Greenway House Residential Home Limited

Greenway House Residential Home

Inspection report

103 Springhill Lane
Lower Penn
Wolverhampton
Staffordshire
WV4 4TW

Tel: 01902330777

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05 December 2017

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Greenway House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Greenway House is registered to accommodate 12 people in one building. Some of the people living in the home are living with dementia. At the time of our inspection 11 people were using the service. Greenway House accommodates people in one building and support is provided on two floors. There is a communal lounge and dining area, a conservatory and a garden area that people can access.

This inspection visit took place on the 5 December 2017 and was unannounced. The inspection visit was carried out by one inspector. The home was previously rated as good in all domains.

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

We could not be sure people were protected from harm as incidents and accidents were not always investigated or reported to the local authority safeguarding team when needed. As these incidents were not fully considered we did not see how the provider was using this information to learn lessons or make improvements within the home. Some quality audits were completed by the provider however this was not used to drive improvements and make changes to the service as required.

As the provider had not fully considered the mental capacity act, people are not supported to have maximum choice and control of their lives and staff do not support them in the least restrictive way possible; the policies and systems in the service do not support this practice.

Individual risks to people had been considered and for these people risk assessments were in place. Staff had the information available to support people in a safe way. Staff received training and an induction and the provider ensured staff suitability to work within the home. Medicines were managed in a safe way to ensure people were protected from the risks associated to them. There were enough staff available for people and they did not have to wait for support.

We found people were happy with the staff and the care they received, this was considered in a personalised way. People's cultural needs had also been considered by the provider. People were encouraged to remain independent and make choices for themselves, including the activities they participated in and the food they ate. People's privacy and dignity was also considered. When people needed support from health professionals this was provided for them.

There were infection control procedures in place and these were followed by staff. The provider had

received no complaints however people knew how to complain and felt they would be listened to. Staff felt supported be the management team and were happy to raise concerns. The provider was not currently delivering end of life care.

This is the first time the service has been rated Requires Improvement. We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.
We could not be sure people were always protected from potential abuse. There were enough staff available for people. Individual risks to people were considered. Infection control procedures were in place and followed. Medicines were managed in a way to protect people from the harm associated to them.

Is the service effective?

Requires Improvement

The service was not always effective
Capacity assessments were not always in place. There was no evidence of decisions being made in people's best interests. Staff received an induction and training that helped them support people. There was a choice of food available and people were happy with this. When needed people were supported to access health care professionals.

Is the service caring?

Good

The service was caring.
People were supported in a kind and caring way by staff they were happy with. People were encouraged to remain independent and make choices. People's privacy and dignity was maintained and they were encouraged to maintain contact with people who were important to them.

Is the service responsive?

Good

The service was responsive.
People were supported to receive care in their preferred way. People's cultural needs were considered. People had the opportunity to participate in activities they enjoyed and knew how to complain.

Is the service well-led?

Requires Improvement

The service was not always well led.
There were some audits completed by the provider however they were not always effective in identifying areas for improvement. Feedback was sought from people and relatives. Staff felt well supported and listened to by the registered manager. The

provider worked alongside other agencies. The rating was displayed within the home in line with our requirements.

Greenway House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Greenway House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Greenway House is registered to accommodate 12 people. Some of the people living in the home are living with dementia. At the time of our inspection 11 people were using the service. Greenway House accommodates people in one building and support is provided on two floors. There is a communal lounge and dining area, a conservatory and a garden area that people can access.

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We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The inspection was also informed by notifications the provider had sent to us about significant events at the service. We used this to formulate our inspection plan

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

We looked at the care records for seven people. We checked that the care they received matched the information in their records, this included reviewing care plans and risk assessments people had in place. We also looked at records relating to the management of the service, including quality checks the provider completed on the home and staff recruitment files.

Requires Improvement

Is the service safe?

Our findings

There were procedures in place and staff demonstrated an understanding of safeguarding. However when we looked at incident and accident records we saw some incidents had not been reported to the local authority as the lead agency for investigating safeguarding concerns, as required. For example, we saw someone had recently acquired an eye injury. No one was able to confirm how this had occurred as it had been unwitnessed. There was no internal investigation into this and no follow up following the incident and accident form that had been completed by staff. We spoke with the deputy manager and provider who confirmed this had not been considered as a potential safeguarding concern. Furthermore we saw records where someone had been potentially pushed by another person and where some people had unexplained injuries such as skin tears and bruising. We did not see any evidence that internal investigations had been carried out and they had not been considered as potential safeguarding concerns. This meant we could be sure people were always protected from potential abuse. The provider had also not notified us as required of these incidents that had occurred within the home. As the provider was not always investigating or taking action after incidents occurred we did not see how the provider was using this information to learn lessons or make improvements within the home.

This is a breach of Regulation 13 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Staff we spoke with knew about people's individual risks and how to support them in a safe way. For example, staff told us that a person was at risk of choking. Staff explained how this person needed to have their meals prepared and the support that they needed at mealtimes. We saw a risk assessment was in place for this. This demonstrated staff had the information available to manage risks to individuals. When people needed equipment to keep them safe we saw the provider had maintained and checked this equipment to ensure that it was safe to use.

