Purelake (Greenford) Limited

Greenford Care Home

Inspection report

260-262 Nelson Road
Gillingham
Kent
ME7 4NA

Tel: 01634580711

Date of inspection visit:
11 October 2016
14 October 2016

Date of publication:
16 November 2016

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 was carried out on the 11 and 14 October 2016 and was unannounced.

Greenford Care Home is an older style building, set over two floors with limited communal space and a small patio area to the rear. The service provides personal care, accommodation and support for up to 18 people. There were 16 people at the service at the time of the inspection. People had a variety of complex needs including, people living with dementia and physical health needs that included mobility difficulties.

We last inspected the service on the 9 and 13 April 2015, when we made recommendations for improvement in relation to administration of medicines, and enhancing the environment for people living with dementia. At this inspection we found that the provider had taken action and improvements had been made.

The registered manager left in August 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run. A member of staff who had worked at the service for five years was managing the service at the time of the inspection. She was completing application forms to apply to become the registered manager.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Management understood when an application should be made. They were aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. At the time of the inspection visit the service was not meeting the requirements of the Deprivation of Liberty Safeguards, as all necessary application had not be made to the local office. The acting manager was addressing this issue.

The manager and staff had received training about the Mental Capacity Act 2005 and understood when and how to support peoples best interest if they lacked capacity to make certain decisions about their care.

People said they felt safe and relatives told us that they knew their relatives were safe. People were protected against the risk of abuse. Staff received training about protecting people and recognised the signs of abuse or neglect and what to look out for. Management and staff understood their role and responsibilities to report any concerns and were confident in doing so. Staff told us they knew what to do if they needed to blow the whistle, and there was a whistleblowing policy available.

People had varied needs, and some of the people living in the service had a limited ability to verbally communicate with us or engage directly in the inspection process. People demonstrated that they were happy by showing warmth to the manager and staff who were supporting them. Staff were attentive and interacted with people in a warm and friendly manner. Staff were available throughout the day, and responded quickly to people's requests for help.

There were enough staff with the skills required to meet people's needs. Staff were recruited using procedures designed to protect people from the employment of unsuitable staff. Staff were trained to meet people's needs, and training was booked to ensure that staff were kept up to date and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

There were risk assessments in place for the environment, and for each person who received care. Assessments were being updated and were individual for each person. Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

People and their relatives were involved in planning their own care, and staff supported them in making arrangements to meet their health needs. Staff contacted other health and social care professionals for support and advice, such as doctors, speech and language therapist (SALT) and dieticians.

People were provided with food and drink that met their needs and wishes. Menus offered variety and choice. People told us they liked the home cooked food. Staff respected people and we saw several instances of a kindly touch or a joke and conversation as drinks or the lunch was served.

People were given individual support to take part in their preferred hobbies and interests, and a range of activities were being provided by the activities co-ordinator and staff.

Changes had been made in medicine storage so that medicines were stored, administered and disposed of safely. There were policies and a procedure in place for the safe administration of medicines. People had access to GPs and other health care professionals. Prompt referrals were made for access to specialist health care professionals.

People were aware of the complaints procedure and they knew who to talk to if they were worried or concerned about anything. Relatives said that they knew who to complain to if they had any concerns. The manager said there had been no formal complaints made.

There were systems in place to obtain people's views about the service. These included formal and informal meetings; events; and daily contact with management and staff.

The area manager and manager regularly assessed and monitored the quality of care to ensure standards were met and maintained.

The provider had put in place signage on bedroom doors and pictorial signage on bathroom and toilet doors to aid and support independence of people living with dementia.

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 indicated that they felt safe living in the service, and that staff cared for them well.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

People received their medicines when they needed them and as prescribed.

Incidents and accidents were investigated thoroughly and responded to appropriately.

Risks to people's safety and welfare were assessed. The premises were maintained and equipment was checked and serviced regularly.

Is the service effective?

Good

The service was effective.

We observed that staff understood people's individual needs and staff were trained to meet those needs.

People had access to food, drinks and snacks throughout the day.

Staff ensured that people's health needs were met. Referrals were made to health and social care professionals when needed.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Staff were supportive, patient and caring. The atmosphere in the service was welcoming.

Wherever possible people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Relatives were able to visit their family members at any reasonable time.

People's confidential information was securely kept.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people which ensured their needs were met.

Care plans were being improved and records showed staff supported people effectively.

Staff encouraged people to be as independent as possible. A range of activities was provided and staff supported people to maintain their own interests and hobbies.

People were given information on how to make a complaint in a format that met their communication needs.

Is the service well-led?

Good

The service was well-led.

Staff, people and relatives were positive about the management team and there was an open and caring culture in the service.

