

Greenfields Care Home Limited

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Inspection report

130 Dentons Green Lane
Dentons Green
St Helens
Merseyside
WA10 6RA

Tel: 01744808949

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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 10 and 11 May 2016 and was unannounced.

The service is located in St. Helens in Merseyside, and provides residential care for older people. The service is registered to accommodate up to 28 people and at the time of the inspection there were 27 people living at the service.

There was a registered manager in post within the service. 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 were protected from the risk of abuse. Staff had completed safeguarding training and were aware of how to report any concerns that they may have. The registered manager held an up-to-date copy of the local authority's safeguarding policy, and also had a whistleblowing policy in place.

There were sufficient numbers of staff in place to meet the needs of people using the service. People commented that staff were quick to respond to call bells, and rotas indicated that staffing numbers were consistent. Recruitment processes were robust, which ensured that staff were suitable to work with vulnerable people.

Checks had been completed on the environment to make sure it was safe. This included a gas and electrical safety check, as well as checks and servicing of the lift and other electrical equipment to ensure it was safe for use.

People were supported to take their medication as prescribed. There was an electronic system in place to support staff with dispensing medication, which helped reduce the possibility of errors occurring, and also prevented over and understocking of medication. People's medicines were stored appropriately in a secure room, to prevent unauthorised access.

Staff had completed training in the Mental Capacity Act 2005 (MCA), and were aware of their roles and responsibilities in relation to this. The registered manager had referred those people who required deprivation of liberty safeguards (DoLS), to the local authority as appropriate, in line with the MCA. This meant that people's rights and liberties were being protected.

Staff had been supported to undertake training in a number of areas, which included; infection control, moving and handling and first aid. Some staff were in the process of achieving additional nationally recognised vocational qualifications in health and social care. This ensured that staff knowledge was up-to-date and in line with best practice.

People's comments on the food varied, however attempts had been made to improve the variety and choice available, which people commented positively on. People with special dietary requirements received meals that were appropriate to meet their needs, for example diabetic options. Kitchen staff said they were aware of those people who required a special diet. However, written records were not available for kitchen staff to refer to. We raised this with the registered manager who said that they would rectify this.

People were treated with dignity and respect. People and staff had developed a good rapport which was evident in their interactions with each other. Staff had a good knowledge of the people they supported and their individual needs. People and their relatives told us that staff were friendly and professional.

Staff had access to detailed and up-to-date information on people's needs. Care records contained information about people's physical and mental health needs, and were reviewed on a regular basis to ensure they remained up-to-date. This meant that staff had the information they required to provide people with the appropriate level of support.

People were aware of the complaints process and told us that they would feel confident in making a complaint if they had to. A copy of the complaints process was given to people when they first entered the service. People commented that they found the registered manager to be approachable. He maintained a strong presence throughout the service and had a good understanding of its day-to-day running. This meant that any issues could be identified and addressed before they developed further.

There were quality monitoring systems in place to ensure that standards were maintained within the service. These focussed on health and safety, the interior and exterior of the building, and the quality of care records. Follow up action had been taken to address issues identified within the audits.

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.

People were protected from the risk of abuse. Staff had completed safeguarding training and knew how to report their concerns.

There were sufficient staff in post to meet the needs of people using the service.

People were supported to take their medicines as prescribed by staff who had received appropriate training.

Is the service effective?

Good ●

The service was effective.

Deprivation of Liberty Safeguards were in place for those people who needed them, as required by the Mental Capacity Act 2005. Staff had received training in the Act and were aware of their roles and responsibilities in relation to this.

People were protected from the risk of malnutrition. Appropriate options were available for people with special dietary requirements, and there was plenty of food available during meal times.

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect during personal care interventions.

There was a good rapport between people and staff which created a relaxed atmosphere.

People's confidentiality was protected. Records containing people's personal information were stored securely.

Is the service responsive?

Good ●

The service was responsive.

Staff had access to up-to-date and relevant information which allowed them to provide the correct level of support to people.

People were aware of the complaints process and felt confident in making a complaint.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives spoke highly of the registered manager and felt that he was approachable.

There were quality monitoring systems in place to identify areas where improvement was needed within the service, and action was taken to follow this up.

The registered provider had appropriately informed the CQC of certain incidents as required by law.

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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.

The inspection was unannounced and took place on the 19 and 20 May 2016. The inspection was carried out by one adult social care inspector.

Prior to the inspection we contacted the local authority safeguarding team and quality monitoring team who did not raise any concerns about the service.