We saw and people confirmed there were enough staff available. One person told us, "The girls are wonderful, they are always around if I need some assistance, I only ever wait a minute or two if I need them". Staff confirmed there were enough of them available to meet the needs of people. When people were in their rooms we saw there were call alarms available for them. The registered manager confirmed there was a system in place to ensure there were enough staff to meet the assessed needs of the people who used the service. The registered manager confirmed that staffing levels would be changed if people's needs changed.

People were happy with how they received their medicines. One person said, "Wonderful they are on the ball". We saw staff administering medicines to people in a safe way. Staff spent time with people ensuring they had taken them. We saw staff checking with people if they were in any discomfort and offering them their prescribed 'as required' medicines. We saw there were effective systems in place to store administer and record medicines to ensure people were protected from the risks associated to them.

There were infection control procedures in place and these were followed. We saw staff used personal protective equipment such as gloves and aprons when needed. Staff confirmed this was freely available to

them. One staff member said, "It's no problem we have a cupboard full". Cleaning checks were undertaken in bathrooms and other areas throughout the day and records were maintained to demonstrate this. We also saw the provider had been rated a five star by the food standards agency. The food standards agency is responsible for protecting public health in relation to food. The registered manager assured us all kitchen staff and all staff that handled food had completed training in the safe handling of food.

The provider had systems in place to ensure staff suitability to work within the home. We looked at records for five staff and saw that references and DBS clearance were obtained before they were able to start working within the home. The disclosure and barring service (DBS) is a national agency that holds information about criminal convictions.

Requires Improvement

Is the service effective?

Our findings

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 or 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 to see if the principles of the MCA were followed. We saw some capacity assessments were in place however these were in relation to the daily care people received and we did not see any other areas had been considered. For example, when people were using restrictive equipment or having medicines administered. When capacity assessments had been completed we did not see how the decisions had been made. If people lacked capacity to make decisions for themselves there was no evidence these had been considered in people's best interests. Furthermore we saw a chart had been completed for people who had received their annual flu jab, next to the person's name there was a relative who had offered consent for this. The provider was unable to provide evidence that all relatives held power of attorney to make this decision and later during the inspection confirmed that some relatives did not. When people lack capacity to make decisions relatives cannot consent on behalf of the person unless they have the legal powers to do so. Staff we spoke with were unable to confirm if they had received training in this area. We reviewed the information the provider had sent to us in their PIR this stated, 'The Mental Capacity Act and DoLS is adhered to'. This demonstrated to us that the principles of the MCA were not fully understood or considered.

The provider had considered when people were being restricted unlawfully and application for DoLS had been made, however they did not always cover all areas of restriction. There was no guidance in place for staff to follow while these applications were considered and staff did not demonstrate an understanding in this area. One staff member said, "I would have to check if anyone had a DoLS in place". Another staff member said, "It's about assessing if they have mental capacity". This meant that staff did not demonstrate an understanding of when people maybe being restricted unlawfully and how to offer support to these people.

This is a breach of Regulation 11 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

We saw that people's bedrooms had their own belongings in and communal areas also were clean and fresh. There was a conservatory and garden that people could access if they chose to do so. The home had been decorated for Christmas. However the home was not designed to support people living with dementia, we did not see any signage or adaptations that would offer appropriate support for people. For example, all bedroom doors were the same other than numbers that were on them; there were no pictures or personal objects that people may identify as being theirs.

Staff received an induction and training. One member of staff told us, "I have just had fire training and we do quite a bit of training, refreshers and booklets so we are kept up to date". The provider told us there was an induction in place for when new people started within the home and staff confirmed this to us. One staff member said, "When someone new starts they shadow us staff for at least a week, this is so they can get familiar with people and get to know the home". This demonstrated staff received training that was relevant to meeting people's needs.

People enjoyed the food and were offered a choice. One person said, "The food is lovely, it's homemade and fresh". We saw and people confirmed they were offered a choice at mealtimes. One person said, "The chef knows I don't like sausage, he asked me what else I would like so I have opted for a jacket potato and salad, which is very tasty". People were offered drinks and snacks throughout the day. When people were in their rooms jugs of cold drinks were provided for them. Records we looked at included an assessment of people nutritionals risks. Some people needed specialist diets, such as a pureed diet, we saw these were provided for people in line with these recommendations.

People had access to health professionals. One person said, "I can see a doctor if I need to". We saw when needed people had been referred to health professions. For example, one person had pressure damage to their skin we saw this person was receiving support from other professionals which included district nurse. The provider worked closely with health professionals including the district nurse team to ensure people received the care they needed. We saw on the day of inspection people were being supported by this team.

Good

Is the service caring?

