

Greenacres Care Centre Limited







Greenacres Care Centre Limited

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	

Overall summary

The Inspection took place on 28 and 29 January and was unannounced. This was Greenacres Care Centre's first inspection. The service opened in June 2014.

Greenacres provides care and accommodation for up to 39 older people, some of whom are living with dementia or have a physical disability. On the day of the inspection 38 people lived at the home.

The service did not have a registered manager in post. A registered manager is a person who has registered with

the Care Quality Commission (CQC) 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 the home's manager was in the process of going through the registration process with CQC.

Summary of findings

During our inspection people and staff were relaxed and calm and there was a friendly atmosphere. We observed staff and people using the service chatting and enjoying each other's company. Comments included; "Staff make me feel at home." People, who were able to tell us, said they were happy living there.

People had their privacy and dignity maintained. We observed staff supporting people and being kind and compassionate.

People and their relatives were very happy with the care they received from staff and said they were knowledgeable and competent to meet their needs. People were encouraged and supported to make decisions and choices whenever possible in their day to day lives.

People were protected by safe recruitment procedures. There were sufficient staff to meet people's needs and staff received an induction programme. Staff had completed appropriate training and had the right skills to meet people's needs.

People had access to healthcare professionals to make sure they received appropriate care and treatment to meet their health care needs such as district nurses and GPs. Staff acted on the information given to them by professionals to ensure people received the care they needed to remain safe.

People's medicines were managed safely. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines.

Safeguarding of vulnerable adults training had been completed and staff knew how to report any concerns and what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were supported to maintain a healthy, balanced diet. People told us they enjoyed their meals and did not feel rushed. One person said, "Lunch was lovely - really really nice."

People's care records were computerised and of a high standard. They contained detailed information about how people wished to be supported. Records were regularly updated to reflect people's changing needs. People and their families were involved in the planning of their care.

Staff confirmed the management of the service was supportive and approachable. Staff were happy in their role and spoke positively about their jobs.

There were quality assurance systems in place. Feedback to assess the quality of the service provided was sought from people and their relatives. Audits were carried out to help ensure people were safe, for example environmental audits were completed.

Summary of findings

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.

People were supported by sufficient numbers of suitable, skilled and experienced staff.

Staff were able to recognise the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

Risks had been identified and managed appropriately. Systems were in place to manage risks to people.

People's medicines were administered and managed safely and staff were aware of good practice. People received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

People received support and care to meet their needs.

The manager and staff had completed training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

People received care from staff who were trained to meet their individual needs and were supported to have their choices and preferences met.

People were supported to maintain a healthy and balanced diet.

People could access appropriate health, social and medical support as needed.

Good



Is the service caring?

The service was caring.

People were treated with kindness and respect by caring and compassionate staff.

Staff supported people in a way that promoted and protected their privacy and dignity.

Staff were knowledgeable about the care people required and the things that were important to them.

People's wishes for end of life support were well documented.

Good



Is the service responsive?

The service was responsive.

Care records were individual and personalised and met the needs of people.

Staff responded quickly and appropriately to people's needs.

People had a wide choice of activities they were supported to participate in if they wished.

The service had a formal complaints procedure which people and their families knew how to use if they needed to.

Good



Summary of findings

Is the service well-led?

The service was well led.

There was an experienced management team who were approachable.

Staff said they were well supported by the management team. There was open communication within the service and staff felt comfortable discussing any concerns with them.

Audits were completed to help ensure risks were identified and acted upon.

There were systems in place to monitor the safety and quality of the service.

Good



Greenacres Care Centre Limited

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 checked 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.

The inspection was undertaken by two inspectors for adult social care on 28 and 29 January 2015 and was unannounced.

Prior to the inspection we reviewed the information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we met or spoke with 21 people who used the service, the manager, provider and nine members of staff. We also spoke with four relatives and three health and social care professionals who had all supported people within the service.

We looked around the premises and observed and heard how staff interacted with people. We looked at four records which related to people's individual care needs. The service has a computerised care record system holding all relevant information to meet people's needs. We looked at 10 records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

Prior to the inspection concerns had been raised with us regarding the safe administration of medicines, staffing numbers and staff training. We did not find any evidence to uphold these concerns.