During the inspection we spoke with five people who used the service and three people's relatives. We spoke with seven members of staff including the registered manager, and looked at the care records for three people. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the recruitment records for four members of staff and other files relating to the management and running of the service.

Is the service safe?

Our findings

People told us that they felt safe within the service. Their comments included, "Ofcourse I feel safe", "Yes I feel safe" and ", "It feels like home. It's definitely safe here". One person's relative also commented, "It's been such a relief [name] coming here. [Name] is safe here". We also spoke with a visiting healthcare professional who did not raise any concerns about the safety of the people using the service.

People were protected from the risk of abuse. Staff had completed safeguarding training and were aware of the different kinds of abuse that could occur, and the signs and indicators that may indicate abuse is taking place. Staff were aware of how to report their concerns. Their comments included, "I would report any concerns to the manager, or I could refer to the whistleblowing policy in the office", "I would report concerns to the manager or go to the safeguarding team directly. We also have a whistleblowing policy we can use". Whistleblowing is a process whereby staff can report any concerns internally or externally without fear of reprisals. The registered provider had an up-to-date copy of the local authority's safeguarding policy, which outlined to staff how to report any concerns.

The registered provider had a robust recruitment process in place. New staff had completed an application form which outlined their previous employment history and qualifications. They also went through an interview process, during which their suitability was assessed based on their answers to questions asked of them. Staff had been required to provide two references, one of which was from their most recent employer, and had been subject to a check by the disclosure and barring service (DBS). The DBS informs employers if prospective employees have a criminal history, which they then use to make decisions about staff suitability for the role.

There were sufficient numbers of staff in place to meet the needs of people using the service. People commented that there were enough staff, and told us they did not have to wait long for staff to respond to their call bell. One person commented, "I pressed the buzzer the other night and they came straight away" whilst another person told us, "I don't have to wait long if I press the buzzer". We looked at staffing rotas which indicated that staffing levels were consistent.

The registered manager kept a record of accidents and incidents that had occurred within the service. These included details of the incident, the outcome and whether the person required medical attention. An audit of these issues was also completed which enabled the registered manager to pick up on trends, or identify where one person may require a greater levels of support to make sure they remained safe.

The registered provider completed health and safety checks on the environment to ensure that people remained safe. These included a gas safety check, checking electrical equipment, and servicing the lift. The registered provider also employed a consultancy firm to carry out an inspection twice yearly to identify any health and safety issues that needed to be rectified. The registered manager was in the process of following up on their recommendations.

People were supported to take their medication as prescribed by staff who had received training in the safe

handling of medication. The registered provider had an electronic administration system in place which helped to reduce the risk of medication errors. Any errors that did occur could be traced back and raised with the member of staff responsible. This system also prevented over or under stocking of people's medicines, through keeping an electronic record of quantities held which the pharmacy could access online. We looked at a sample of medication stocks and found that the correct quantities were being stored. Medicines were held in a secure room, and those that needed to be kept cool were stored in a designated fridge as per the manufacturer's instructions.

Is the service effective?

Our findings

People told us that staff were skilled and provided the care and support that they needed. Their comments included; "The carers are marvellous at what they do" and "I find the carers to be excellent".

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 so that they can 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 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, and found that they were.

The registered manager was aware of the circumstances where a person would require a DoLS application to be made. People who required a DoLS had been referred to the local authority as appropriate. Staff had received training in the MCA and were aware of their roles and responsibilities in relation to these. Their comments included; "I always make sure I offer people choice, for example what clothes they would like to wear, or what meal they would like" and "Sometimes decisions need to be made in people's best interests, like where they aren't aware of the risks of going outside without help". We spoke with people who confirmed that staff offered them choice and control over their care. One person commented, "I go to residents meetings sometimes and I find that they always act on any suggestions that we make".

Staff had received training in a number of areas which included infection control, moving and handling and first aid. The registered manager kept a record of training that had been completed, and staff certificates were kept in each staff member's individual file. The registered manager of the service had also developed in-house training around the prevention of falls. This educated staff around the factors that can increase a person's risk of falls, and what changes can be made to minimise this risk. This ensured that staff had received appropriate training to carry out their role effectively.

Some staff were in the process of completing nationally recognised vocational qualifications in health and social care, at various levels for example levels 2, 3 and 5. This meant that staff were being supported to keep their knowledge and skills up-to-date and in line with best practice, and also showed a commitment from the registered provider to support staff with their professional development.

New staff members were required to complete an induction which included a period of shadowing more experienced members of staff. Records also indicated that staff had been required to read through the policies and procedures, so that they were aware of the registered provider's expectations of them, and their roles and responsibilities. New members had also been required to complete training in areas which

included those outlined above, to ensure that they had the required skills and knowledge to carry out their role.

