Greenlane Care Homes Limited

Greenlane House

Inspection report

Greenhill
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Cumbria
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13 August 2018

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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

This inspection took place on 9 and 13 August 2018. The first day of the inspection was unannounced.

At the last comprehensive inspection in November 2017 we found the provider had breached Regulations 11, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people's consent had not always been recorded. Also, topical medicines had not been managed in the right way and the provider's quality assurance system was not effective.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective and Well-Led. During this inspection we found the provider had made improvements and had addressed these shortfalls. People were assisted with their topical medicines in a safe way. People's consent was now recorded. The provider had put in place a schedule of audits as part of its quality assurance check of the service.

Greenlane 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. The care home can accommodate up to 28 people. At the time of this inspection there were 25 people living there. This home does not provide nursing care.

There was an experienced and well-trained registered manager, who was also one of the owners. 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.

People and relatives we spoke with felt the home was a safe and comfortable place to live. Staff were clear about how to recognise and report any concerns. The provider carried out checks to make sure only suitable staff were employed. The home was clean and odour-free.

People told us they were happy with the care and felt there were enough staff to assist them. They told us staff responded quickly to any requests for support.

Before people moved to the home their needs were assessed by the registered manager to make sure the home could provide the right care. Staff said they had training and support to care for people in the right way. Staff worked well with other health agencies and people were supported to access health services.

People said the staff cared for them in an effective way and responded quickly to any changes in their health or well-being. People said the meals were good. Staff joined people for meals which helped to encourage people to eat and drink enough.

People and relatives felt the staff were kind, patient and caring. There was a friendly, lively and welcoming atmosphere in the home. People's individual choices were respected and their dignity was upheld. Staff were sensitive to people's needs at the end stages of their lives.

People received personalised care that was based on their preferences and needs. Staff were knowledgeable about each person and how they wanted to live their life. People had the chance to join in daily activities, spend time in the garden and go out into the local community if they wanted.

People had information about how to make a complaint and they were confident that these would be acted upon.

The service was well-led by a registered manager who people described as caring and approachable. The registered manager often worked alongside staff to ensure people were receiving appropriate care. Improved systems were now in place to assess and monitor the quality of the service.

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 felt safe and staff knew how to report concerns.

There were enough staff to meet the needs of the people who lived there.

Medicines were well managed and the home was clean, warm and comfortable.

Is the service effective?

Good

The service was effective.

People felt staff were trained and competent to meet their needs.

People were assisted with eating and drinking in a way which supported their choices and health.

Staff helped people to access health care services when they needed them.

Is the service caring?

Good

The service was caring.

People and relatives felt staff were kind, caring and friendly.

People were given time to go at their own pace and were not rushed when being assisted.

People were treated with dignity and were encouraged to continue to lead their own lives.

Is the service responsive?

Good

The service was responsive.

People received a personalised service that respected their individual lifestyles and preferences.

People had opportunities to take part in fulfilling pastimes and had links with the local community.

People and visitors were encouraged to comment on the home and there was a complaints procedure in place.

Is the service well-led?

Good

The home had an experienced registered manager who had made improvements to the quality assurance systems.

People and relatives said the home was well-run and the registered manager was open and approachable

Staff enjoyed working at the home. This was reflected in their positive and friendly approach towards people and their families.

Greenlane House

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 9 August 2018 and was unannounced. A second announced visit took place on 13 August 2018.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted care professionals involved in supporting people who used the service, including commissioners and quality and care governance officers of the local authority. Information provided by these professionals was used to inform the inspection.

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.

During the inspection we spoke with 15 people who used the service, three relatives and a visiting health care professional. We also spoke with the registered manager, a senior care worker, two care workers and the cook. We joined people for a lunchtime meal to check the quality of the dining experience. We looked at the care and medicines records of five people, and the personnel files of three staff members. We also viewed records relating to the management of the service.

Good

Is the service safe?

Our findings

At the last inspection in November 2017, we found there were shortfalls in the way topical medicines were managed and there were no guidelines for staff to help people with 'when required' medicines. Also, accident records did not state what action was taken after a fall, and there were no risk assessments about some people's use of grabrails on their beds.

