

Bondcare (London) Limited

Green Acres Care Home

Inspection report

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Date of inspection visit:

09 December 2020

29 December 2020

Date of publication:

19 January 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Green Acres is a residential care home providing personal and nursing care to 48 people aged 65 and over at the time of the inspection. The service can support up to 62 people. The home is purpose built and provides accommodation over two floors.

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

Following the last inspection in January 2020 and the emergency support framework completed in May 2020 improvements had been made to the care people received. The new manager had made significant improvements in a short space of time and concerns and complaints from stakeholders had reduced. Whilst improvements had been made over the last five months and the provider had a plan in place to continue to improve, the provider had yet to evidence sustained, high quality leadership over a longer period of time.

Staff and relatives told us the quality of care had improved and they consistently told us their relations were happy living at the home. Medicines were managed safely although some minor recording issues were found. Improvements to the management of medicines meant they were no longer in breach of any legal requirements.

The recent appointment of a new manager and deputy manager had supported the home to make the necessary improvements. All staff we spoke with showed the same passion and dedication to improve people's experience of care at the service. Improved governance systems and regular audits meant ongoing actions had been taken to improve care.

Individual risks were being managed. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again. Staff updated risk assessments and care plans to ensure people were kept safe and protected from abuse and avoidable harm. People's needs were reflected in their risk assessments and associated care plans and there was a programme in place to ensure all records were regularly reviewed.

Infection control procedures were in place and the home followed current government guidance to ensure people were protected from the transmission of infection. PPE stations were in place and staff had been trained to don and doff personal protective equipment. A housekeeper had been appointed and this person ensured cleaning products and sanitising equipment met the required standards and was always in stock. Cleaning rotas and schedules were in place to ensure risks to people were minimised.

Relatives said the registered manager was approachable and listened to their concerns. Staff told us they were supported by the registered manager and they were happy in their roles. They were fully engaged in supporting the service to improve and could see how this impacted positively on people living there.

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 requires improvement (Published 12 February 2020) and there was a breach 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.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 7 and 8 January 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the management of medicines. We had ongoing concerns following on from this inspection about the consistency and quality of leadership within the service and although we did not inspect we carried out an emergency support framework review in May 2020. At this time the service needed external support to ensure risk and infection control was effectively managed. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Green Acres on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our Safe findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement 

Green Acres 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and a specialist advisor.

Service and service type

Green Acres Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We considered the information we gathered in the emergency support framework review gathered in May 2020. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in

this report.

During the inspection

Whilst on site we spoke with two people who used the service. We telephoned six relatives about their experience of the care provided to their relations. We spoke with six members of staff including the registered manager, deputy manager, housekeeper and three care staff. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. Whilst off site, we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to consistently manage medicines safely. 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.

- The deputy manager took day to day responsibility for the management of medicines and followed best practice for the receipt, storage, administration and disposal of medicines.
- Significant improvements had been made and medicines were managed safely. Systems were organised, and people were receiving their medicines when they should.
- Staff had completed training in medicines administration and had their competency assessed by the deputy manager to ensure they were administering medicines safely.
- The deputy manager carried out a controlled drug audit once a month and the nurses carried out twice daily checks with evidence of this recorded.
- There were minor issues identified relating to record keeping, but this had not impacted on people receiving their medicines. A random check during the inspection showed stocks tallied with their medicine counts with the exception of one medication which could be accounted for.

Assessing risk, safety monitoring and management

- The registered manager carried out daily walk arounds observing staff practice and met daily with staff to discuss people's support needs. This enabled them to support staff to make immediate changes or improvements to the way they supported people.
- Risks had been assessed and associated care plans contained information to mitigate the risks to people, to keep them as safe as was practically possible. The registered manager had prioritised staff development and training to support the recording of risk management and we found the majority of records were of high quality. There were some minor improvements required around moving and handling records, but the registered manager acted immediately to resolve this.
- There was some inconsistency in where information was recorded across the electronic and paper records, which we pointed out the registered manager as it looked like some checks had not been done, when they had.
- The home was being renovated at the time of this inspection. This included decoration and refurbishment of communal areas and people's own bedrooms with their input. We were shown the completed dining room, lounge and communal shower room which had been completed to the required standard.

- Regular checks were undertaken on the environment and certificates were in place to ensure legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were safe at the service. Comments included, "They are doing a really good job with COVID and keeping people safe" and "No concerns. She is safe. She is safer than outside."
- There were systems in place to help protect people from abuse. Staff had received training on safeguarding vulnerable adults and were able to tell us what they would do if they suspected abuse had taken place.
- The registered manager had taken appropriate action where staff had not followed processes which might have put people at risk of harm.

