

Mission Care Greenhill

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 14 and 16 June 2017 and was unannounced.

At the last inspection on 25 September 2015, which was a focused inspection, we found the service was meeting all the legal requirements we inspected.

Greenhill is a care home that provides nursing and personal care and support for up to 64 older people. At the time of our inspection, 64 people were using the service, the majority of who were living with dementia.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, on the day of the inspection the registered manager was on leave so we spoke to the practice development manager, who supports the registered manager.

At this inspection on 28 and 29 June 2017, we found a breach of regulation as risks assessments were not always carried out and staff did not have guidance or information to advise on how to minimise the risks. Two communal bathrooms were not clean and there was a risk that infection could be spread due to the lack of proper cleaning systems. You can see the action we have asked the provider to take in respect of this breach at the back of the full version of the report.

Prescribed creams were not stored securely in lockable cabinets in people's bathrooms. Equipment was not securely stored as bathrooms and hallways were used as storage areas.

On occasions, there was limited staff interaction with people and staff seemed to be task focused. Some staff were not always caring when communicating with people or assisting them. One person's care records were not consistent in using their preferred name and the person's bedroom door did not have their preferred name displayed.

Quality assurance systems were in place to monitor the quality of the service, but these were not always effective in identifying shortfalls and driving improvements.

The service had appropriate safeguarding adults procedures in place and staff had a clear understanding of how to safeguard people. There was also a whistle-blowing procedure in place and staff said they would not hesitate to use it if the need arose. There were enough staff to meet people's needs. Appropriate recruitment checks took place before staff started work.

Staff had adequately been inducted into the service and were provided with appropriate training. Staff received regular supervisions and appraisals. Staff sought consent from the people they supported and

demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's privacy and dignity was respected and people using the service were encouraged to be as independent whenever possible. Menus on offer were varied.

People and their relatives were involved in their care planning. Care plans were reviewed on a regular basis and detailed people's preferences and wishes. People were supported to participate in a range of different activities. People and their relatives were aware of the complaints procedure should they wish to make a complaint.

Resident, relative and staff meetings were held regularly where feedback was sought from people about the service and annual surveys were carried out. However, the last survey carried out in February 2017 had not been analysed and did not have an action plan to show if there were any necessary improvements that needed to be made at the service.

Staff said they enjoyed working at the home and the registered manager was supportive.

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

Risks to people were not always identified and clear information and guidance was not always provided to staff on how to minimise these risks.

Medicines were not always managed or stored safely.

Appropriate standards of hygiene were not always maintained.

Appropriate safeguarding adult's procedures were in place and staff knew how to safeguard people they supported.

Appropriate recruitment checks took place before staff started work. There were enough staff on duty to meet people's care and support needs.

Requires Improvement ●

Is the service effective?

An aspect of the service was not effective

Staff rushed to complete the lunch time meal service and there was limited staff interaction with people.

Staff training was up to date. Staff were supported with regular supervision and appraisals.

Staff were able to demonstrate their understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People had access to a range of healthcare professionals in order to maintain good health.

Requires Improvement ●

Is the service caring?

An aspect of the service was not caring

Some staff were not always caring. At times, care given was task based and not person-focused.

Requires Improvement ●

People's privacy and dignity was respected.

People were encouraged to be as independent whenever possible.

Is the service responsive?

Good ●

The service was responsive

Care plans reflected people's individual care needs and preferences.

People were supported to participate in a variety of different activities.

People and their relatives knew about the complaints procedure should they wish to make a complaint.

Regular resident meetings were held.

Is the service well-led?

Requires Improvement ●

An aspect of the service was not well-led.

Quality assurance systems were in place to monitor the quality of the service, but these were not always effective in identifying shortfalls and driving improvements.

People's feedback had been sought about the service. However, feedback had not been analysed, so any improvements that needed to be made had not been identified.

Regular staff, resident and relatives meetings took place.

Staff said they liked working at the home and said the registered manager was supportive.

Greenhill

Detailed findings

Background to this inspection

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

This inspection took place on 14 and 16 June 2017 and was unannounced. The inspection team consisted of one adult social care inspector and 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.