During this inspection we found improvements had been made in all these areas. Topical medicines were now stored out of sight and records were kept of when these were applied. There were guidelines for staff about when someone might need a 'when required' medicine like a simple painkiller. There was now very clear guidance for staff about what action to take if someone had a fall and if they had a head injury. Risk assessments had been put in place for the small number of people who preferred to have grabrails attached to their beds to help pull themselves up independently.

People told us they felt safe and comfortable at the home. For example, one person commented, "I couldn't be in a nicer place. It's lovely and the staff are wonderful." A relative told us, "My family member made her own decision to move here because they didn't feel safe at home. Now she feels safe and is very happy here."

Staff had training in safeguarding adults and told us they felt confident about raising any concerns with the registered manager, or other agencies if necessary. Staff understood their responsibility to protect the people who used the service from poor practices.

Staff had access to the safeguarding policy and procedures which were kept in the staff room. There was also a poster with the telephone details for the local safeguarding team on display. There had been no safeguarding concerns about this service over the past year. The health and social care professionals we spoke with said they felt the service was safe. For example, one care professional commented, "Myself and colleagues never have any issues about this home, and no concerns about the care. People are well-looked after."

Potential risks to people's safety and health were assessed, managed and reviewed. The assessments included risk of falls, poor nutrition and skin integrity. The risk assessments were kept under monthly review unless people's needs changed. There were individual emergency evacuation plans for each person which identified the specific way they need to be supported in the event of an emergency.

The registered manager carried out analyses of accidents and incidents, such as falls, to check for any trends so that these could be reduced. For example some people who were at higher risk of falls were provided with sensor mats so that staff could be alerted to their movement.

Routine safety checks of the premises were carried out, such as monthly tests of call alarms and fire safety, by the provider. Certificates about the safety of the lift, gas and electrics were in place and up to date.

People and visitors told us they thought there were enough staff on duty. One person told us, "I can ring (the call alarm) any time and they come." Another person told us, "I just have to ring for them and they come straight away."

Throughout the inspection we saw staff supported people in a calm and unhurried way. We saw staff were present in lounges and other communal areas where they could supervise people's well-being. During this inspection there was a timely response to call bells and staff were on hand to support people as they walked around the home.

The provider used a dependency tool to calculate how much support each person required and this was used to assess the staffing levels. Staff rotas showed that the staffing levels were in line with the dependency tool. The registered manager and provider confirmed that staffing would be increased if there were periods where people needed extra support. Any unexpected gaps in the rota, for example due to staff sickness, were covered by existing staff and the registered manager commented how "helpful" and flexible" staff were.

There had been no new members of staff at the home since the last inspection. The provider had carried out safe recruitment checks before employing staff. These included references and disclosure and barring service (DBS) checks which showed if applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the provider made sure staff were suitable to work with vulnerable people.

People said the home was kept clean and they were supported with their personal hygiene. For example, one person told us, "It's very clean here. And you only have to get a little spot of something on your clothes and they have it washed for you."

Staff had access to disposable gloves and aprons in bathrooms so that they could support people in a hygienic way. There was a cleaning schedule in place for housekeeping staff and all areas of the building were clean and odour-free. The home had an infection control policy and the registered manager carried out infection control audits and hand-hygiene checks to make sure staff were using the best practices to help prevent the spread of infection. There were a small number of areas in bathrooms that were becoming difficult to keep clean because of wear and tear, for example boxing to pipes. The registered manager demonstrated that there was already an action plan in place to refurbish bathrooms which would address this.

Good

Is the service effective?

Our findings

At the last inspection in November 2017, we found the provider had not met the requirements relating to assessments of people's capacity and seeking consent. This was because mental capacity assessments had not been considered in respect of specific decisions and there were no records of people's consent to photographs or sharing of records. During this inspection we found improvements had been made.