Staff told us they found management to be very supportive and felt able to have open and honest discussions with them through one-to-one meetings and staff meetings.

There were systems in place to monitor and improve the quality of the service provided.

The provider and manager were aware of their role and responsibilities in relation to notifying CQC of any incidents or serious injury to people.

Greenford 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 14 October 2016, was unannounced, and carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We gathered and reviewed information about the service before the inspection. We examined previous inspection reports and notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we observed care in communal areas. 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.

We spoke with three people and two relatives about their experience of the service. We spoke with the area manager, the manager, and three staff. We observed staff carrying out their duties, such as giving people support at lunchtime. We contacted six health and social care professionals to gain their views about the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at three people's care files, three staff records, the staff training programme, the staff rota, medicine records and quality audits.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. People who were able to commented, "I am happy here and I feel safe", "It feels safe here and there are people around and you can ask if you need something", and "It is good here". One relative told us, "I feel my relative is safe here, the staff look after her well". One health and social care professional commented, "I find the home to be safe with there always being a staff member readily available".

There were suitable numbers of staff to care for people safely and meet their needs. Staff and relatives confirmed there were enough staff to meet the needs of people. The manager showed us the staff duty rotas and explained how staff were allocated to each shift. There was one team leader and two carers, together with two housekeeping staff and a cook on duty at the time of the inspection. The manager said if a person telephones in sick, the person in charge would ring around the other carers to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. The manager told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly. People told us there was a stable staff group and enable staff on duty to meet people's needs. One relative said, "There is always staff around to give support to people". People received the support at a time that suited them and did not have to wait for assistance from staff.

The provider operated safe recruitment procedures. Staff recruitment records were clearly set out and complete. This enabled the provider to easily see whether any further checks or documents were needed for each employee. Staff told us they did not start work until the required checks had been carried out. These included proof of identity check, satisfactory written references; a Disclosure and Barring Service (DBS) criminal record check; and proof of qualifications obtained. These processes help employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff were required to complete an induction programme, during their probation period, so that they understood their role and were trained to care for people.

Staff were aware of how to protect people and the action to take if they had any suspicion of abuse. Staff were able to tell us about the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. Staff had received training in protecting people from abuse, so their knowledge of how to keep people safe was up to date. The provider was aware of their role and responsibilities in safeguarding people from abuse and the processes to follow if any abuse was suspected. The provider and staff had access to the local authority safeguarding policy and protocols and this included how to contact the safeguarding team. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the provider or outside agencies if this was needed. People could be confident that staff had the knowledge to recognise and report any abuse.

The risk involved in delivering people's care had been assessed to keep people safe. Risks were minimised and safe working practices were followed by staff. Risk assessments were completed for each person to make sure staff knew how to protect them from harm. The risk assessments contained detailed instructions for staff on how to recognise risks and take action to try to prevent accidents or harm occurring. For

example, moving and handling, skin integrity risk and falls risk assessments were in place for staff to refer to and act on. Staff used appropriate moving and handling transfers to ensure people were supported safely.

Accidents and incidents were clearly recorded and monitored by the provider to see if improvements could be made to try to prevent future incidents. For example, purchase of a pressure mat, to alert staff when a person gets out of bed.

At the last inspection we made a recommendation that the registered provider followed the guidance from the Royal Pharmaceutical Society of Great Britain for the "Administration of Medicines in Care Homes" or equivalent best practice guidance. Storage of medicines had been improved and medicines were disposed of safely. Staff followed the provider's medicines policies. Staff were trained to assist people with their medicines where this was needed. People who received support from staff with their medicines told us that they were given their medicines as required by their GP. People were asked for their consent before they were given medicines and staff explained what the medicine was for. Audits of medicines were carried out and staff signed medicines administration records for any item when they assisted people. Records had been accurately completed. Staff were informed about action to take if people refused to take their medicines, or if there were any errors. The local pharmacy recently carried out an audit and made a number of suggestions for good practice. The manager was working towards putting these recommendations into practice.

People were cared for in a safe environment. The premises looked and smelt clean. The premises had been upgraded, maintained and suited people's individual needs. Re-decoration of areas included the lounge/dining room, entrance hallway, bathroom and one of the bedrooms. The carpet in the lounge/dining room and hallway was seen to be in need of replacement. In a telephone call with the area manager she reported that the provider had now brought the replacement of carpet forward from the second quarter in 2017 to the first quarter 2017, (between January and March 2017) on the maintenance plan for 2017. Equipment was serviced and staff were trained how to use it to protect people's safety. There were adaptations within the premises like handrails to reduce the risk of people falling or tripping.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. People who faced additional risks if they needed to evacuate had a personal emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Records showed fire safety equipment was regularly checked and serviced. Therefore people could be evacuated safely.