Before the inspection we looked at the information we held about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). This 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 also asked the local authority commissioning the service for their views of the service.

During our inspection we spent time observing the care and support being delivered. We spoke with six people using the service, four relatives, the home's GP, five members of staff, the practice development manager and the clinical director. 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 reviewed records, including the care records of seven people using the service, six staff members' recruitment files and training records. We also looked at records related to the management of the service such as surveys, accident and incident records and policies and procedures.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, "I feel safe here." Another person said, "Yes I do feel safe, nothing is too much trouble."

The provider carried out risk assessments in relation to medicines, falls, bedrails, nutrition, skin integrity and mobility. Risk assessments had detailed descriptions of the identified risks and guidance for staff on how to support people to reduce the likelihood of any harm coming to them. For example, concerns had been raised about a person's mobility and falls. Control measures had been identified and staff were aware of how to reduce the level of risks, such as wearing appropriate footwear and using required walking equipment.

However, some people were at risk of unsafe care as risk assessments and risk management plans were not in place to address some risks. For one person who had epilepsy and another person who was at risk of seizures, there were no risk assessments in place. There were no seizure protocols in place to guide staff on what actions to take should either of these two people have a seizure or guidance for staff on ways to minimise the risks. There were no seizure recording forms for staff to record the frequency and details of each seizure. This was important so that staff could monitor the frequency and type of seizures to ensure consistent treatment was given and to obtain further input from healthcare professionals if necessary. On speaking with a nurse, they confirmed that if a person did suffer a seizure, care staff would not know what to do and would have to seek assistance from a nurse. Two care staff members confirmed that some people were at risk of seizures and that if someone had a seizure, then they would ask a nurse for assistance.

Another person had swallowing difficulties. Their care plan documented that they had swallowing difficulties, needed full assistance when eating and needed to be sitting upright when eating and drinking. However, there was no risk assessment in place and no information to guide staff on the action to take should the person have any difficulties swallowing, including choking.

We brought this to the attention of the practice development manager. On the second day of our inspection, we saw that risk assessments for epilepsy, seizures, swallowing difficulties and choking had been put in place for the people this affected. Appropriate guidance and information on how to minimise these risks had been put into place. Epilepsy and seizure protocols and seizure recording forms were also put in place. All staff were asked to familiarise themselves with the documentation so that they could appropriately manage these risks. We will check whether these risks have been fully identified and mitigated and that staff are aware of what they need to do at our next inspection.

A domestic team cleaned people's bedrooms and en-suite bathrooms, as well as communal areas. However, improvements were needed. Two communal bathrooms were not clean. This included toilets that had remnants of faeces and floors that were very sticky. Communal bathrooms were not included in the home's cleaning schedules. One staff member told us, "The cleaning of bathrooms is an issue; this has been raised with the manager before." Another staff member told us, "Bathrooms are not clean enough." This meant that there was a risk that infection could be spread due to the lack of proper cleaning systems. We

checked later on in the day and on the second day of inspection and found that communal bathrooms were still not always clean. We brought this to the attention of the practice development manager who was not aware of the issues we had found.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014)

Equipment was not securely stored and was a potential health and safety risk to people in terms of trips and falls. One communal bathroom was used as a storage area for hoists, wheelchairs, bed bumpers, boxes. Hallways were used to store large plastic bags and crates that were waiting collection.

We found that improvements were needed in the way the service managed medicines. We saw that Medicine Administration Records (MAR) were not completed on 12 June 2017 for six people to show that people were given their medicines. However, we reconciled the MAR charts with the balance of medicines and saw that although the MAR charts had not been signed for the six people using the service, the medicines had been administered as prescribed by health professionals on 12 June 2017.

We brought this to the attention of the practice development manager and the clinical manager who told us that MAR charts were had actually been completed for the 12 July 2017, but these had been archived so were not available when we checked the MAR charts on the first day of inspection.

