

Greenfields Care Home Limited

# Greenfields Care Home

## Inspection report

130 Dentons Green Lane  
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Merseyside  
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Tel: 01744808949

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### Ratings

Overall rating for this service

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out a comprehensive inspection of this service on 19 and 20 May 2017, the first day was unannounced. The service was found to be good across all domains safe, effective, caring, responsive and well-led with an overall rating of Good.

After the inspection in May 2017 the Care Quality Commission (CQC) received a number of anonymous complaints that highlighted specific areas of concern at the service that related to activities, people's involvement in their care plans and leadership.

This report only covers our findings in relation to the responsive and well-led domains that reflect on the areas of concern raised. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Greenfields Care Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Greenfields Care Home provides accommodation for up to 28 people who require support with their personal care. The home mainly provides support for older people and people living with dementia. There were 28 people living at the home at the time of our inspection.

There was a registered manager in post within the service and has been registered with the CQC since November 2013. 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 and associated Regulations about how the service is run.

At our focused inspection on 9 June 2017, we were unable to substantiate the information received within the anonymous complaints.

People and their relatives were aware of the complaints process and told us they would feel confident to raise any concerns or complaints they had. The complaints policy and procedure had been followed appropriately for the complaints reviewed.

People's needs were assessed prior to them moving in to the service. Comprehensive care plans and risk assessments were developed and were regularly reviewed. Care plans were specific to the individual and gave staff clear guidance for the way a person wanted to be supported.

Records documented daily tasks undertaken to support people and highlighted key information including any changes to a person. Monitoring charts were in place for the management of pressure area care, nutrition and hydration when required.

Activities were encouraged at the service and a daily programme was available for people to participate in. People's spiritual needs were met through local clergy visiting the service regularly.

The quality monitoring systems in place ensured the standards were monitored and highlighted areas for development and improvement. Audits were undertaken in the areas of health and safety, environment, infection control and medication management.

There was a positive culture within the service that reflected the registered providers vision and values.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service responsive?

Good ●

The service was responsive.

People understood how to make a complaint or raise a concern and felt confident to do so.

Care plans were specific to the individual person and gave staff clear guidance about how people wanted to be supported.

People participated in activities of their choice and had their spiritual needs met.

### Is the service well-led?

Good ●

The service was well-led.

There were quality monitoring systems in place to ensure that areas that required improvement were identified and actions taken to address them.

The registered manager understood their role and people spoke positively about them stating they were approachable.

The registered provider had policies and procedures in place that were regularly reviewed and up to date.

# Greenfields 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 unplanned and undertaken following anonymous concerns raised to the Care Quality Commission.

We undertook a focused inspection of Greenfields Care Home on 9 June 2017. This inspection was completed to check the concerns raised. We inspected the service against two of the five questions we ask about services: is the service responsive and well-led. This is because the concerns raised related to these areas of the service.

The inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. We contacted the local authority safeguarding and quality monitoring team who did not raise any concerns about the service.

At the visit to the service we spoke to six people living at the service, four relatives, two healthcare professionals, the registered manager, three support staff and two students on nurse placements. We undertook observations throughout the service and observed interactions between staff and people living at the service.

At the visit we looked at two people's care records, complaints and compliments, activities undertaken and available to people living at the service and other records relating to the running of the service.

## Is the service responsive?

### Our findings

People told us they were happy and felt supported living at Greenfields Care Home. Their comments included "I go and get my own paper each morning and enjoy reading it. This is really important to me", "I really enjoy the music and movement sessions, they are fun" and "I've never had cause to complain as everything is great from staff supporting me, meals are lovely and I can join in any activities that interest me". Relatives said "We are welcome at any time to visit and always offered a drink. We are kept well informed particularly of any changes to [Names] care needs", "The staff treat [Name] like family and this ensures he is well cared for, valued and very much part of the home", "The staff always contact us with any updates regarding [Names] health" and "I enjoy participating in the activities with my Mum, she loves having her nails painted and I enjoy the bingo. People are encouraged to participate but always have a choice. Some people seem to just enjoy watching". A visiting healthcare professional said "Since [Name] has been here they have absolutely bloomed. The staff have really got to know and understand [Name] and I've got nothing but praise for their interactions".

People's needs were assessed prior to them moving in to the service. People and their relatives told us they were invited to visit the service before moving in. The registered manager or another qualified member of staff undertook the assessment.

People's care plan documents contained information specific to them and included details of their history as well as their physical and mental health needs. Clear written guidance was in place for staff that included the individual person's preferences, likes and dislikes. For people that were living with dementia their records included needs they required support with, for example continence support. Care plans also included ways they would like to be supported and by whom. These were clearly and comprehensively written and where appropriate relatives had been included in the development of these documents. This meant people received individualised care and support.

Individual risk assessments and specific care plans were in place for people that had been assessed as being at risk of developing pressure area sores, or malnutrition and dehydration. Records showed monitoring charts were in place for repositioning people regularly that were at risk of pressure area sores, food and fluid balance charts were consistently completed for people at risk of malnutrition and dehydration. This information was regularly reviewed and used to respond promptly to people's changing needs. This meant people received appropriate support to meet their individual needs.

