

HC-One Oval Limited

Greengables Care Home

Inspection report

54 Sandbach Road
Congleton
Cheshire
CW12 4LW

Tel: 01260270030

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Greengables Care Home is a residential care home that was providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The premises is a detached, two storey Victorian house standing in its own grounds. It is located on the outskirts of Congleton, approximately one mile from the town centre.

The atmosphere in the home was welcoming, warm and sociable. The new manager and staff had developed good relationships with people. Throughout the inspection staff were seen to provide sensitive and compassionate care. People and their visiting family members and friends were unanimous in their praise for the home, the staff and the standard of care provided.

Since the previous inspection there had been changes in the management of the home. We could see that the current management team were working hard to address the concerns we identified at our last inspection. Further development was required to ensure that people were assured of always receiving safe, effective care and treatment. During this inspection we found that the registered provider was in breach of regulations in relation to, need for consent, safe care and treatment, governance and record keeping.

We found examples where plans to manage risks had not been fully developed and needed further improvement to ensure people received safe and effective care and treatment.

Medicines were managed, stored and administered by appropriately trained staff but not always recorded in the required detail or audited thoroughly.

Peoples rights to make choices were respected but staff lacked knowledge about the Mental Capacity Act and the status of people in relation to Deprivation of Liberty Safeguards.

Effective care plans had not always been developed to meet peoples assessed needs and quality audit of care plans had not always been carried out robustly.

Whilst we could see that the home's governance and recording procedures had not always been put into practice, improvements were being made at the time and throughout the course of the inspection. These included and comprehensive audit carried out by the home's designated quality manager and development of a Home Improvement Plan. This detailed clear actions, along with time scales which showed how and when the required improvements would be made.

People told us that they received safe and effective care that met their needs and personal preferences. We could see that managers and staff worked in partnership with the local safeguarding authority to ensure people were protected from abuse and poor and ineffective care.

Whilst some peoples' care records lacked detail staff understood and supported people's communication

needs and choices and showed skill in their interactions with people.

The home was clean and odour free throughout and people were supported to maintain their personal hygiene and dress in clothes of their choosing. Staff knew how to respond to people when they were upset, unsure or needed reassurance. They provided support according to the person's needs and showed genuine care and understanding.

Staff presented as, caring professionals who were skilled in many aspects of care. Some staff had gaps in their knowledge regarding the MCA and "Whistleblowing" and records showed that not all staff had completed the training they were required to do. This lack of training was identified by the provider's quality assurance processes and arrangements to rectify it were in place and detailed in the Home Improvement Plan. There were sufficient staff to meet the needs of people in a timely way.

Staff told us that they appreciated the leadership, direction and support provided by the new manager and other senior staff and felt involved in developing the home's care practices to ensure people always received safe and effective care.

People enjoyed their meals and were provided with a varied and nutritious diet.

People had opportunities to engage in a range of activities and staff took advantage of opportunities to promote social interaction and created a relaxed and social environment.

Records relating to people's care were kept secure and confidential.

Rating at last inspection: Requires improvement (report published 17 April 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our 'Effective' findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our 'Caring' findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our 'Responsive' findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our 'Well-led' findings below.

Requires Improvement ●

Greengables Care Home

Detailed findings

Background to this inspection

The inspection: We carried out this unannounced inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was conducted by one adult social care inspector and an 'Expert by Experience'. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in the care of older people.

Service and service type: Greengables Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager under the terms and conditions of registration. At the time of our inspection the previous registered manager had left. A new manager was in post and was in process of applying to the Care Quality Commission for registration. Where there is a registered manager both the provider and the registered manager 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 unannounced.

What we did: Our plan took in to account information the provider had sent to us since the last inspection. We considered information about incidents the provider must notify us about and looked at issues raised in complaints and how the service responded to them. We assessed information we require the provider to send to us at least annually within their provider information return (PIR); this provides key information about the service, what the service does well and the improvements they plan to make. We used all this information to plan our inspection.

