

Greenfields Care Home Limited

Greenfields Care Home

Inspection report

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

Tel: 01744808949

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12 August 2019
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Greenfields Care Home is a residential care home providing care to 24 people at the time of the inspection. The service can support up to 30 people. Accommodation is provided in one adapted building.

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

We have made three recommendations in this report in relation to protecting people's privacy, assessment of equipment and person centred daily records.

Systems in place to monitor the quality of the service had improved and identified areas which could be further developed or needed attention. Areas of improvement identified formed part of the provider ongoing improvement action plan.

The care planning and recording systems in place promoted the care and support people required. Improvements had been made as to how identified risks to people were identified and managed. People felt safe using the service and received their medicines on time. Safe recruitment practices were in place to help ensure that only suitable people were employed at the service.

People's needs and wishes were assessed prior to moving into the service. People received care and support from experienced staff who were supported in their role. People were offered a nutritious and balanced diet. Healthcare needs were understood and met.

People were protected from abuse and the risk of abuse and staff understood their role in relation to this. People and their family members told us that the service was safe. Infection control practices were followed to minimise the risk of the spread of infection. Improvements had been made to how regular safety checks were carried out on the environment and equipment.

Staff knew people well and were knowledgeable about individual's needs and how they were to be met. People and their family members had access to information as to how to raise a concern or complaint about the service. Staff provided care and support that the majority of people were happy with.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Improvements had been made to how people's consent was

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Inadequate (published 18 February 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the

provider was no longer in breach of regulations.

This service has been in Special Measures since February 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

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 effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always Responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always Well-led.

Details are in out Well-led findings below.

Requires Improvement ●

Greenfields Care Home

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.

Inspection team

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Greenfields Care Home 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.

At the time of this inspection the service did not have a manager registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

Inspection activity started on 10 August 2019 and ended on 16 August 2019.

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 and professionals who work with the service. We used the information the provider sent us on a monthly basis to demonstrate the improvements they were making to the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and six family members and friends about their experience of the care provided. We spoke with seven members of staff including the manager, the nominated individual and the registered provider. In addition we spoke with a visiting health care professional.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. 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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to effectively assess, monitor and mitigate risks identified for people in relation to weight loss, malnutrition and moving and handling. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were identified and plans were in place to minimise those risks. Regular reviews of identified risks took place and records were maintained within the electronic care planning system. Risks identified for people included nutrition, hydration, skin and mobility. This was an improvement from the previous inspection. However, we identified that risk assessments had not been completed for three short rails attached to people's beds to assist with mobility. We discussed this with the manager and nominated individual who took immediate action.

We recommend that the provider continually reviews their procedures to ensure that any equipment in use is regularly assessed for safety.

- Regular safety checks were carried out on the environment and equipment used. Action was taken if improvements were identified. This was an improvement from the previous inspection.
- Procedures were in place to enable people to be supported safely out of the building in the event of an emergency. This included personal evacuation plans for people that were stored securely outside of the building along with information the fire service would need in the event of an emergency.
- Staff had access to policies and procedures in relation to health and safety and training was available in this area.

Learning lessons when things go wrong

- Accident and incidents which occurred at the service were recorded and analysed to look for any patterns and trends. For example, falls experienced by people were closely monitored and when required, support and advice was requested from the community falls team.
- Lessons were learnt and improvements made following accidents and incidents. These changes included updating people's care plans and risk assessments to minimise further occurrence. This was an improvement from the previous inspection.

Staffing and recruitment

- Safe recruitment procedures were in place. However, we identified that not all documents required were

present on individual staff files. We discussed this with the management team who following the inspection, demonstrated they had located the missing documents.

- Sufficient numbers of suitably trained and experienced staff were on duty to meet people's needs at the time of this inspection. People's comments included "Staff are smashing, very, very good" and "Staff are caring and helpful, I never feel rushed."
- People told us that their call bells were answered within a reasonable time and that they didn't have to wait long periods for assistance. One person told us "If I need help I pull the cord. Usually staff come after a few minutes, and no longer than that ever. Staff are always busy but they muck in for each other." Another person said "I don't know if they are short anytime but I don't notice it." A relative told us "Staff are absolutely fantastic. They can't do enough."

Using medicines safely

- Staff followed safe medicines policies and procedures and good practice guidance. An electronic medicines management system was in place to assist staff with the oversight and monitoring of people's medicines.
- People's medicines were stored appropriately.
- Staff responsible for managing people's medicines had completed training and their ability to manage medicines safely had been assessed.
- People told us that they received their medicines when they needed them.

