

# Greenfield Close Residential Home Limited

# Greenfields Close

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Greenfields Close is registered to provide accommodation and personal care for up to 30 people. The service is split across four residential buildings on one site: Greenfields (17 people), The Stables (five people), Klosters (four people) and Aspen (four people). There is also a building for activities, training and administration (The Lodge). There were 21 people living at the service at the time of our inspection. Greenfields Close is designed to meet the needs of people diagnosed with a learning disability and/or autism. Some people living at the service also receive care in relation to their physical disability.

The care service was not originally developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. People using the service were supported to be as independent as they could be and access their local community.

### People's experience of using this service and what we found

There were areas of the building that still required maintenance to ensure they could be cleaned effectively. We identified that the provider's infection control audit, which is carried out regularly, did not have a prompt to remind staff to identify areas of the fabric of the building that cannot be cleaned effectively.

Audits were not always effective at identifying areas where care needed to improve. The service did not have a registered manager but did have a new manager who intended to go through the registration process.

We identified several errors in medicines management and brought these to the attention of the manager. Overall, people received their prescribed medicines safely. Staff received training about managing medicines safely and had their competency assessed. The provider had taken action to retrain all staff involved in supporting people with medicines. This was part of their service improvement plan to reduce errors.

We were assured the provider was preventing visitors from catching and spreading infections. The provider had updated their infection control policy and procedures to take into account the current risks posed by coronavirus. Staff understood the risks and followed good practice in infection prevention and control.

People's needs were assessed, and any risks associated with their health conditions documented. Risks associated with most aspects of the service environment were assessed and mitigated. Staff understood how to recognise and report concerns or abuse, both to the provider and to external agencies. Staff received training in safeguarding and felt confident to raise concerns about the people they cared for. Accidents and incidents were reviewed and monitored to identify trends and to prevent re-occurrences.

People and relatives felt able to speak up about ideas or raise concerns. For those people who needed

additional support to communicate, the provider had ensured alternative communication support was available to seek their views. Staff were clear about their roles and spoke positively about the way the service was managed. People were encouraged to take part in aspects of running the service, and to share their views about their care. People were supported to maintain contact with their relatives during the coronavirus pandemic.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 7 May 2019). At this inspection we found a breach of regulation 15, where the service was not sufficiently cleaned and maintained. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of the full report.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections, and inadequate for the inspection in October 2018.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenfields Close on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to Regulations 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured the premises were clean and properly maintained. The provider had not ensured the systems in place to assess, monitor and improve the quality and safety of the service were effective. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor

progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Greenfields Close

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focused inspection to review the Key Questions of Safe and Well-led only. Our report is only based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the Effective, Caring and Responsive key questions were not looked at on this occasion. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

#### Inspection team

The inspection was carried out by three inspectors.

#### Service and service type

Greenfields Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a registered manager, but did have a new manager who would be going through the registration process. Once registered, this means both they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection to discuss the safety of people, staff and inspectors with reference to the COVID-19 pandemic.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

During the inspection we spoke with three people who used the service and three relatives. We spoke with nine care staff. We spoke with the manager and the provider's regional director. We looked at a range of records including four people's care records and how medicines were managed for people. We also looked at staff training, and the provider's quality auditing system. During the inspection visit we asked the manager and regional director to send us additional evidence about how the service was managed, which they did. We 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found and reviewed the evidence they sent us. We also sought feedback from the local authority.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

At our last inspection the provider had not ensured the environment of the service was sufficiently cleaned and maintained. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found evidence that improvements were still required.