Staff received supervision and an annual appraisal undertaken by the registered manager. Staff told us that they could also approach the registered manager on an informal basis with any issues they may have. Supervision gave staff the opportunity to discuss any issues and training needs, and also enabled the registered manager to raise any performance related issues. This helped ensure that staff were supported to maintain standards, and to develop within the caring profession.

People were supported to have a diet that was appropriate to meet their needs. People's care records contained information about their dietary requirements, for example diabetes or soft options. Kitchen staff were aware of those people with special dietary requirements, however there was no written record of this kept in the kitchen for staff to refer to. We raised this with the registered manager who informed us that this would be rectified.

People's views on meals were varied. Their comments included, "Most of the time the food is good, but sometimes it can be a bit samey", "The food is alright", "The food is very good here" and, "The food is quite nice". People commented positively on efforts made to try and make the food more interesting. One person told us, "They're recently started doing fish in a cream sauce on Friday to do something a bit different which is good". During meal times we saw that people were offered a choice of additional portions, or an alternative option if they did not like the option they had chosen.

People's care records indicated that people had been supported to access support from health and social care professionals when required, for example the GP, social worker or Optician. This meant that people's health and wellbeing was being maintained.

Is the service caring?

Our findings

People told us that staff were kind and caring in their approach. Their comments included, "The carers are very nice to me. They're marvellous" and "Staff are very friendly, but also professional". One relative commented, "Staff are very friendly, whilst maintaining their professionalism". Staff conducted themselves professionally and demonstrated a good understanding of people's different expectations. One member of staff explained that some people preferred a more formal approach, whilst other people enjoyed some banter.

During the inspection people and staff were seen laughing and joking together. There was a relaxed atmosphere throughout the service, and it was evident that a good rapport had developed between people and staff. We saw an example where staff went to say goodbye to people when they were going off shift. One person commented, "I feel comfortable with staff". In another example we saw one member of staff giving a hug to a person who used the service. This person commented, "That member of staff is so good to me".

People told us that staff treated them with dignity and respect. Their comments included, "Staff are quite respectful", "Staff are very respectful" and "Staff are alright, I have no complaints about them". Staff gave appropriate examples of how they would ensure people's dignity was maintained during personal care interventions, such as making sure doors and curtains are closed, or asking people's permission before supporting them. One person told us, "When they help me I don't feel embarrassed, they're so respectful". A relative told us, "When [Name] had a tummy bug, staff stopped her from feeling embarrassed. They treat [Name] with respect".

People commented that staff were respectful of their wishes. One person told us that they enjoyed spending time in their room, rather than in communal areas. This person told us that staff made an effort to come and talk to them in their room to ensure they were well.

At the time of the inspection there was no one being supported by an advocate, however staff demonstrated an understanding of situations where advocates may be required. An advocate ensures that people's views and wishes are ascertained and considered, where decisions need to be made around their care and support needs.

People's relative's told us that they were made to feel welcome when they visited the service. Their comments included; "When I first came to look around they were very welcoming. The atmosphere was fab", "When I walk in the door it feels homely. The all do their very, very best". We saw staff speaking warmly with relatives and people who used the service.

Information around whether people would like to be resuscitated in the event of their death was contained in people records. The appropriate documentation was in place and accessible for staff and other professionals. This is important so that staff and other professionals are aware of people's wishes in the event of an emergency.

At the time of the inspection there were no people receiving end of life care, however one carer we spoke to had completed additional training with the local hospice and had taken on the role of 'end of life champion'. This involved being aware of people's needs at the end of their life and focussing on offering people and their relatives the support they needed to be comfortable. The staff member also told us that as part of this role they also represented the service at people's funerals. This demonstrated a compassionate approach towards end of life care by the registered provider.

People's confidentiality was respected. Care records containing people's personal information was stored securely in locked offices. We saw examples where staff were discrete and did not speak about people's care needs in front of other people or relatives.

Is the service responsive?

Our findings

People told us that they were happy with the service they received and that it was appropriate to meet their needs. Their comments included, "Whatever I need or ask for I get it" and "They come to me at night before bed to make sure I'm ok". One person's relative told us, "They keep [my relative] very clean and tidy. Their hair is always done and clothes tidy", whilst another relative commented, "The care here has been fantastic. They keep on top of everything".

People had care records which contained personalised information about the care and support they required. These outlined any physical and mental health needs, and informed staff of what action needed to be taken to ensure their wellbeing was maintained. For example, people at risk of developing pressure area wounds had turns charts in place which outlined the time at which staff had supported people to alter their position to relieve their pressure areas. Other people who were at risk of malnutrition and dehydration had fluid and food monitoring charts in place to ensure they were eating and drinking sufficient amounts.