Good

Is the service effective?

Our findings

People who could respond felt that their health needs were well met at the service. One person said, "If I needed a doctor, the staff would sort it out for me". Other people said, "The food is good and there is always enough of it", and "The staff are kind and talk to me". One relative said, "There is a variety of food, and it looks good".

At the last inspection we made a recommendation that the registered provider considered guidance on enhancing the environment for people living with dementia. Improvements had been made in changes of colours, for example toilet doors had been painted yellow, with a written sign and pictorial sign on the doors to support independence of people living with dementia. There was a small outside area, and as the service was adjacent to a park, people were assisted to walk in the park grounds on a regular basis. The benefits for people living with dementia and gardens are well documented such as improving wellness, reminiscence and motor skills.

Staff told us that they had received induction training, which provided them with essential information about their duties and job roles. The induction training included workbooks that new staff completed. During induction new staff shadowed an experienced worker until they understood their role and were trained to care for people safely. Staff on duty said they felt they had sufficient training to do their job and meet people's needs. Staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This helped staff to deliver care effectively to people at the expected standard. We viewed the staff training matrix that showed us the training that staff had completed and included dates for when refresher training had been booked over the coming months. Staff received refresher training in a variety of topics such as infection control and health and safety. Staff were trained to meet people's specialist needs such as dementia care awareness. This helped staff to know how to empathise with people who had old age confusion as well as anyone with dementia. It enabled the manager to ensure that all staff were working to the expected standards, caring for people effectively.

Staff were supported through individual one to one meetings and appraisals. These provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. Staff were positive about this and felt able to discuss areas of concerns within this system. Staff received an annual appraisal and felt these were beneficial to identify what they wished to do within the service and their career.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lace 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 un the MCA. The application procedures for this in care services 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. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand how to use these in practice. People's consent to all aspects of their care and treatment was discussed with them or with their legal representative as appropriate. Care plans completed for people who lacked capacity, showed that decisions had been made in their best interests and documented the ability of the person to make less complex decisions. The records showed that relevant people, such as social and health care professionals and people's relatives had been involved. The manager understood when an application should be made and how to submit them. This ensured that people were not unlawfully restricted. She told us that currently one application had been made to the local DoLS office in relation to the locked door policy. The manager was in the process of making further applications to ensure that people were not unlawfully restricted.

We observed that staff sought people's consent before they provided care and support. Staff interacted well with people, and asked them where they wanted to go and what they wanted to do. They obtained people's verbal consent to assist them with personal care such as helping them with their meals, or assisting them to the toilet. Staff were aware of how to treat people with respect and that they allowed people to express their consent to different tasks. Consent forms were in place within individual care plans and had been appropriately completed by people's representatives where this was applicable. The forms showed the representative's relationship to the person concerned, and their authorisation to speak or sign forms on the person's behalf or in their best interests.

People were supported to have a balanced diet. People's dietary needs were discussed before admission and the cook was informed. The cook was familiar with different diets, such as diabetic diets and vegetarian. There was a menu in place that gave people a variety of food they could
choose from. People's likes and dislikes were recorded and the cook was aware of what people liked and did not like. There were two choices of main course and pudding each day. People were offered choices of what they wanted to eat and records showed what they had chosen.

Some people needed to have their food fortified to increase their calorie intake if they had low weights. Care staff weighed people monthly and recorded the weights in their care plans. They informed the manager of any significant weight gains or losses, so that the she could
refer them to the doctor for any treatment required. Examples of making sure that people had sufficient food intake included, offering snacks throughout the day and night, and full fat bedtime drinks. There were plenty of drinks. A relative commented "There are always drinks available".

The manager had procedures in place to monitor people's health. Referrals were made to health professionals including doctors and dentists as needed. Another relative said, "They let us know, if she has seen the doctor and tell us what the doctor has said". Where necessary other professionals were involved in people's care, such as speech and language therapist (SALT) and dieticians. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. People's health and well-being had been discussed with them regularly and professionally assessed and action taken to maintain or improve people's welfare.

Good

Is the service caring?

Our findings

People told us that staff are all very good. One person said, "The staff are good I get on well with all of them". One relative said, "I visit often and I always feel welcome. The staff are good and look after Mum well". One health and social care professional commented, "I have been going to visit the residents at Greenford Care Home for approximately six years and have always found the home to be very homely and welcoming. All residents seem happy and well looked after".

People and their relatives had been involved in planning how they wanted their care to be delivered. Relatives felt involved and had been consulted about their family member's likes and dislikes, and personal history. People said that staff knew them well and that they made choices
throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. People felt they could ask any staff for help if they needed it. People were supported as required but allowed to be as independent as possible.