Staff completed daily records that included tasks undertaken and key information, for example if a person had experienced a fall or were unwell. Staff attended a handover at the beginning and the end of each shift which ensured staff remained up to date with the information required to meet people's changing needs. Records of visits from and to healthcare professionals were documented in the care plan files. These included GP, optician, dentist, Community Psychiatric nurse (CPN) and hospital consultant appointments.

People and relatives told us there were activities available throughout the week. The activities available on the week we visited included bingo, chair exercises, quizzes and crosswords, card games, pampering and

card games. Each Monday representatives from St Thomas of Canterbury attended the service to support people to undertake holy communion and engage in scripture conversation if they chose to. Each Wednesday representatives from St Luke's church visited the service to chat to people in small groups or individually. An external organisation visited the service each Wednesday afternoon to undertake music and movement. The registered manager and staff commented that they had seen improvement with people mobility following these sessions. During our visit we observed staff sitting and engaging in conversation with people individually and in small groups. People were protected from social isolation through activities available within the service for them to participate in.

The registered provider had a complaints policy and procedure in place. People told us they felt comfortable and confident to raise concerns or complaints should they need to. Their comments included "The manager regularly asks me if everything is okay and I am happy" and "I tell the manager if I am not happy with anything. He always responds promptly to any issues I have". Family comments included "Mum asked about changing the menu's and introducing fish in parsley sauce. This is now regularly on the menu" and "The manager is always available to speak to regarding any worries I have. I wouldn't hesitate to raise a concern or complaint and feel confident he would address it promptly". Two complaints had been received since our last inspection. One had been raised through the local authority and was not substantiated following their investigation. The other had been responded to appropriately and a written response sent to the complainant.

# Is the service well-led?

## Our findings

The service had a manager that had been registered with the CQC since November 2013. People, their relatives, staff and visiting healthcare professionals all spoke highly of the registered manager. Their comments included, "Andrew is a good manager and is very approachable", "The manager is full of beans and is lovely", "Andrew is brilliant and you couldn't ask for a better manager" and "Andrew and his team are amazing, I cannot praise them enough for what they do".

People, relatives and staff told us the registered manager had an active presence at the service. He had an open door policy and people and relatives told us they felt comfortable speaking to him. Everyone we spoke to describes stories of interactions they had with the manager and his involvement in their care and support. We saw friendly and familiar interactions between the registered manager and people living at the service. His characteristics were described as open, encouraging, approachable and inclusive.

The management structure at the service included the registered manager, deputy manager and senior support staff. All staff were clear about the lines of accountability and who they should go to for advice or support. The registered manager stated they felt well supported by the registered provider. Staff had access to a 24 hour on-call manager during weekends and out of office hours. This ensured management support was available at all times for staff.

On the day of our visit the registered manager was undertaking reviews with people living at the service and their relatives. They were meeting with every person and relatives where appropriate over a short period of time to seek feedback about the service, to engage with people about proposed changes to the lounge and dining areas and to ensure their care plans remained appropriate and up to date. People spoke positively about the process and relatives said they felt valued and listened to.

The registered manager undertook regular daily, weekly and monthly audits at the service that included health and safety, the environment, infection control, care plans, fire safety and medication management. Actions were identified following these audits and these were completed within the required timescales. The service had an electronic system for the administration, recording and monitoring of medicines. The registered manager raised daily reports that gave up to date information that covered medicines administered along with any missing staff signatures. The system raised immediate alerts if any medicines were late or missed. This meant people received their medicines on time.

The registered provider had introduced a peer audit system where a registered manager from another service from their portfolio would undertake a thorough audit of Greenfield Care Home each quarter throughout the year. An action plan was prepared along with timescales for the completion of these. This meant the registered provider was kept up to date with improvements required at the service.

Staff spoke positively about the service and described their enjoyment of working with the people living there. They stated they had opportunities to develop by training as end of life champions or receiving additional training in dementia care. End of life champions raise awareness of end of life care including



choices about where a person chooses to die. Individual end of life care plans are developed at an appropriate time. Staff described themselves as being a 'great team' that supported and encouraged each other particularly during and after difficult days.

Team meetings were held regularly at the service and records confirmed this. Staff told us they were encouraged to contribute at the meetings and put forward any suggestions they had for service improvements. Senior staff undertook mattress and hand hygiene audits regularly and information from these was fed back to staff for encouragement or development through these meetings or individual supervision. The staff team described how they willingly covered additional shifts for annual leave or sickness as they recognised the importance of continuity for the people living at the service. Staff on nurse placements described positively the willingness of all staff to welcome them to the team. They stated they felt very supported and described having the opportunity to work with all staff members.

The registered provider had notified the CQC promptly of all significant events that had occurred within the service in line with their legal obligations. Registered providers are required to inform the CQC of certain incidents and events that happen within the service.

The registered provider had a set of policies and procedures in place that were regularly reviewed and updated. These were available on the computer system and within the service's office. Staff knew where they were and how to access them for information.