

T A Shepherdson

Greenacres Care Home

Inspection report

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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

Greenacres care home is situated in the market town of Caistor, in Lincolnshire. 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.

Greenacres provides accommodation for up to sixteen older people with care needs. On the day of our inspection 14 people were living at the home.

At our last inspection we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring, that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We found systems and processes were in place to keep people safe. Staff understood their responsibilities for safeguarding people they cared for and assessed risks to their health and safety. Measures were in place to reduce these risks and people were supported to stay safe, whilst not unnecessarily restricting their freedom. Incidents and accidents were reported and the provider completed an analysis of the events and identified actions, to reduce the risk of similar incidents happening again.

Medicines were generally managed effectively and safely. The premises and environment was well maintained and the required safety checks were completed. Infection prevention and control was effectively managed.

Staff received appropriate training for their role and they were supported to further develop their knowledge and skills. People's needs were assessed and care was delivered in line with national guidance. Care was responsive to people's needs and wishes. People felt they had a voice and staff listened to them to identify their wishes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

Staff had developed caring relationships with people and treated them with kindness and compassion. Staff treated people in a respectful and inclusive manner and their opinions and views on their care were recognised and acted upon.

People continued to receive care that was responsive to their individual needs. Staff had a detailed knowledge of the people they cared for and they responded effectively to their needs and wishes. People were treated equally, without discrimination and information was accessible. People were encouraged to maintain their relationships and contacts outside the home. Activities were based on people's interests and wishes.

The registered manager and provider provided good leadership and support to staff. The provider had put processes in place to support the manager and staff. The views of staff, people using the service and relatives were actively sought and listened to. Quality audits were in place to enable continuous improvement in the quality of the service provided.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Greenacres 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 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 was a comprehensive inspection. It took place on 3 September 2018 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the home including notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided. Healthwatch is the local consumer champion for people using adult social care services.

During the inspection we spoke with three people using the service, two relatives and a visiting professional. We spoke with the provider, two care staff, a cook and a kitchen assistant. The registered manager was not available on the day of the inspection.

We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included looking at three people's care records and associated documents. We reviewed records of meetings, recruitment checks carried out for four staff, staff rotas, staff training records and maintenance and safety logs. We also reviewed the quality assurance audits the management team had completed.

Is the service safe?

Our findings

People were cared for by staff who knew how to protect them from avoidable harm. People told us they felt safe at the home. One person said, "Staff help me with everything I need and come quickly if I call for them." A relative told us they felt their family member was safe at the home; they said, "There is always someone about and it is a small home; staff know everyone very well." Our observations during the inspection showed that people were comfortable with staff and sought reassurance from them when necessary. Staff provided support and reassurance in response.

Staff we spoke with were aware of the signs of abuse and what to look for, such as changes in people's behaviour, that might indicate they were being abused. They told us they would report any concerns to the registered manager or provider and were confident they would take action to address any concerns they raised. They were aware of how to escalate issues to the local authority safeguarding team or the CQC if necessary.

Risks to people's health and safety, such as their risk of falls and risk of developing pressure ulcers, were identified and actions were taken to reduce the risks. Staff reviewed these risks on a monthly basis and in this way additional actions that should be taken, were identified. Staff completed incident forms when incidents and accidents occurred and the manager reviewed these and recorded the outcome of their analysis. They recorded the actions taken in response to reduce the risk of reoccurrence.

People using the service and their relatives told us they felt there were enough staff available to provide the care and support people required. Staff also said they felt there were enough staff to respond to people's needs and keep them safe. Staffing levels were set to provide the level of support each person required and when the dependency of people using the service increased, additional staff were rostered to ensure their needs were met. Staff files showed that safe recruitment practices were used and the required checks of staff suitability to work with vulnerable adults were completed.

Medicines were generally stored and managed safely. Processes were in place to ensure people's medicines were available when needed and people told us they received their medicines regularly. We observed the administration of medicines and saw staff made the necessary checks prior to administering each person's medicines and stayed with the person until they had taken them. However, we observed one occasion when the medicines trolley was left unlocked and unattended. The owner immediately addressed this with the member of staff and we observed the medicines trolley was not left unattended at the lunchtime medicines round.

People's medicines records contained a photograph of the person to aid identification and prevent misadministration and a record of any allergies. Medicines administration records indicated people received their medicines as prescribed. Staff did not use a form to record the site of application of medicinal skin patches to ensure the site of application was rotated; however, staff told us they always ensured the same site was not used for two consecutive applications. Staff told us they would contact their pharmacy supplier to obtain a form to use for this purpose in the future and the provider sent us a copy of this following the

inspection. Staff received training in medicines administration and their competency was checked regularly. Policies were in place for the safe management of medicines.

The premises and equipment were maintained to ensure people's safety and the required safety checks were completed regularly. Personal emergency evacuation plans were in place to inform emergency services of the support people required in the event of an emergency evacuation of the building. The home was visibly clean throughout and cleaning schedules we reviewed, showed that all parts of the home were regularly cleaned. Staff had completed infection control training and where required, training to ensure food was prepared hygienically and safely.