Our findings

People were happy with the staff and they were treated in a caring way. One person said, "Wonderful staff wonderful". Another person told us, "They are all very accommodating, nothing is too much trouble". The atmosphere in the home was relaxed and friendly. We saw that people were treated in a caring way. For example, we saw people were offered help when needed, staff were mindful of people and opened and closed windows accordingly and staff ensured people were comfortable and supported people to adjust when needed.

People's independence was promoted. One person said, "They leave me with the buzzer and my frame so I can be as independent as I can be the buzzers there if I need a little assistance from them". Another person told us, "I like to think I can still do what I can for myself". We saw people had access to their walking frames so they could walk around the home independently and in line with their care plans.

People were supported to make choices. One person said, "I like to have my make –up and jewellery on, the staff know this and they always ask me which of my pearls I would like that day". Another person said, "I spend time between the lounge and my room, I am able to choose". Staff told us they offered people choices about what clothes they would like to wear, where they would like to sit and if they would like to take part in activities or not. At lunch time we saw people had the choice if they would like their meal in the room or the dining room. We saw some people preferred to remain in the lounge and they were given a table so they could eat their meal while they watched television.

People told us and we saw that their privacy and dignity was promoted. One person said, "The staff are very respectful of me". Another person told us, "They always give me a call as they go past my room and knock the door". Staff gave examples how they used this to support people. One member of staff explained how they would always knock on the doors of people's bedrooms before entering. We observed staff did this. They also gave examples how they supported people in a discreet way with personal care. This demonstrated that people's privacy and dignity was upheld.

People were supported to maintain contact with their friends and family. People told us their relatives and friends could visit whenever they wanted and were welcomed and acknowledged by the staff who were familiar with them. One person told us, "Anytime they like."

Good

Is the service responsive?

Our findings

Staff knew people well and delivered care in their preferred way. One person told us, "The staff are fantastic, they are like a family member to me". One staff member said, "We are good team, I have worked in lots of different care setting and the care that we deliver to people here is exceptional". Staff told us they would find out information about people from their care plans and risk assessments as well as other staff. They also told us they had a handover at the start of their shift so they could find out information, including updates and changes for people. The records we looked at showed us that people's likes and dislikes were taken into account to ensure people received personalised care and support. People's cultural needs were considered. For example, we saw this was considered as part of people's assessments. When people needed support with their cultural this had been provided for them. The provider was aware of the accessible information standard and was considering this for people who lived at Greenway House.

People told us they enjoyed the activities within the home. One person said, "I read my books and like to keep up to date with what's going on in the world". There was an activity coordinator in post who worked three days a week within the home. They were not available on the day of inspection. We saw people were relaxing and watching the television. The home had external entertainment the evening before the inspection and people told us they enjoyed it. One person said, "We have all had a lie in this morning I think we are all tired, it was such a good night". We saw there was information displayed in communal areas about events over the Christmas period.

People were happy to raise complaints or concerns if they needed to. One person said, "I don't have any complaints here, if I was to raise something I am sure they would deal with it immediately in the correct manner". People we spoke with were happy with the home and the care they received and did not raise any concerns or complaints. The provider had a complaints policy and systems in place to manage complaints. There had not been any complaints raised. The provider explained to us what they would do if someone complained and this was in line with their procedures.

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

Requires Improvement

Is the service well-led?

Our findings

We saw that some audits were completed by the provider however they were not always effective in identifying areas for improvement. For example, we saw that audits were completed on accident and incidents within the home, we did not see audits were completed in any other areas. The incident and accident audit was a tally of how many incidents had occurred. We did not see how this information was then used to drive improvement within the home. We did not see how the provider used information within the home to learn and improve. For example when incidents or accidents occurred there was no evidence investigations were taking place and changes made in light of these or were they considered as safeguarding concerns Furthermore the provider had not identified our concerns regarding injuries that occurred to people in the home through any audit process. In the PIR the provider sent to us under the well led section there was no reference to audits or how the provider drives improvement throughout the home. This demonstrated the provider had not always considered how the audit process could drive improvements within he home.

There were two registered managers in place. People we spoke with knew who the managers were. One person told us, "Yes they are the owners as well, they pop in most days and always have the time to say hello". Staff felt supported and were given the opportunity to raise concerns. One staff member said, "We have supervisions and staff meeting. The managers are very approachable; they listen and take action when they need to". The previous rating was displayed in the home in line with our requirements. The provider did not have a website to display their rating.

Staff were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "I would be happy to whistle blow if needed". We saw there was a whistle blowing procedure in place.

People and relatives had the opportunity to offer feedback on the service and this was displayed within the home. The provider had previously completed annual surveys but due to the poor response this approach had now been taken. We saw the provider had received positive comments on the home from people and relatives and therefore had not needed to take any action.

We saw the service worked in partnership with other agencies, for example health professionals including the local district nurse team. The deputy manager told us how they worked with professionals who came in to the home to develop good relationships so that effective care and treatment could be delivered for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Capacity assessments were not always in place. There was no evidence of decisions being made in people's best interests.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment We could not be sure people were always protected from potential abuse.