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 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 whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had submitted DoLS applications to the local authority for three people, in line with legal requirements. People had signed consent records relating to information held about them. At this time the small number of people who used bedrails all had capacity to agree to this potentially restrictive equipment. There were risk assessments about these which people signed. The registered manager was aware that capacity assessments and best interest decisions would have to be carried out if people lacked capacity to consent to restrictions. There were arrangements for the registered manager to attend further training for managers in mental capacity assessments and DoLS.

People told us they received the right care. For instance, one person told us, "The care I have received from day one is superb – they literally saved my life." Relatives felt the home was effective at meeting people's needs. For instance, a relative described how staff were able to encourage a person who had previously lost interest in their personal hygiene skills, and this had improved the person's physical and emotional well-being. A health care professional told us, "People here receive very good care."

The registered manager carried out comprehensive assessments of each person before a care placement was agreed or put in place. This meant the provider was able to check whether or not the care needs of the person could be met and managed at the home. The registered manager was able to describe occasions where placements had been declined by the home, for example where the assessment showed the service was not suitable to meet a person's health needs. Following the initial assessment all risk assessments, care records and support plans were developed with the person and their representative where appropriate.

People and relatives said staff were "good" at their jobs and "know what they're doing". Staff told us they had the right training to carry out their jobs. Staff training record showed all staff carried out essential training such as safeguarding adults, moving and assisting and first aid.

New staff who did not already have a care qualification completed induction training and were enrolled onto the Care Certificate (a national set of outcomes and principles for staff who are new to care settings). The registered manager carried out at least four supervision sessions a year with each member of staff, including an appraisal. One staff commented, "I feel supported by the manager and the senior staff. We have supervisions and group discussions about important things."

People were complimentary about the quality and choice of food. One person commented, "The food is very good and I can ask for anything." Another person said, "The food is lovely and we get plenty of treats." Two main choices were offered at main meals but if people didn't fancy a hot meal they could have alternatives, like sandwiches, instead. People said they could get snacks at any time. For example, one person told us, "I can ring for toast at 2am and they get it for me – nothing is a problem." Another person commented, "I can ring them anytime and ask for anything and they oblige."

At the time of this inspection no-one required any special diets, but people's personal dietary preferences were met. For example, one person's nutrition care plan described how the person preferred a smaller plate so they were not put off their meal and this was respected.

People nutritional health was kept under review and a monthly record was kept of people's weight. If people were losing weight their food intake was also recorded and shared with relevant services such as dietitians and GPs.

People said they received support to access health care services when they needed them. For instance, one person told us, "If I need anything they sort it out – doctor, dentist, optician, nurse – whatever I need."

Health care professionals told us the home staff were good at communicating with them and kept them informed about people's well-being. For example, one health care professional told us, "The staff let us know immediately if people's needs are changing and they get us out quickly which is brilliant so we can get on top of the problem."

The accommodation had been adapted to support people's mobility needs. For example, there were raised seats and grab rails where people might need these to get up independently. The home also had a hoist and assisted baths for people with poor mobility. Bedrooms had en-suite facilities so people did not have to go far to use a toilet. The home was set out in a way that had some small, family-size lounge/dining areas so people could spend time in quiet or active areas. The provider had installed a modern computerised call alarm system in every room in the home. This included portable handheld devices so people could carry them around if they wanted.

The home did not specialise in care of people living with dementia but had some features to support people who had short-term memory loss. For example, there were picture signs to orientate people towards bathrooms and toilets. Some people had personalised pictures on their bedroom doors. There were contrasting coloured toilet seats in shared bathrooms to make them easier to see.

Good

Is the service caring?

Our findings

People told us staff were kind, compassionate and friendly. For example, one person commented, "These ladies (staff) should be walking around with halos above their heads – they're so patient." Another person told us, "The staff are very nice. They'll do anything for you. I don't want to go out but they'll get anything from the shops for me." One person said, "They are lovely staff – very kind and caring."

Relatives also had positive comments to make about the service people received. They described staff as "lovely" and "caring". One relative told us, "Staff have got so much time for people and they're very patient."