Is the service effective?

Our findings

People's physical, mental health and social needs were assessed and their care and support was planned and delivered in line with legislation and evidence-based guidance. Policies and procedures were based on national guidance and we saw examples of national guidance on infection prevention and control displayed in the home. The home had identified a champion for infection control and a safeguarding champion. These staff had the opportunity to attend local authority forums to ensure they kept up to date with developments and then cascaded information to the rest of the staff.

Staff monitored people's health and well being and sought advice from medical professionals when necessary. For example, a relative told us staff had responded quickly, when their family member showed some signs they might be having a stroke and called the emergency services. They told us that when their family member was discharged from hospital, they were told they would be referred to a speech and language therapist and a physiotherapist. We spoke with staff about this and they told us they had contacted the relevant services on a number of occasions to ensure the referrals were being progressed and as a result, they were expecting the speech and language therapist to visit that day. We spoke with a visiting professional who regularly visited people using the service. They told us staff contacted them appropriately and acted on their advice.

Staff received training and support to enable them to provide safe and effective care and support. Staff told us they were provided with all the training they needed and were encouraged to undertake further professional development. The provider's training matrix showed staff attended mandatory training. All new staff completed the national care certificate. This is a nationally recognised set of standards for staff working in health and social care to equip them with the knowledge and skills to provide safe and compassionate care and support. In addition, staff completed nationally recognised qualifications in care.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and DoLS. We found people were supported in the least restrictive way and they had access to all areas of the home including the gardens. People told us they were able to leave the home if they wished and staff provided support when they needed it. Another person told us they had bed rails to prevent them falling out of bed as this had happened in the past. They said staff had discussed it with them and they felt safer with the bed rails in place. Staff understood the principles of the mental capacity act for their practice. We saw an example of

where staff had completed a mental capacity assessment when a person was unable to make a decision about some of the medicines they required. The best interest decision making process that had been completed in conjunction with other professionals involved in the person's care. However, mental capacity assessments and decision making in relation to decisions about the use of sensor mats, were not always documented. Staff were able to explain why the measures were needed and why they were the least restrictive option for the person. The manager agreed to review the documentation and address this.

People's nutritional needs were assessed and care plans were in place, providing information on the support people required with eating and drinking. A nutritionally balanced menu was provided with a choice of meals. The menu was based on people's identified preferences. The catering staff told us a person who was a vegetarian had recently come to live at the home and they were working with the person to identify the person's preferences and provide choices based on their feedback. People we spoke with, told us the food was good. One person said, "The food is great; I love it and I see everyone's plates empty at the end of the meal, so the others must enjoy it too." We observed a pleasant and social mealtime experience; food was presented attractively and people clearly enjoyed their meal. When a person needed some support and encouragement, a member of staff sat with them to assist them and maximise the amount they ate. People were offered drinks and were encouraged to drink throughout the day.

The premises were adapted to meet the needs of the people using them. The home and surrounding gardens were accessible to all. There were two lounges and a dining room where people could choose to spend their time. One of the lounges was identified as a quiet area where people could sit if they did not want to watch the television or have music playing. The garden had a veranda that was accessible through patio doors from the communal areas; there was a sensory garden and well maintained outside spaces with views over the surrounding countryside.

Is the service caring?

Our findings

People said staff were kind and caring and they were happy living at the home. One person said, "It's lovely here, I am happy and contented and nobody is unhappy." A relative said, "The staff here are very caring and they know my family member very well." They said there was always a good atmosphere in the home and it was positive and welcoming. Relatives told us they could visit whenever they wished and people we spoke with, also said their visitors could come at any time.

We observed people and staff interacting throughout our inspection visit. We observed staff were attentive to people's needs and there was always a member of staff available in the communal areas providing support or chatting with people about things people were interested in. Staff provided support in a sensitive manner, and showed genuine warmth and affection in all their interactions. When people were assisted to move using a hoist, staff explained the process and gave them reassurance.

We reviewed some of the thank you cards the home had received and saw the positive comments made by relatives. For example, "You have gone the extra mile with (family member) and given that extra effort and we do appreciate it." Another relative wrote, "Each and everyone of you is a special person to do your job so well.....treated with care, compassion and affection and that means so much to us."

People said staff protected their privacy and dignity. A person said, "Staff always knock on my door before coming in and allow me my privacy." Staff told us that when they assisted people with their personal care, they always checked with them and kept them covered as much as possible. People said staff looked after their laundry and they did not have any problems with items of clothing being lost. They said, "If something goes astray, they (staff) always find it."

People and their relatives were involved in deciding the care and support they needed and in reviewing their care plans. A person said, "Yes, they (staff) have talked to me about my care plan." They went on to say staff discussed with them the extra help they needed and how often staff checked them at night.

People had been supported to furnish their rooms in the way they had chosen and they had brought their own personal items with them to make the rooms more homely. The provider told us a person had expressed a wish for some particular curtains and they had provided them.

People had access to an independent advocacy service and details of the service were displayed within the home.