People who lived at Greenacres Care Centre were safe because the manager had arrangements in place to make sure people were protected from abuse and avoidable harm.

People told us they felt safe. We spoke with 21 people who used the service. One person said, "Staff always put themselves out to give you time to make you feel safe." And "I feel safe with the staff." A relative said; "Absolutely - never any doubt my dad is safe."

Greenacres provided a safe and secure environment for people. Smoke alarms were tested and evacuation drills were carried out to help ensure staff knew what to do in the event of a fire. Care plans and risk assessments detailed how staff needed to support people in the event of a fire to keep people safe. All care plans included up to date personal evacuation plans.

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Staff told us they were up to date with their safeguarding training. They went on to say they had access to safeguarding and whistleblowing policies and procedures. The policies were comprehensive and up to date. Staff told us they would have no hesitation in reporting abuse and were confident the management would act on any concerns. They told us they would take things further if they felt their concerns were not being taken seriously and were aware of outside agencies, for example the local authority. Staff spoke confidently about how they would recognise signs of possible abuse. Staff said, "I can speak to the management or contact the provider at any time." We saw referrals to the safeguarding team had been made and this showed that appropriate concerns were reported to the relevant authority.

People identified as being at risk had up to date risk assessments in place. Care records contained appropriate risk assessments which were regularly reviewed. Records showed people at high risk of falls had this information clearly documented to help ensure staff were aware of how to reduce the risk to people. Other records held guidance

for staff on how to reduce any risk or information to highlight when people might be at increased risk. For example, pressure relieving mattresses were supplied. Discussions with staff showed they were knowledgeable about the care needs of people including any risks and when people required extra support.

People and relatives confirmed there were enough staff to meet people's needs. People had sufficient support as rotas and staff confirmed the home had sufficient staff on duty to meet people's needs. Staff were observed supporting people appropriately at all times, for example at lunchtime and during a morning activity. The manager told us the numbers of staff were reviewed regularly to ensure the correct number of staff were available at all times to meet people's care needs. Staff confirmed there were sufficient staff on duty and, if they needed additional staff, the manager would act. One staff member said, "Though we are busy there are enough staff to meet people's need." Relatives said they never had any problem finding staff when they needed to. The night staff were currently completing a analysis on what time people got up, and what time they'd like to get up. This was planned to assist the manager in assessing night staff levels.

People were protected by safe staff recruitment practices. The staff employed had completed a thorough recruitment process to ensure they had the skills and knowledge required to provide the care and support to meet people's needs. Required checks had been conducted prior to staff starting work at the home to confirm the staff member's suitability to work with vulnerable people.

All incidents and accidents were recorded and analysed to identify what had happened and actions the service could take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made.

We saw that environmental health had carried out an inspection and rated the home as level four, five is the highest rating that could be achieved. Regular fire audits had also been completed.

People's medicines were managed and given to people as prescribed, to help ensure they received them safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. They made sure people received their medicines at the correct times and records confirmed this.

Is the service safe?

Medicines administration records (MAR) were all in place, however two people's MAR were unsigned and medicines remained in the dosage system. The manager said these people, who had capacity, often declined their medicines and she said she would ensure staff recorded this and followed correct procedures. This was actioned before the end of the inspection. All other storage and recording of

medicines followed correct procedures. Medicines were locked away and appropriate temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs related to medicines.

Is the service effective?

Our findings

Prior to the inspection concerns had been raised with us regarding the quantity of food provided. We did not find any evidence to uphold these concerns.

People received effective care and support from well trained and well supported staff. Staff had the knowledge and skills to carry out their roles and responsibilities effectively, knew the people they supported well, and ensured their needs were met. People, when asked if they felt staff were well trained, said; “yes”; “yes - definitely!”; and “Staff are knowledgeable and know what I need.”

Staff completed an induction when they started work which was supervised by a senior member of staff. This ensured staff had completed all the appropriate training and had the right skills and knowledge to effectively meet people’s needs. One recently employed staff confirmed they had completed a full induction programme including shadowing an experienced member of staff. This enabled staff to get to know people and see how best to support them prior to working alone.

Staff received ongoing training, support, supervision and appraisals. Staff attended training to meet the needs of people currently living in the service, for example, dementia awareness training. They also completed training in health and safety issues, such as infection control and fire safety.