Preventing and controlling infection

- Systems were in place to prevent the spread of infection. Staff had received training and procedures were in place to maintain a safe and clean environment for people to live. People's comments included "The home is clean" and "The place is clean and tidy."
- Personal Protective Equipment (PPE) was available throughout the service. Staff were seen to use PPE appropriately when supporting people.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding procedures were in place. Staff had access to information about how to protect people from harm. Staff knew how to refer any concerns they had about people's safety.
- People told us they felt safe living at the service. Comments included "It's alright here. But nothing is ever like home, of course. I just think you're alright here, and feel safe" and "Feel safe here. I have got used to being here. Do feel safe here. I am happy to stay." A family member commented about their relatives care, "She is in quite a safe place. Care seems fine."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that all staff had received appropriate support and training as was necessary to enable them to carry out their duties. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- New staff received an induction to their role. However, the induction process failed to demonstrate that sufficient time had been allocated for newly recruited staff to cover all of the subjects required. We discussed this with the provider and manager who took immediate action to extend the induction process to five days.
- Staff had the knowledge and skills to meet people's needs effectively. People told us "All the staff seem to know what they are doing. I haven't found anyone who does not know what to do" and "Some staff are excellent. Some are learning but no one looks lost."
- Training was available to ensure that staff had up to date knowledge for their role. Staff training had been evaluated, planned and delivered to staff. This was an improvement from the previous inspection.
- Planned supervision sessions took place for staff so that they received an appropriate level of support for their role. This was an improvement from the previous inspection.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

At our last inspection the provider had failed to comply with requirements of the Mental Capacity Act 2005 in respect of gaining consent. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People's needs relating to consent were recorded in their care plans. Where a person needed support to make specific decisions, this was recorded along with any best interest decisions made on behalf of people. This was an improvement from the previous inspection.
- A system was in place for the manager to monitor DoLS in place for people. Information relating to relevant others who had legal responsibility for making specific decisions of behalf of people was recorded. This was an improvement from the previous inspection.
- We found that where required, DoLS application had been submitted to the local authority. This was an improvement from the previous inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice.
- People's individual needs were assessed to ensure they could be met at the service.
- People and their family members were involved in the assessment and planning of people's care.
- People's care plans were reviewed on a regular basis to ensure that they contained up to date information on people's needs and wishes.

Supporting people to eat and drink enough to maintain a balanced diet

- People were protected from poor nutrition and dehydration as any specific needs in relation to dietary requirements were assessed and planned for. This was an improvement from the previous inspection.
- People had access to sufficient food and drink to meet their dietary needs.
- People had a choice of where they ate their meals.
- People spoke positively about the food provided and told us they had enough to eat. Their comments included, "Food is good, there is a variation", "I like the food, the cooking is good" and "Alright here. They keep a good standard of food. Important."

Adapting service, design, decoration to meet people's needs

- Furnishings and décor around the building was tired and in need of attention. The provider had an action plan in place to commence decoration of the service along with refurbishing furniture. This programme of work was scheduled to start shortly after this inspection took place.
- The layout of the seating in the main lounge meant that the views of some people were restricted. We discussed this with the provider and manager who made a commitment to improve people's outlook and views of the television.
- The layout of the building enabled people's freedom of movement around the service. Hand rails and signage supported people in finding their way around.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where people required support from community health care professionals this was arranged. For example, the service had access to the community care homes team, a multi disciplinary team that provided advice and support about keeping people healthy.
- Information was shared between services using a recognised initiative called the red bag scheme. This scheme enabled the service to share records with healthcare services securely when needed.
- People told us that staff would always arrange for them to see a doctor if they were unwell. Their comments included "If I need a Doctor I will ask the staff" and "I see the home Doctor when he comes. I have no teeth and I don't want dentures. There is an optician who comes into the home and checks my spectacles."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Entries into communal records books did not always respect people's privacy. People's full names had been recorded on the same pages and other people's personal information which did not protect individual's personal information.

We recommend that the provider reviews the procedures when using communal records.

- People were supported to eat their meals by staff who offered encouragement and care.
- Staff provided people with personal care in private.
- People's personal information stored electronically was only accessible to authorised staff.
- People were encouraged to maintain their independence. People told us "I do as much as I can for myself, but its nice to know that there are people around" and, "They let me do what I can manage to do."
- Staff showed a caring attitude and approach by listening to people and treating them with kindness. People spoken positively about the support they received from the staff team. Comments included "Staff are kind. You have got to be kind or I won't have any of it. I am treated well as a person. For example, a male member of staff takes me for a bath".

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness, dignity and respect. People's comments were positive and included, "Staff are excellent and kind" and "Staff listen to me. I don't like cucumber and lettuce and staff don't give me any." A family member told us "Staff are fantastic here, all the time." They told us that their relative was relaxed and not agitated as they had been whilst in hospital.
- Staff knew people well and it was evident from their interactions with people that positive relationships had been formed.
- Staff understood and supported people's communication needs. Staff spoke with people clearly, whilst maintaining eye contact and where it was required, they used none-verbal methods to communicate with people. For example, by using hand gestures.
- People were supported to practice their chosen religion and faith.