A healthcare professional told us, "Staff are wonderful with people. It's a very happy atmosphere – very friendly. And it's always very welcoming."

Several people told us they had made their own decision to move to this home based on their previous experience and recommendations by friends. One person told us, "I had stayed here previously for a rest and when I couldn't manage on my own any more I jumped at the chance of coming here – that's how much I love it!" Another person said, "I came for a month but decided to stay. It was my own choice. I couldn't be in a nicer place."

One person told us, "I was recommended this place by a friend and I haven't been disappointed. It's a first-class service and everything is super. The night staff in particular are wonderful."

People told us staff respected their rights to dignity, privacy and choice. One person commented, "This is my haven. I can be private when I want." Another person said, "This is now my home. I live here very happily and privately." A staff member told us, "It's all about their choice – it's their home, they can do whatever they like."

There was lots of positive and appropriate contact between staff and people. Staff used gentle touch, hand-holding and eye contact to support people and reassured them if they were becoming unsettled. Staff paid lots of positive compliments to people which promoted their self-esteem. For example, one staff member told a person "your hair looks beautiful" and another staff member later told another person, "I love your nails".

People were encouraged to retain their independent living skills, as far as they were able to. Some people were able to go out independently and others went out with relatives. Two people managed their own medicines. One person told us, "They help me with a bath but they let me do the bits that I can manage." A relative told us, "My family member is able to lead their own life here without having to worry."

There was an information booklet about the home in the hallway which included a summary of what people could expect from the service. The registered manager stated people would be supported to access advocacy services if they required it.

Good

Is the service responsive?

Our findings

People said the service was personalised and they could lead their own preferred lifestyles. Their comments included, "I can do my own thing" and "they let you lead your own life". Two other people described how they went out independently. One person told us they liked to spend part of the day doing activities in a larger lounge and relaxing in a quieter lounge in the afternoon. Other people enjoyed spending time in their own bedrooms where they could enjoy their own hobbies and interests.

People said there were plenty of things to do and they could be as active or not as they liked. One person told us, "I go downstairs for communion but the rest of the time I'm busy with my own things." Relatives commented, "The staff have got so much time for people – so people are not just sat around. They're busy and interested because staff help to keep them active."

A health care professional who was a regular visitor to the home commented, "There's always lots going on every time we visit. They have lots of stimulating and meaningful activities, like baking. The care staff get involved with activities with people. They don't just give them something to do - they get involved too."

People told us they enjoyed different activities every day and during this inspection we saw people were highly involved in several individual activities. For example, some people were playing a soft ball game, another person was being supported with a crossword puzzle, one person was busy with a jigsaw and other people were spending time chatting to staff about favourite animals. People also described a number of activities provided by visiting activity providers. For example, monthly art sessions where people enjoyed various crafts such as making seasonal cards or glass painting. The home arranged for a music therapist to provide music and exercise sessions in the home. These sessions were specifically designed to support older people to engage in playing instruments, singing, ball exercises and dance to familiar music. People and staff also described trips into the local community to shops and cafes, and links with local schools.

People had access to a large, safe rear garden with lots of suitable garden furniture and seating. People enjoyed being able to go out or even just look out at the well-maintained garden and the wildlife. For example, one person commented, "The gardens are beautiful. I often go and sit out there, it's so peaceful." People described how the provider had put a camera in two nesting boxes so people could watch the chicks grow.

Staff were very knowledgeable about people. Care records included detailed social backgrounds so that staff were aware of people's history, their achievements and interests and the things that mattered to them. For example, one person's care plan stated, "[Name] enjoys talking about farming years and has a lot of knowledge to share about animals and the countryside."

Care records referred to people by their preferred name or nickname. They were written in a sensitive way that upheld people's individuality and preferences. For example, one person preferred to be supported with personal care by female staff only and this was respected. They told us, "There's a nice lad works here but they respect that I don't want a man to wash me."