Is the service responsive?

Our findings

People told us staff responded to their needs in a timely way and knew their individual preferences in relation to their care. One person said, "If I have to get up in the night staff come to help me and they check on me to make sure I am alright." They said that when they went downstairs, staff stayed with them in the lift and assisted them to the lounge.

Staff demonstrated they knew people, and their preferences in relation to their care and support, very well. Staff assessed people's care needs and developed care plans to meet those needs. Care plans were based on the person's individual risk assessments and provided the key information staff required to enable them to provide safe and responsive care. They were reviewed and evaluated monthly to ensure they remained up to date and changes made as required. Staff we spoke with told us hand over meetings were held daily between shifts and these provided a good level of information about each person to ensure they were aware of any changes to each person's needs.

People were supported to maintain their hobbies and interests. We heard of a person who enjoyed model making and others who enjoyed craft activities. A greenhouse was installed in the garden to enable people to continue to enjoy gardening activities. The provider had taken a person who was a keen Grimsby Town football supporter to see them play and had arranged for them to meet the manager and players during the visit. A former resident had enjoyed going to a local men's club at the heritage centre and they initially continued to attend after they came to live at the home. Later, as they were not able to go out the provider had arranged for the club to re-locate to the home for a time, to enable the person to continue to attend. A person we spoke with said, "We have lots of entertainment as well. We have singers, groups, and arm chair exercises." We were provided with a copy of the home's quarterly newsletter and saw there were regular visits from external entertainers including a person leading reminiscence therapy, musicians, pamper sessions and bingo. Students from the local school volunteered to play dominoes with people using the service on a regular basis. Staff also told us of trips out for people, the most recent being a trip to a nearby farm park.

The provider ensured people were protected under the Equality Act 2010 and they had a knowledge of the Accessible Information Standard, which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. Information was available in large print and the resident's newsletter was printed in a large font for people with deteriorating vision.

There was clear accessible information displayed throughout the home about how to raise concerns or complaints. The complaints policy was readily available near the front entrance and the manager was aware of their responsibility for managing complaints. People told us would feel able to make a complaint if necessary, although they had not needed to. They said the provider was available on a daily basis and they would raise any concerns with them or with the registered manager. One person said they had raised a small issue and it had been dealt with immediately. Relatives told us they had had no reason to make a complaint and they were confident any issues would be addressed and resolved.

There was no one using the service who was nearing the end of their life care. However, staff told us they worked closely with the community nurses to provide care according to the person's wishes and to ensure any symptoms, such as pain were responded to and addressed. They said they would spend additional time with people to sit with them and hold their hand.

Is the service well-led?

Our findings

There was a registered manager in post, although they were on leave on the day of the inspection. 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. The ratings from our last inspection in 2016 were displayed on the front page of the home's website and in the entrance to the home.

People's relatives had confidence in the service and the quality of the care provided. They told us the provider was present in the home on a daily basis and was available to discuss any issues. They said they had no concerns about the staff's ability to provide the care people needed and they were always kept up to date with information about their family member's care. They expressed confidence in the registered manager and provider. They said all queries or concerns were actioned immediately.

Staff confirmed they had regular staff meetings and they were encouraged to express their views. They told us communication was very good and they were kept up to date with developments. Records demonstrated that all staff had an annual appraisal.

The provider and registered manager had a whistleblowing policy; staff were aware of it and where it was stored. Staff said they were well supported, but if they had any concerns, they knew the actions they could take to escalate any issues to external agencies, including the Care Quality Commission. Although they had confidence in the provider and registered manager they said they would not hesitate to contact external agencies if necessary.

Effective systems were in place to monitor the quality of the service and the care provided. A range of monthly and quarterly audits were completed by the registered manager and provider. External independent audits were also completed of areas such as medicines. Actions to address areas for improvement identified in the audits were documented and dealt with promptly.

There were a range of processes in place which enabled the provider and registered manager to receive feedback on the quality of care provided at the home, including quality audit surveys for people who lived at the home and their relatives. We saw the questionnaires were being distributed at the time of the inspection for the current survey. Results from the previous surveys were provided in the home's newsletter, along with actions taken in response to suggestions made.

The provider's quarterly newsletter included items such as any staff changes and general news about developments being undertaken at the home. The latest newsletter for the period covering July to September 2018 was displayed for people in the reception area of the home.

A committee that had been formed to discuss developments within the home and involve people and their relatives more closely in the running of the home. It was chaired by a relative and another relative was the

treasurer. The committee also raised funds to increase the activities offered to people and develop ideas for future activities. It was apparent from speaking with people and their relatives, that this was a very active committee, which was supported by the provider and which had achieved the purpose of involving people and their relatives in decision making. They organised trips and activities and took forward ideas to improve the service. For example, the installation of the greenhouse was a suggestion put forward by the committee, and relatives and people using the service told us of trips that had been organised. The provider and registered manager also engaged with the local community and encouraged their involvement. For example, young people on the national citizens service scheme had planted a sensory garden area and memorial area within the gardens.