- There were areas of the building that still required maintenance to ensure they could be cleaned effectively. For example, in Greenfields, there were areas of doors and skirting boards that were damaged, with paintwork in poor condition.
- Bins in bathrooms, designed for general waste, did not have liners in them. We found one bin which was visibly dirty. There were areas of flooring which did not have a good seal with the skirting board. We found that wood used to box in piping in one bathroom was not sealed and was water damaged. This meant these areas could not be effectively cleaned. We also found one radiator cover which was not securely attached to the wall.
- We identified that the provider's infection control audit, which is carried out regularly, did not have a prompt to remind staff to identify areas of the fabric of the building that could not be cleaned effectively. The manager and regional director said there was an ongoing programme of maintenance and refurbishment, and the issues we identified in Greenfields were to be addressed. However, there were issues identified on our last inspection that had still not been rectified.

This was a continued breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- Staff were supported to have enough personal protective equipment (PPE) and were trained in how to use their PPE correctly.
- We were assured the provider was preventing visitors from catching and spreading infections. All visitors were required to wear PPE, maintain good hand hygiene and to socially distance.
- The provider made all possible efforts to ensure social distancing. Some people were not able to understand the need for social distancing, so the provider ensured staff wore additional PPE to protect them and other people. The provider ensured people were supported to quarantine themselves from others when discharged from hospital, in line with current national coronavirus guidance. The provider had updated their infection control policy and procedures to take into account the current risks posed by coronavirus.

### Using medicines safely

- Following a number of concerns about medication errors prior to our inspection, the provider had taken



action to retrain all staff involved in supporting people with medicines. This was part of their service improvement plan to reduce errors. Evidence showed that the provider's work had helped to reduce medicine errors.

- We found some discrepancies in Aspen, with two missed staff signatures on the medication administration records (MAR), and an instance where one person's medication records did not tally with the stock check. The manager was unclear if these issues had been picked up in the weekly medication checks, and said they would investigate.
- Overall, people received their prescribed medicines safely. Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed that overall, medicines were documented, administered and disposed of in accordance with current guidance and legislation.
- Each person's medicines records had key information about allergies and how people liked to be given their medicines. The system for managing medicines ensured people were given the right dose at the right time.

#### Assessing risk, safety monitoring and management

- People's needs were assessed, and any risks associated with their health conditions documented. These were reviewed regularly with people and relatives and updated when required. Staff knew about risks associated with people's health conditions and understood how to provide care which kept people safe.
- Risks associated with most of the service environment were assessed and mitigated. Staff had a clear system in place for regular checks on environmental risks such as legionella checks and checks on equipment.
- There were clear plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. For example, if there was a fire or power cut. Each person had their own personal emergency evacuation plan (PEEP) with up to date information about people's mobility and support needs.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. Relatives also felt their family members were cared for safely by staff. One relative said, "I'm at peace because [my family member is] well looked after, they're loved and cared for there."
- Staff understood how to recognise and report concerns or abuse, both to the provider and to external agencies. They were able to give examples of how they would identify when someone was at risk of abuse and were clear on their responsibilities to report concerns. Staff received training in safeguarding and felt confident to raise concerns about the people they cared for.
- The manager reported any allegations or abuse to the local authority safeguarding team and notified CQC about this. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

#### Staffing and recruitment

- There were enough staff to meet people's needs. The manager reviewed staffing levels regularly, and, when necessary, increased staff numbers to ensure people's needs were met. Our observations during the inspection visit showed us that people were supported by enough staff. This included when people needed support to eat, needed reassurance, or wanted to participate in activities.
- Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This ensured staff were of good character and were fit to carry out their work.
- We saw there were enough staff around to respond to people's needs and requests for support. Relatives also felt there were enough staff to support their family members safely.