People's care needs were recorded in care plans so staff had clear guidance about how to support each person in the way they required that support. This included, for example, support with mobility, continence, emotional well-being, social contacts and activities. The care plans were reviewed every month, or earlier if someone's needs changed. The monthly evaluation was quite repetitive where needs had not changed, but any updates were recorded on the care plan so staff could see the changes.

People and relatives told us they would have no hesitation about making comments or complaints to the registered manager. One person told us, "I haven't made a complaint but I wasn't happy about something and I told [registered manager] and they are dealing with it." A relative told us, "I've never had the need to complain but I would have no difficulty in doing so and am absolutely sure [registered manager] would look into it."

The provider had a complaints procedure, which was on display in the hallway for people and visitors to see. The registered manager kept a record of complaints and compliments, but there had been no complaints in the past year.

The home provided end of life care to people with support from local district nursing teams. One person was receiving palliative support and their care was reviewed fortnightly by the GP and the home. People had emergency health care plans that were agreed with their GP to show their preferred place of care in the event of a decline in their health. We saw records of positive feedback from relatives about the care shown by staff whilst providing end of life support to their family member.

Good

Is the service well-led?

Our findings

At the last inspection in November 2017, we found the provider had not met a requirement relating to good governance of the service. This was because the provider did not have effective systems in place to always check the quality and safety of the service. For example, the provider had failed to identify the issues relating to medicine management and people's consent.

During this inspection we found the provider had made improvements to the quality monitoring systems in the home. The registered manager had put a schedule of audits in place and carried out a series of checks. These included checks of medicines, care records, catering, housekeeping, infection control, personnel files, staffing and maintenance.

Since the last inspection the registered manager had carried out a detailed weekly audit of medicines management, recording and storage and a monthly count of medicines stocks. Where any minor practice issues were identified these were addressed with staff and this had led to improved practices.

There were monthly reviews of care plans and regular health and safety checks relating to the premises and equipment. The staff joined people for meals so they were able to check they had a good quality mealtime experience. All the audits and checks helped to make sure people's care was provided in the right way, records were up to date and well maintained and the correct procedures had been followed by staff.

Where any gaps were found action had been taken to address shortfalls. For example, the provider carried out daily checks of the premises. They had an action plan to address some decorative upgrades in the building. For example, carpets were to be fitted in the corridors and future plans included the upgrade of some bathrooms. In this way the provider intended to continuously improve the accommodation for the people who lived there

People felt the home was well-run. One person told us, "[Registered manager] is on the ball. She knows her job and she runs it right." People and relatives told us the registered manager was open to suggestions and available to talk to at any time. One relative commented, "[Registered manager] is very approachable. I feel we could raise any issues with them, not that we've ever had to." Another relative commented, "I feel I could mention absolutely anything to [registered manager]."

People said they were comfortable about making any suggestions and felt these were listened to. For example, one person had suggested having warmer plates so that meals did not go cold quickly. They said this was now beginning to happen. There were occasional residents' meetings. The minutes of the most recent residents' meeting, in June 2018, showed that people were highly involved in discussions about activities, menus and the environment. People felt their suggestions were acted on. For example, people had requested a change to the way some items were laundered and this was now being done.

Staff also had occasional staff meetings so they could discuss expected practices, changes and suggestions. For instance, the last staff meeting in June 2018 included discussions about new data protection regulations

(GDPR), forthcoming training dates and feedback from the residents' meeting. One staff member told us, "We don't have loads of formal meetings but we hold informal meetings all the time about anything new or specific – like new guidance."

All the staff we spoke with felt it was a happy place to work. For example, one care worker commented, "It's cosy and family-orientated home with a friendly atmosphere." Staff told us they felt valued by the people and the provider and said they enjoyed their jobs.

The registered manager commented on their appreciation of the staff. They described how staff were committed to the people who lived there. They commented on staff's flexibility and willingness to come in at a moment's notice in the event of a gap in the rota.

The registered manager was fully aware of the regulatory requirements and had submitted any statutory notifications in a timely way. (Statutory notifications are reports about events or incidents that must be reported to the CQC.)

The registered manager and provider were keen to forge links with other services to share knowledge of current and new best practice guidance.