Some staff told us they had received one to one supervision and had opportunities to discuss issues of concern during a recent staff meeting. Team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve. The manager confirmed one to one supervision was being arranged for all staff. Staff went on to say they felt listened to and, if they needed to talk outside meetings, the manager and seniors always made time. The manager had, after discussion with staff, arranged training for them on helping people with a diagnosis of Huntington's.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people’s capacity to make certain

decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and if needed other professionals.

Staff demonstrated good knowledge and understanding of, and had received training about, the MCA and DoLS. The manager informed us one person was subject to a DoLS authorisation and they were restricted from leaving the home to keep them safe. This application recorded the person had been involved in the decision making. Staff were aware of this person’s legal status. This showed us the staff understood when a professional body would need to be consulted. This helped to ensure actions were carried out in line with legislation and in the person’s best interests.

The manager and staff recognised the need to support and encourage people who lacked capacity to make decisions and everyday choices whenever possible. For example, if they wished to join in the morning activities. People’s care plans showed people were involved in their care and were consenting to the care plan which was in place. One person had the support of an Independent Mental Capacity Assessor (IMCA) to help them make decisions about their care and welfare.

People’s individual nutritional and hydration needs were met. Care records were used to provide guidance and information to staff about how to meet individual needs. For example, one person needed a high calorie diet due to being admitted with a high weight loss. We observed this person receive such a meal and catering and care staff were fully aware on why this was needed.

People could choose what they would like to eat and drink. People had their specific dietary needs catered for, for example diabetic diets, and a menu was displayed. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy balanced diet. People’s weight was monitored and food and fluid charts were completed.

People had access to drinks and snacks 24 hours a day. The service had provided an area laid out on a self-service basis for anyone to use. Visitors made positive comments on the café feel of the dining area and the standard of food served. We observed mealtimes were unrushed and a social

Is the service effective?

occasion and people showed they enjoyed this time as they were smiling and engaged in conversation. One person said; "Lunch was lovely - really really nice." Another person said; "I can go and get drinks and snacks 24/7."

The providers talked about upgrades they had completed before the service opened eight months ago. The home had been completely refurbished to a very high standard with consideration given to people they would admit to the service. For example, there were large rooms able to accommodate wheelchairs and lifting equipment in many areas of the home.

People had access to healthcare services and local GP surgeries' provided visits and health checks. People whose

health had deteriorated were referred to relevant health services for additional support. Staff consulted with external healthcare professionals when completing risk assessments for people, for example the district nurse team. If people had been identified at risk due to being at risk of pressure ulcers, guidelines had been produced for staff to follow. Healthcare professionals confirmed staff kept them up to date with changes to people's medical needs and contacted them for advice. Healthcare professionals also confirmed they visited the home regularly and were kept informed about people's wellbeing. This helped to ensure people's health was effectively managed.

Is the service caring?

Our findings

People who lived in the service were supported by kind and caring staff. People told us they were well cared for, they spoke very highly of the staff and the high quality of the care they received. Comments included; “Feels like a family here.” A relative said; “Dad has high standards and this home meet those standards.” Healthcare professionals commented that staff were very caring and had good relationships with the people they cared for.

People were involved as much as possible with the care and treatment they received. We observed staff treated people with kindness and compassion. Staff informed people what they were going to do before they provided any support and asked if they were comfortable with the support being offered. For example, one person needed the assistance of a hoist to move from a wheelchair to a more comfortable chair. Staff informed the person throughout the process what they were going to do and the task was completed at the person’s own pace.

People told us they were asked for their views and involved in decisions about their care and support. One person said; “I am always asked my opinion, kept up to date on what is going on and they involve me when discussing any treatments.” All staff knew people well and what was important to them such as how they liked to have their care needs met.

People were supported by staff who knew them and their needs well. People said they were well cared for and said the staff took time to assist them with their personal care. Staff were attentive and prompt to respond to people’s emotional needs. For example people who became upset or confused received prompt and caring support from staff. People were comfortable and their personal care needs were met. A relative said; “[...] always looks lovely, clean, tidy and so very well cared for - can’t fault it.”