Supporting people to express their views and be involved in making decisions about their care

- People were consistently asked to make decisions through the day. For example, people had a choice of where they sat, who they sat with, what they wanted to eat and where they wanted to spend their time.

- Systems were in place to enable people and their family members to share their views about the care provided. This included meeting held to discuss the service. People had mixed views about the meetings, some found them useful and other were not sure if they helped.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant systems in place required minor improvements.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care planning records demonstrated what actions were needed to support people in their day to day life. In addition, they demonstrated that people had received the care and support that was planned. However, records stating what care and support people had received or been offered were not always written in detail. For example, records contained terms that included "Appeared settled", "No concerns" and "No concerns at this time."

We recommend that the provider reviews the processes in place for the recording of care and support delivered to ensure that detailed person centred records are maintained at all times.

- Information relating to people's care and support needs was accessible to staff providing care and support. An electronic care planning system was in place to record people's assessed needs and wishes.
- Family members were regularly updated about their relative's care needs and where appropriate, were involved in their care plan reviews.
- Staff were person-centred in their approach when speaking to and about the people supported.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and accessible to people. However, there was no system in place to record investigations and outcomes of any complaints received. We discussed this with the manager. Following the inspection we were informed that a system for recording the complaints process and outcomes had been put in place.
- People and their family members knew how to make a complaint. People's comments included "If I have any issues I will go to members of staff and probably go to the office" and "I will probably ask staff if I have any questions. I have spoken to the previous and current managers."

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's sensory needs were recorded in their care plans. For example, whether people had hearing or sight needs.
- People were supported by staff who understood their communication needs.
- The provider had access to facilities to provide information in different formats to meet people's needs and wishes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were made available within the service and people had a choice of whether they participated. People told us "I don't feel lonely here. I watch TV. I go down to the lounge and to the dining room for lunch", "I play bingo, I join in singalong, I have been taken out in my wheelchair into the garden. I don't feel lonely here" and, "I listen to singing, people come in to dance for us. I go with the others to see them."

End of life care and support

- People were given the opportunity to record their specific wishes about how they wanted to be cared for at the end of their life. Where appropriate family members were involved in this planning.
- People's end of life was provided with the support of community based nurses. Several staff had undertaken specific end of life care training.
- Facilities were in place for the storage of anticipatory medicines when needed in supporting people with their end of life 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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership had been inconsistent. The provider continued to make improvements to achieve the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to maintain good governance. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Warning Notice was issued. In addition, the provider had failed to make statutory notifications of notifiable incidents. This was a breach of Regulation 18 of the Health and Social Care Act (Registration) Regulations 2009. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 (Good Governance) or Regulation 18 (Registration).

- A new manager was in post, however they had not begun the registration process to apply to become the registered manager of the service.
- Systems were in place for the monitoring of quality and safety. The manager had developed several auditing tools to ensure that regular checks were in place to monitor standards within the service. Checks were in place for people's care plans and risk assessments, health and safety and medicines management. In addition, regular visits and monitoring took place from nominated individual who continued to monitor the service against the service's action plan for improvement. These checks assisted with areas of improvement being identified and dealt with in a timely manner. This was an improvement from the previous inspection.
- The manager and staff were responsive to suggestions and observations made during the inspection to further improve good practice. For example, in considering changes to how furniture was placed, how complaints were recorded and ensuring people's records were maintained in person centred manner.
- The manager was clear about their responsibilities and had an understanding of regulatory requirements. They had notified CQC when it was required of events and incidents which occurred at the service. This was an improvement from the previous inspection.
- Policies and procedures to promote safe, effective care for people were available to staff.

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

At our last inspection the provider had failed to maintain duty of candour. This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 20.

- The manager and provider had a clear understanding of their responsibilities in responding to people who use the service under the duty of candour following incidents and when things have gone wrong. This was

an improvement from the previous inspection.

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

- Staff had a clear understanding of their role and responsibilities.
- Staff told us that the manager was accessible to offer support and guidance. Staff told us that improvements had taken place since the previous inspection and that they felt comfortable with their role.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Arrangements were in place to engage and involve people using the service, family members and staff. The provider was in the process of reviewing how they could improve this engagement further.
- Staff were engaged and involved through regular team meetings.
- Staff sought advice and worked in partnership with others such as the local authority and health care professionals to promote the best possible support for people.

Continuous learning and improving care

- Staff received regular support for their role to ensure they had up to date knowledge for their role.
- An on-going improvement action plan was in place to continually develop and improve the service.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.