other professionals. The management team told us that it was due to be organised in August 2018.