Staffing and recruitment

- Staff were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff. Staff undertook some essential training prior to starting work, shadowed more experienced staff and were inducted into the service safely.
- There were sufficient staff to meet people's needs and the provider used a dependency tool to determine staffing levels. People who needed additional staff support were provided with 1:1 care. Minimal agency staff were used due to the successful recruitment programme. Agency staff provided the additional 1:1 care at the time of this inspection.
- Relatives spoke highly about the staff providing care and also the activities at the home. During our conversation we regularly heard people telling us their relatives had said they were happy at the home. One said, "She is very happy there. I can't say much more than that. I can ring up about anything. They have been good." Another said, "They do put the residents first."

Preventing and controlling infection

- There were systems in place to reduce the risk of the spread of infections. Staff had received training in the appropriate use of personal protective equipment (PPE) and their competency was checked.
- Visits to the home had been temporarily suspended at the time of our onsite inspection although they restarted the following week. An enclosed visiting area had been constructed to ensure the provider was preventing visitors and people using the service from catching and spreading infections.
- The provider was accessing testing for people using the service and staff. Infection outbreaks were effectively prevented and managed.

Learning lessons when things go wrong

- Accidents or incidents were recorded and investigated. The registered manager took appropriate actions reviewing these records, to identify any patterns or lessons that could be learned to inform future practice. The provider had oversight of all accidents and incidents, and these were reviewed as part of their checks.

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 requires improvement. At this inspection this key question has remained the same. This meant, whilst improvements had been made, these have been made over a short period and we need assurance over a longer period that improvements were embedded and sustained. This is required to provide assurance that safe, effective, responsive care will be consistently provided.

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

- We previously had concerns about the consistency and quality of leadership within the service. The service was in breach of regulation at the last inspection in January 2020 and following our interim emergency support framework review in May 2020 needed external support to ensure risk and infection control was effectively managed. Whilst the new manager had made significant improvements in a short space of time and concerns and complaints from other stakeholders had reduced, there was not yet evidence of sustained, high quality leadership over time.
- The manager registered with CQC whilst we were undertaking the inspection. Staff and relatives were positive about the stability the registered manager had brought to the service and told us there had been significant improvements in the home over recent months.
- Both the registered manager and deputy had commenced at the service five months prior to our inspection. They worked well as a team and were passionate about improving outcomes for people. They had introduced many changes to ensure the quality of care improved in a very short amount of time and we had confidence in their commitment to lead the service.
- The environment people lived in was improving which positively impacted on their experience of care. People were encouraged to eat in the dining room and sit out in the renovated communal lounges rather than remain in their rooms. Staff said this had made a difference. One said, "People are more chatty, more involved."
- Care records had improved since our last inspection and the updated records completed by the registered manager were detailed and person-centred. The registered manager set the standard for how staff were to record care plans. They encouraged staff to achieve the same standard. There were still some improvements required in some of the daily records made by staff and in some care plans, but the registered manager and deputy manager were working to ensure consistency.

Continuous learning and improving care

- Regular audits were carried out to measure the quality of the service. There were some areas identified at inspection which required improving which had not been picked up at audit such as the consistency and clarity of some care intervention records, moving and handling records and medication records.
- The management team and staff we spoke with were fully engaged with the improvement programme and had a desire to improve the service.

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

- Relatives and staff told us they had confidence in the registered manager and could see the improvements they had made.
- Staff morale at the home had improved. Staff told us they worked well together as a team to ensure care was delivered around the needs of the people living there.
- Staff said the registered manager was very supportive and led by example. One said, "She goes above and beyond. She puts on her uniform and goes on the floor to show staff how to do it and what she wants."

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

- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening within the service. The provider understood the duty of candour and kept people and relatives informed about key changes within the home.
- We reviewed the complaints log at the service and noted there had been no recent complaints. Our discussions with families confirmed they were happy with the service and said the registered manager was open to their suggestions for improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's relatives said they had been kept informed about changes due to the pandemic and they found the provider's newsletter informative. Some relatives said that although communication had improved, this was an area that could improve further with some actively wanting to be involved to help the service to improve.
- Staff told us they were listened to by the registered manager. One said, "I think we are listened to. She has used our input to design care around the person. Communication was an issue but now staff can speak up."
- The registered manager had regular meetings with staff to ensure there was effective communication about important issues in the home. They had introduced regular supervision and spot checks to support staff to develop. They had actively supported staff to progress into supervisory roles and nursing assistant positions.
- People had been supported to keep in touch with their relatives using technology such as iPad's during the pandemic.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. There was evidence to show referrals had been made to dieticians, tissue viability nurses and GP's.
- The service had built links with the local community and during the pandemic, visits from the local schoolchildren and church had been changed to a virtual presence.