Although people had lockable cabinets in their bathrooms, prescribed topical creams were not stored securely in these cabinets. There was a risk that people using the service could wander into another person's room and use their prescribed creams. After we raised this with the practice development manager, prescribed creams were securely stored in the cabinets in people's bathrooms.

Safeguarding adult's procedures were in place and staff knew how to safeguard people they supported. Staff demonstrated an understanding of the types of abuse that could occur. The signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. Training records confirmed that staff had received safeguarding training. Staff told us they were also aware of the organisation's whistleblowing policy and they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. Staff files contained completed application forms including employment history and qualifications. Each staff file also contained information confirming references had been obtained, proof of identity had been confirmed and that criminal record checks were obtained for each staff member. The provider had carried out checks to ensure staff were entitled to work in the UK before they commenced work.

We looked at staff rotas and through observations saw that there were enough staff to meet people's needs. The provider looked at people's dependency needs to calculate the number of staff needed. One person told us, "There is a good rota of staff here, they look out for everyone." A relative said, "There always seems to be plenty of staff around."

We saw accidents and incidents were logged, they included details of what had happened and the action taken to reduce the risk of similar future occurrences. For example, we saw one person had suffered a minor injury. Staff took the appropriate action, including contacting the GP for advice.

The home had arrangements in place to deal with foreseeable emergencies. Training records confirmed that

staff had completed training in first aid and fire training. The fire risk assessment for the home was up to date. Staff regularly participated in fire evacuation drills and staff showed a good understanding of fire safety and knew what their roles were and what to do in the event of a fire.

Is the service effective?

Our findings

People and their relatives told us that staff were competent. One person told us, "Staff are very knowledgeable." Another person said, "Staff are very good and really understand what I need."

We observed a lunchtime meal being served in the home. Menus were displayed in the dining area and included a choice of alternative meals. These were also available in pictorial formats. Each service user's dietary requirements were available to staff in the dining area so that staff had up to date information about people's needs and preferences.

However, improvements were needed. We saw that one person had an outside lunch date cancelled due their private transport not arriving. The person tried to tell a staff member that they had not chosen their lunch as they had been due to go out. However, before the person could fully explain, the staff member walked away. The inspector had to call the member of staff back so that they could take the service user's lunch choice. The staff member did not know what choices were available for lunch that day and had to ask another member of staff. We brought this to the attention of the practice development manager who said that the staff member who did not know what was available for lunch was an agency member of staff and that they should not have walked away whilst the service user was trying to speak to them.

Staff seemed to be rushing and appeared eager to complete serving lunch as soon as possible. This resulted in puddings being put in front of people whilst they were still eating their main meal. The puddings were covered with a saucer and left next to people on their tables. As some people took their time to eat their main meal, the puddings had congealed and were cold by the time they came to eat them.

Whilst staff assisted people to eat and drink when they required help, they did not take the time to encourage people to eat more if they had stopped eating. One relative said, "I am always here for mealtimes, I sit with my relative and make sure they eat. I am here every day I think it does help the staff. I would worry a bit if my relative, were on their own at meal times."

Staff interaction with people was limited. Staff congregated in the serving area of the dining room between serving meals and talked to each other instead of interacting and having meaningful conversations with people.

Some people were not always supported to eat their meals. We observed that two people were in bed when they had their lunch time meal served. One person was asleep and their meal was on the side with a lid on it. The second person was lying awake in bed, not touching their meal but there was no lid on the food. We checked 10 minutes later and found both meals were in the same position with no staff members in the vicinity.

We saw that staff had completed an induction. All new staff were required to complete an induction in line with the Care Certificate. The Care Certificate was introduced in April 2015 and is the benchmark that has been set for the induction standard for new care workers. Training records confirmed that staff had

completed their mandatory training which included medicines management, safeguarding, dementia, first aid, manual handling and mental capacity. One staff member said "I have done my training, the training here is very good." Staff received regular supervisions and appraisals. Supervision sessions gave staff the opportunity to feedback. Areas discussed at supervisions included mental capacity, dementia and person-centres care, as well as progression in their role and any training needs. One member of staff told us, "My supervisions are useful, I can bring forward my concerns and get feedback."