Staff showed concern for people’s wellbeing. For example, one person was confined to bed and was being provided end of life care. Staff were observed providing kindness, compassion, and excellent care whilst maintaining the person’s dignity. For example staff spoke to this person to inform them what task they were going to complete. The care this person received was well documented. For example, this person had turning charts in place to prevent pressure areas. A visiting healthcare professional confirmed

this person’s skin was intact and went on to comment about the excellent care this person had been receiving. Other records showed staff recorded regular personal care carried out including mouth care, nail and hair care, and hand care.

Care records showed that end of life care had been discussed and recorded with the person and their relatives so their wishes on their deteriorating health were made known. The person’s end of life treatment plan recorded involvement with this person and their GP. We observed this person’s treatment plan being put into action, for example the person wished to remain in their own bedroom with their friend visiting at any time. A visitor for this person said they had received regular updates on their treatment, condition, were involved in discussions and informed of all care planned.

People had advance care plans to identify the person’s wishes for their end of life care. Where a person had been assessed as lacking capacity, involvement with family members and other professionals had been sought to ensure decisions were made in the person’s best interest.

Staff interacted with people in a caring and supportive way in particular with someone who was unable to leave the premises due to a DoLS authorisation in place. We observed staff support this person and spend time with them explaining why they were unable to go out unescorted. We observed this person talking with staff about the restriction to their liberty and asking staff to accompany them when they went out.

Staff sat and chatted with people throughout our visit, and people told us this “was usual.” Visitors confirmed they always saw staff chatting with people. We saw examples throughout our visit when staff responded to people’s needs in a discreet manner. For example, two people were disagreeing over a minor issue. Staff went over to both people and supported them by sitting with them and talking about an unrelated subject. This showed staff were able to recognise people’s needs and respond to them in a caring manner.

People told us their privacy and dignity were respected. Staff told us how they maintained people’s privacy and dignity in particular when assisting people with personal care. For example, by knocking on bedroom doors before entering, gaining consent before providing care, and ensuring curtains and doors were closed. They told us they

Is the service caring?

felt it was important people were supported to retain their dignity and independence. A relative told us they called in daily and had never seen staff being anything other than respectful towards the people they supported.

Is the service responsive?

Our findings

People had a pre-admission assessment completed before they were admitted to the home. This assessment of their health and social care needs helped to ensure the staff could support the person. The manager said this assessment enabled them to assess if they were able to meet and respond to people's needs before admission.

People's care plans held information about the person's needs and how they chose and preferred to be supported. When a person's care needs changed care plans were reviewed and altered to reflect this change. For example, when one person's health had deteriorated staff responded by reviewing people's pressure areas. People had guidelines in place to help ensure their specific health and care needs were met in a way they wanted and needed. Records had been regularly reviewed with people or, where appropriate, with family members.

People's comprehensive records included a full life history. This included a person's lifetime history and covered a person's childhood, adolescence, adulthood and retirement. Staff had access to people's life history therefore they could understand a person's past and how it could impact on who they were today. This helped to ensure care was consistent and delivered in a way which met people's individual needs. A relative said; "They respond to Dad's needs."

People's care plans recorded people's physical needs, such as their mobility and personal care needs choices. People told us they could have a shower or bath whenever they chose to. Additional information included how to meet people's emotional needs and if a person had specific needs because they were living with dementia or Parkinson's disease. Care plans were comprehensive, personalised and recorded people's wishes. All records had been updated and reviewed to ensure staff had the correct information to provide current care needs. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People's care plans held information to provide the hospital staff on how to support people when admitted to hospital. For example, people had a "hospital pack". During our visit one person was admitted to hospital. The hospital pack was taken with them. The pack helped to ensure any

person who moved between different services, their care needs were shared to help enable others to be fully informed on how to support them. This demonstrated the manager understood the importance of sharing information to help ensure people received care which was responsive to their needs.

People had access to call bells, either in their bedrooms or in the living areas. We saw people who chose to stay in their bedrooms had their call bells next to them. People told us call bells were answered quickly. One person said; "I press it and they're here!" This showed people were able to summon staff for assistance at all times to respond to their needs.

People were encouraged and supported to maintain links with the local community. For example, Greenacres had a tea room on site which was open to the general public. People and their visitors could walk there to enjoy a change of settings. The activities staff spoke passionately about the importance of ensuring people continued to remain part of their own community regardless of whether they lived in a care home. There were connections with local schools, church and community groups.