The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating their assessments as needed. The records of their care and support showed that the care people received was consistent with the plans that they had been involved in reviewing. Staff were able to describe the differing levels of support and care provided and also when they should be encouraging and enabling people to do things for themselves. Support was individual for each person. We saw that people could ask any staff for help if they needed it. Staff knew the needs and personalities of the people they cared for.

People were helped through to the dining room and staff helped people that needed assistance during the mealtime, for example supporting them to eat their food. Staff chatted to people when they were supporting them with walking, and when giving assistance during the mealtime. The staff seemed to know the people they were caring for well. They knew their names, nicknames and preferred names. There was plenty of banter, which seemed to be well received. Staff recognised and understood people's non-verbal ways of communicating with them, for example people's body language and gestures. This meant staff were able to understand people's wishes and offer choices. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people.

People said they were always treated with respect and dignity. Staff gave people time to answer questions and respected their decisions. Staff supported people in a patient manner and treated people with respect. Staff spoke to people clearly and politely, and made sure people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people. People were able to choose where they spent their time, for example, in their bedroom or the communal areas. We saw people had personalised their bedrooms according to their individual choice. For example family photos, small pieces of their own furniture and their own choice of bed linen. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person.

Good

Is the service responsive?

Our findings

People told us they received care or treatment when they needed it. One relative said, "They (staff) keep me up to date and let me know if there has been any changes". One health and social care professional commented, "Staff knowledge is always up to date, if I ever have a query regarding a service user".

The management team carried out pre-admission assessments to make sure that they could meet the person's needs before they moved in. People and their relatives or representatives had been involved in these assessments. This was an important part of encouraging people to maintain their independence. People's needs were assessed and care and treatment was planned and recorded in people's individual care plan. Care plans were currently being changed and a new format for recording information was being started. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their
own decisions and respected their choices. For example, people were encouraged to choose what to wear and, supported to make decisions about what they wanted to wear. Changes in care and treatment were discussed with people before they were put in place. People were included in the regular assessments and reviews of their individual needs.

People were supported to take part in activities they enjoyed. The activities co-ordinator had a programme of activities in place that included, one to one time, game time, pamper time, cake making, music sing-a-long, story afternoon and quiz afternoon. There were links with local services for example, local churches and local entertainers. People were supported in going out with support of staff, or out with relatives when they were able to do this. People's family and friends were able to visit at any time.

The complaints procedure was displayed in reception. People were given information on how to make a complaint in a format that met their communication needs, such as large print. People were given the opportunity at regular reviews to raise any concerns they may have. All visitors spoken with said they would be confident about raising any concerns. People commented, "I would go to the manager or a senior member of staff", "I would go to the manager, I have confidence in her, I go to her for any queries", and "I am quite happy to see anyone really. They all talk to us". The manager investigated and responded to people's complaints. The manager said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. People told us they knew how to raise any concerns and were confident that the manager dealt with them appropriately within a set timescale.

Good

Is the service well-led?

Our findings

People and staff told us that they thought the service was well-led. Thank you comments received from relatives included 'Thank you for a lovely afternoon tea. It was lovely and the effort and hard work by all the staff was amazing'. One health and social care professional commented, "The recent change in management seems to have brought a well led staff team Staff always appear to have a high morale and the manager is approachable".

The manager who had worked at the service for five years, was in the process of completing application forms to apply to be the registered manager. The management team at Greenford Care Home included the manager, and team leaders. The company provided support to the manager through regular meetings with the area manager, and the area manager visiting the service to carry out quality audits. Additional support was provided by the managing director of the company. This level of business support allowed the manager to focus on the needs of the people and the staff who supported them. Staff understood the management structure of the home, which they were accountable to, and their roles and responsibilities in providing care for people.

The provider had a clear vision and set of values. These were described in the Statement of Purpose. People were given a copy of the Statement of Purpose, so that they had an understanding of what they could expect from the service. The management team demonstrated their commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and improving the service they provided. From our observations and what people told us, it was clear that these values had been successfully cascaded to the staff and were being put into practice. It was clear that they were committed to caring for people and responding to their individual needs. For example, bedrooms being decorated to meet individual needs either prior to admission to the service, or as part of on-going re-decoration.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings; events where family and friends were invited; questionnaires and daily contact with the manager and staff.

People and relatives spoke highly of the manager and staff. We heard positive comments about how the service was run. They said the manager had an open door policy. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people, visitors, and staff, and listening to their views.

There were systems in place to review the quality of all aspects of the service. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, care planning and accident and incidents. Appropriate and timely action had been taken to protect people and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to make improvements whenever possible.