We checked to see whether people's rights had been protected by assessments under the Mental Capacity Act 2005 (MCA). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider followed the requirements of DoLS and had submitted applications to a 'Supervisory Body' to request the authority to legally deprive people of their liberty when it was in their best interests. We saw that applications under DoLS had been authorised and that the provider was complying with the conditions applied under the authorisation. We saw capacity assessments were completed to assess if people did not have the capacity to make specific decisions such as the use of bedrails and regarding personal care.

People had access to healthcare professionals when needed, such as GPs and district nurses. We spoke to the home's GP who told us they had no concerns about the home. They thought the staff were very good and always rang the surgery when they needed advice. Referrals were made to other professionals when necessary, such as speech and language therapists. Records of these appointments and the outcomes were documented. Daily notes were completed to record the care and support being delivered to people.

Is the service caring?

Our findings

Relatives told us that the staff were kind and caring. One relative said, "Staff treat the residents here with such respect and dignity, they cannot do enough." Another relative said, "Staff show people such dignity and they are so caring."

We saw the majority of staff interacting with people in a caring and compassionate way and assisting people in an unrushed manner. They took their time and gave people encouragement whilst supporting them. However, improvements were needed as some staff were distracted by the other things going on in the room whilst supporting people. They did not always verbally communicate with people or make eye contact. For example, one staff member was assisting a person to drink tea using a beaker. The staff member was rushed and did not speak to the person to tell them how they were going to help them. They also did not maintain eye contact as they sat to the side of the person. Another person who had limited dexterity was having difficulty trying to pick up a newspaper. However, there were no staff members in the vicinity and the person struggled for about 10 minutes before someone helped them.

We also observed that one person using the service chose to be called by their preferred name. However, their care file was not consistent in the name they used for the person. The person's bedroom door did not display their preferred name. When we visited the person's room and addressed them by the name on their door, their relative became anxious and asked that we used the person's preferred name.

We observed staff using distraction techniques to calm people living with dementia when they became agitated or confused, such as offering them a drink or a chat. Staff were able to describe people's individual needs such as the time they liked to go to bed and wake up as well as their preferences, likes and dislikes. One staff member told us, "One person does not like chips. On Fridays they like to have fish and mash, instead of fish and chips." Staff told us they promoted people's independence whenever possible by encouraging them to carry out aspects of their personal care such as personal care, eating and drinking.

We saw staff communicating with people in a variety of ways which were individual to people's preference. For example, staff used pictorials, gestures and physically showed people items. They spoke to people calmly and gave people time to answer at their own pace. Staff told us they maintained people's privacy and dignity by ensuring they knocked on people's bedroom doors before entering and kept bedroom doors and curtains closed when assisting people with personal care. One relative told us, "Staff treat the residents' here with such respect and dignity."

Staff showed an understanding of equality and diversity. People's care records included details about people's ethnicity, culture, preferred faith and spiritual needs. Staff confirmed people were supported in these areas where appropriate. For example, we saw in-house church services were held for people who wished to attend. Staff told us should anyone want to attend a particular place of worship, they would be supported by to do so by staff.

People were provided with information about the home in the form of a service user guide. This guide

outlined the standard of care to expect and the services and facilities provided at the home, as well as details about how to raise a complaint.

Is the service responsive?

Our findings

Relatives told us that they were involved in their relatives care. One relative told us, "Staff phone me to keep me informed". Another relative said, "I am very involved my [relative's] care." A third relative said, "Staff ask me to attend meetings about my [relative's] care."

People's care and support needs had been assessed prior to them moving into the home. Care files were well organised and were regularly reviewed. People's care plans provided information about their needs. This included nutrition, skin integrity, falls, moving and handling, communication and medicines. Care files included people's personal information such as date of birth, next of kin details, food preferences, life histories, ethnicity and spiritual needs. People were assigned keyworkers to give individual and focused support.

People's wishes were respected in relation to their care. For example, one relative told us, "My relative does not like being in the main lounge at the moment as they don't always like the music. Staff make sure that they take my relative into the garden instead which they love."