### Learning lessons when things go wrong

- Following recent safeguarding investigations, the local authority had made recommendations on improving aspects of the quality of care. The manager created an action plan to ensure any issues identified in the safeguarding investigations were dealt with.
- Accidents and incidents were reviewed and monitored to identify trends and to prevent re-occurrences. We saw documentation to support this and saw where action had been taken to minimise the risk of future accidents. Learning from incidents was shared with staff to improve care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits were not always effective at identifying areas where care needed to improve. For example, the concerns we identified about aspects of building maintenance were not always picked up in audits. Where the provider was aware of issues with building maintenance from our last inspection in April 2019, they had not taken timely action to improve these areas. Whilst we are aware that the provider has an ongoing programme of refurbishment, some of these issues have been outstanding since our inspection in October 2018.
- Other audits in place were not consistently effective at identifying issues so action could be taken. For example, the daily and weekly medication checks did not identify the stock discrepancy and missed signatures. Fluid charts for one person showed they did not have their recommended daily intake on thirteen days in August and September 2020. Staff were not sure if this was a recording issue, as they felt confident the person had sufficient drinks on those days. The audits and checks on daily care recording had not identified this as an issue.
- The provider's checks had not identified the issue of levels of noise in one building. This was due to alarms on the entrance and exits, and also on the kitchen doors. We noted that the alarms were very loud and went off very regularly. One person covered their ears as a response to the level of noise. We were concerned at the impact on people's wellbeing. We spoke with the manager, who reviewed the need for the different alarms. This resulted in some of the alarms being turned off as there were other measures in place to alert staff.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- The service did not have a registered manager but did have a new manager who intended to go through the registration process. Once registered, this means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People said they felt able to speak up about ideas or raise concerns. For those people who needed additional support to communicate, the provider had ensured alternative communication support was

available to seek their views. Relatives also felt able to ask staff any questions about their family members' care.

- Staff were clear about their roles and spoke positively about the way the service was managed. One staff member said, "Management have been really good, we have lots of people whose needs changed and management have been really good at getting us extra help. Team leaders are really hands on, they're always asking us if we need help."
- The manager ensured there were regular staff meetings to discuss the quality of care and service improvements. There were also regular meetings for people to discuss what they liked about the service and what changes they wanted to see. The provider had carried out recent surveys for people, relatives and staff. The provider and senior management were in the process of analysing this feedback to see how the service could be improved.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.
- Where things did go wrong, relatives told us they felt confident the provider would inform them and involve them in any discussions about improving people's care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were encouraged to give regular feedback on the quality of the service. For people, their views were sought in a variety of ways, including using feedback tools that supported people's communication preferences.
- People had given feedback about the different types of activities they preferred. The provider's regular newsletter showed how staff had facilitated a wider range of activities that people wanted to do.
- People were encouraged to take part in aspects of running the service. For example, on the day we visited, two people were taking part in staff interviews. They used questions they had created themselves and wanted to find out whether prospective staff had the right skills and values to support them and their peers. One person spoke very positively about taking part in the interviews, and told us it was good they got to ask questions about things that were important to them.
- During the coronavirus pandemic, there were restrictions placed on people taking part in their usual community activities. Staff had responded to this by increasing the range of activities they offered to people. The provider kept relatives and CQC informed about these activities via a regular newsletter.
- People were supported to maintain contact with their relatives during the coronavirus pandemic. Relatives described how staff brought their family members to visit them, and ensured that appropriate PPE and social distancing was in place. One relative said, "This has been wonderful. It's not the same as a full visit, but it's really appreciated and I really look forward to it."

Continuous learning and improving care

- The provider had recently carried out an internal mock inspection, and they had also commissioned an external organisation to do the same. The feedback from this was used to update the provider's action plan for improving the quality of care.
- Since the last inspection in April 2019 the provider had ensured that staff were up to date in all areas of training. They had also taken action to ensure people were supported by staff whose skills and interests best matched each person. Although staff could work in any of the houses at the service if needed, they tended to mostly work only in one house. This meant each person was supported by a core staff team who knew them

well.

Working in partnership with others

- Staff worked with other health and social care professionals to ensure people received the care and support they needed. When people's needs changed, the staff team made sure appropriate referrals were made to external professionals where this was required.

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 15 HSCA RA Regulations 2014 Premises and equipment  The provider had not ensured the premises were clean and properly maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured the systems in place to assess, monitor and improve the quality and safety of the service were effective.