People received regular activities provided by the activities staff and assisted by the staff on duty. The activities staff told us about their role including meeting people on a one to one basis and in group discussions on their interests. We observed an activity taking place during our visit. A large number of people attended and told us how much they enjoyed themselves. The service told us how proud they were on achieving the "NAPA Challenge" (National Activity Providers Association) and came in the top 20 nationally for the activities carried out. This included a "D-Day" lunch, "Boston Tea Party" and a "Cruise" theme day. The activities staff understood people's individuality when arranging activities and ensured people had a variety to choose from. People and their family spoke very highly of the activities arranged. Comments included; "Excellent tea party." And "I enjoy the baking we do."

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The policy was clearly displayed in the entrance to the home with a complaints/concern box available. A complaint file showed any complaints made, the action and outcome of

Is the service responsive?

the complaint and the response sent to the person concerned. The complaint was shared with staff to help reduce the risk of recurrence. One person said; “No complaints – honestly - no never.”

People, their relatives and health care professionals knew who to contact if they needed to raise a concern or make a complaint. People felt the staff would take action to address any issues or concerns raised. When people were

asked how and who to make a complaint to, people were confident about speaking with the manager or the provider who was in the service most days. On the day of our visit one person raised a minor concern. This was, with their permission, passed to the provider. The provider responded, immediately taking action to resolve this person’s concern.

Is the service well-led?

Our findings

People, relatives and health and social care professionals all spoke positively about the provider and the manager. Comments included; “[...] (manager) is lovely and very welcoming when I moved in.” A relative said; “I can’t speak highly enough of the manager.”

People were involved in the day to day running of their home. Residents’ meetings were held and a recent highlighted issue had been about the food. This was followed up with a meeting between the people who used the service and the catering staff. This resulted in changes to the menu.

The manager sought verbal feedback from relatives, friends and health and social care professionals regularly to enhance their service. A relative told us they were asked their opinions and encouraged to make suggestions that could drive improvements. Due to the home only being open eight months a full yearly quality assurance survey, to drive continuous improvements of the service, had not been sent out. The manager planned to complete a full survey in the near future. However a recent food audit had identified an area the service could improve upon and action had been taken to address this.

People said the management were visible, kind and compassionate and they always made themselves available to people, visitors and staff. Staff spoke highly of the support they received from the manager and the provider. One newly appointed staff told us they felt able to speak to the manager or provider if they had any concerns or were unsure about any aspect of their role. Staff described the staff team as, “Best staff I have ever worked with - made me welcome from day one.” Relatives and health and social care professionals commented and agreed the home was well led and the manager and provider were excellent. One visitor said; “They (The manager) contacted me straight away during the night as I wanted to be told if my friend had become very ill. This gave me the opportunity to visit.”

Greenacres was well led and managed effectively. The provider’s brochure recorded their aim was to “retain

resident’s quality of life. Privacy and choice are high on our priority list and personal care is tailored to meet individual needs.” The provider, who owned other services locally, was in the home most days to ensure this aim was met by the manager and the staff. Both the manager and provider took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the organisation. The manager confirmed they received supervision from senior management and were well supported by the provider who they met on a regular basis.

There was a clear management structure in the service. Staff were aware of the roles of the management team and they told us the management were approachable and had a regular presence in the home. During our inspection we spoke with the manager, the area manager and the provider. All demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff.

Staff meetings were held regularly and this enabled open and transparent discussions about the service. These meetings updated staff on any new issues and gave them the opportunity to discuss any areas of concern or comments they had about the way the service was run. Staff meetings were seen as an opportunity to look at current practice. The home had a whistle-blowers policy to support staff.

The manager worked in partnership with other organisations to support care provision. Health care professionals who had involvement with the home confirmed to us, communication was good. They told us the manager worked in partnership with them, were easy to contact, responded to and followed their advice.

The home had the "Dementia Quality Mark", a locally recognised award for homes that undertake care for people living with dementia. This helps the staff to have a better understanding of the care needed to support people living with dementia.

The service had notified the CQC of all significant events which had occurred in line with their legal obligations.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.