The home employed two activities co-ordinators. We saw people were encouraged to participate in a variety of activities. These included quizzes, arts and crafts, board games, armchair exercises, gardening and paid entertainers also visited the home. During our inspection, we saw people sitting in the garden, enjoying the weather, some music and drinks. We spoke to one of the activities co-ordinator who told us that they were flexible and did not stick to the activities planner if people wanted to do something else. For example, on the second day of the inspection, one of the activities advertised was manicures but people wanted to have their make-up done instead, so the home changed the activity to meet people's wishes.

We saw there were activities for people living with dementia which kept people stimulated and interested. This included reminiscence, singing and listening to old songs and music and talking about their families. Staff told us that some people enjoyed talking about their former professions and they encouraged this. One person told us, "Staff let me talk about my story, I was a physicist and like talking about it". We also saw that people who chose to stay in their rooms had music, books and one to one sessions with an activity co-ordinator where they also enjoyed massages or a chat. One person told us, "Yes I like it in the garden, they give you a trowel and you can dig about and also help with the plants, they ask you to choose." Another person said, "I was so proud when they put my picture up on the wall, I didn't think it was that good but now every day when I come in here I have a look at it up on the wall." A third person said, "I go the corner shop with staff, or on my own as I like to get out and about, it's lovely walking around here."

There was an activities board displaying weekly activities, although the writing on the board was small and difficult for people using the service to read it.

People's bedrooms were reflective of their personalities and decorated with photographs, ornaments and furniture. We saw people's bedroom doors were personalised with a photograph of themselves and the name of their keyworker so they knew who the staff member was.

We saw the home had a complaints policy and procedure in place which was effective. Complaints raised were recorded, investigated and resolved in line with the provider's complaints procedure. One relative told us, "I don't have any complaints, I cannot fault staff."

Is the service well-led?

Our findings

People we spoke with were happy with the service they received and were complementary about the registered manager. One person said, "The manager comes around and smiles at you, they are very kind, yes I like [the manager] you can tell them anything."

The home had a registered manager who had been in place for some time and was supported in running the service the practice development manager.

Quality assurance systems were in place. These included pressure ulcer care, medicines, infection control, care plans and complaints. We saw records of night time spot checks and hoist checks that had been carried out. However we noted that the provider's quality monitoring system had not identified the issues we had found in relation to medicines, risk assessments and cleanliness of communal bathrooms. For example, an infection control audit carried out in April 2017 did not highlight that communal bathrooms were not included in the home's daily cleaning schedules.

We also saw that an annual relatives' survey carried out in February 2017, showed that relatives were not happy about the cleanliness of communal bathrooms. Comments included "Level of cleaning is not very good". Staff had also provided feedback and raised concerns about the cleanliness of communal bathrooms. However, the provider had not taken action to address this feedback. This meant that the provider was not acting on feedback.

We saw that feedback from the survey carried out in February 2017 had not been analysed at the time of the inspection. This meant any improvements needed had not been identified. The clinical director told us that once the results had been analysed by their head office, an action plan would be developed and would be used to make any improvements needed at the service.

Staff said that the registered manager was supportive and they operated an open door policy. Staff told us that they were able to speak out freely if they were worried about the quality or safety of the service. Staff said they enjoyed working at the home. One staff member said, "The management team are helpful and overall we are a good team."

Regular staff meetings took place and were minuted. Items discussed included, staffing, people using the service and training. One staff member said, "I go to staff meetings and we get to discuss issues with other colleagues work." Another staff member said, "I attend staff meetings, it's good because we discuss best practice."

Regular resident and relatives meetings took place and were minuted. Items discussed included, meals, staffing, healthcare visits and activities. We saw that at the meeting in June 2017, a relative had raised an issue about fresh fruit not being available outside of meal times. During our inspection, we saw that fruit was available in bowls in dining rooms.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Risks to people were not always carried out.
Treatment of disease, disorder or injury	Medicines had not always been managed or stored safely
	Appropriate standards of hygiene were not always maintained.