Care records also contained details of people's likes, dislikes and their preferences. For example, one care record stated, "[Name] likes to press their buzzer during the night so that staff can go and have a chat", whilst another person's care record had a section titled 'A typical day', which outlined their preferred daily routine. This allowed staff to provide care that was in line with people's preferences. People confirmed that staff provided support that was in line with their needs and wishes.

Daily notes were kept within care records which outlined the care and support given to people on a daily basis. These also provided details of any significant events, such as falls. Care records contained information regarding input from other professionals. A handover was completed on at the beginning and end of each shift which ensured that staff were kept up-to-date with any changes in people's needs. Records were updated on a regular basis to reflect any alterations in people's care needs. This meant that staff had access to up-to-date information.

People were protected from the risk of social isolation. People told us that there were activities available which included entertainers, quizzes and other games. Their comments included; "Two dancers came in yesterday, and on Friday we had bingo", "I do like the quizzes" and "There are a lot of activities available". Relatives commented that they felt there were sufficient activities available. One relative commented, "They have plenty of activities. Quizzes on a Monday, entertainment on Wednesday, on Thursday it's a pamper day and on Friday they do games".

The registered provider had a complaints procedure in place which was included in the information provided to people when they initially moved into the service. People told us that they would feel comfortable making a complaint. Their comments included; "I would approach staff or management with a complaint" and "I'd be happy to complain". Relatives told us that they would feel happy making a complaint. One relative told us, "I've never had to raise anything around bad practice, but I would".

Is the service well-led?

Our findings

The service had a manager who was registered with the CQC. People and their relatives spoke highly of the registered manager. Some of their comments included, "The manager is unbelievably approachable. His office is just opposite the lounge so people pop to see him all the time", "The manager is very good. He tries to help you in any possible way", "The manager is one of the nicest, caring people" and "The manager is very approachable". Staff also spoke positively about the registered manager. Their comments included; "He has been a fantastic manager. His door is always open", "The manager is brilliant" and "He is the best manager I've ever had. He and the provider are very approachable".

There was a clear management structure in place within the service. Besides the registered manager there was a deputy manager in post. The deputy manager was aware of their roles and responsibilities, and demonstrated a good understanding of people using the service. They spoke knowledgeably about DoLS and safeguarding processes, and commented that they felt supported by both the registered manager and the registered provider. Staff were clear about the lines of accountability and knew who to approach if there were any issues. The registered manager commented that there was a good relationship with the registered provider and that they felt sufficiently supported.

The registered manager had a strong presence within the service. Throughout the inspection there were examples where he spent time walking around the service talking with people. It was evident from interactions with people and their relatives that he was well known and well liked. This meant that the manager was able to maintain a good understanding of how the service was running, and could pick up on, and address any issues before they developed.

Staff told us that they enjoyed their job and demonstrated a good understanding of their roles and responsibilities. Some of their comments included, "Our strength here is that we are like a little family. The residents are very pleasant", "We have a really good team here", "I like working here. I enjoy looking after people. It's good to get them smiling, and I enjoy singing with them" and "We have a good team. We all put the residents first. Our strength is developing relationships with residents and their relatives". We saw examples where staff allowed people space to be as independent as possible, for example during meal times staff were on hand to offer their support where required, however they only intervened where people were evidently having difficulty. One person's relative commented, "Staff here act as enablers. They know people's strengths and weaknesses".

Team meetings were held on a regular basis to discuss any developments within the service, and to raise any issues that required action, for example addressing outstanding training. Staff commented that they had also used team meetings as an opportunity to make suggestions about the running of the service. One member of staff commented "The manager always considers suggestions. He doesn't say no, and if he does he'll explain why". This indicated that the registered manager was receptive to ideas that may enhance and improve the running of the service.

There were systems in place to monitor the quality of the service being provided to people. A monthly audit

of the service was carried out by the registered manager who looked at aspects of the interior and exterior of the building, such as the grounds and décor. This audit also looked at medication stocks to ensure that the correct quantities were being stored, and reviewed care records to determine whether staff were recording information appropriately. Action had been taken to make improvements in response to actions identified by the audit processes, for example one of the lounge areas and the corridors had been redecorated in response to concerns that they were looking worn.

The registered provider is required by law to notify the CQC of certain incidents and events that may occur within the service. Prior to the inspection we reviewed records relating to the service and found that these had been sent through appropriately.