During our inspection we spoke with nine people using the service and five of their visiting relatives and friends to ask about their experience of care. We spent time making observations of the care provided and

the interactions from staff towards people. We spoke with the new manager, deputy manager, the quality assurance manager, the administrator, maintenance operative, activities coordinator, the chef, two nurses, four care staff. We also looked at four people's care records and a selection of other records including those related to the quality monitoring of the service.

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 remained same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to control some identified risks to the health and welfare of the people who used the service, so they had remained at risk. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not, enough improvement had been made and the provider was still in breach of regulation 12

- Staff had responded to some people's changing needs and where individual risks to people had been identified care records generally provided information as to what action had been taken to keep people safe from avoidable harm. However, we found examples where people had been assessed as being at risk, but adequate control measures, including care plans for people at high risk of pressure ulcers, had not always been put in place.
- The environment was not always safe for people using the service. On the second day of our inspection we found that the laundry door had been left open and the laundry was unattended. The laundry contained hazards such as a hot tap with water temperature exceeding 60 degrees centigrade. We raised this with the manager who took immediate actions to mitigate the risk

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Using medicines safely

- Medicines were managed, stored and administered by appropriately trained staff but not always recorded in the required detail. Staff took appropriate actions where people had not received their medication. However, the reasons for this were not always recorded on medication administration records (MARs).
- Medicines audits were carried out regularly however we found that the most recent audit had not been carried out thoroughly. The section of the audit which addressed whether refusals of medication were recorded was not completed.
- Staff had access to guidance around the use of medication to be given 'as required' (PRN) including ointments, creams and other externally applied medicines.

Staffing and recruitment

- There was enough staff on duty to meet people's needs and to ensure their safety and wellbeing. A dependency tool was used to ensure staffing levels were appropriate.
- All the people spoken with praised the staff for their dedication and high standards of care they provided. Comments included: "This is a great home", "The carers here are really good to me I feel safe all the time", "I do feel safe and I know that the staff here will always look after me" and "We are all well looked after here

and the staff are very kind to us". Family members also made positive comments about the staff and the standard of care provided. Comments included, " This is a very well run home and my whole family are confident that (person) is safe", "I am really pleased with this home and have absolutely no worries about (person's) safety", "The whole team are consistent in providing a safe place for my (person) to be cared for" and "safety is clearly at the forefront and that is very reassuring."

- Staff had been recruited safely.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe living at Greengables Care Home.
- People were protected from abuse by staff who had received training, had access to relevant information and showed a good understanding of what was meant by abuse. Three staff members spoken with did not know who to report abuse to or where to get the telephone number or contact details.
- The majority of staff spoken with were aware of the providers "whistle-blowing" policy, but others were unaware of the protections afforded whistle-blowers under the Public Information Disclosure Act. This was addressed by the manager.

Preventing and controlling infection

- All areas of the home were seen to be clean and hygienic, and free from malodour
- Staff understood their responsibility in relation to infection control and were seen wearing personal protective equipment appropriately.
- An effective infection control audit had been undertaken in April 2019 which included an action plan to ensure all staff received timely infection control training.

Learning lessons when things go wrong

- Accidents and incident records were completed and reviewed by the manager and deputy manager to identify any themes or emerging trends.
- The manager supported by the home's designated quality manager responded effectively when our inspection identified uncontrolled hazards and issues that needed immediate attention.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained same. This meant the effectiveness of people's care, treatment and support was inconsistent and regulations regarding consent to care, and record keeping were not met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training about the MCA and DoLS, however we found that their level of understanding varied and some were unclear .
- The registered provider, manager and staff were unable to confirm which persons living at the home were subject to a DoLS authorisation. Action was taken by the manager to update CQC following our inspection visit.
- Staff told us people were not able to leave the home without the support of staff or family member for their safety and wellbeing. Without the relevant DoLS in place people were a risk of having their liberty deprived.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Consent to care.

- People were supported to be involved in daily decisions about their care and staff sought their consent.
- MCA assessments, where in place were well written in accordance with the MCA code of Practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Assessments of people's care needs, and personal preferences had been carried out with the person or their representative. However, assessments for people who had been admitted to the home for palliative care did not address their end of life wishes and personal preferences. Risk assessments identified where

people were at risk of developing pressure ulcers but care plans were not always in place to ensure that all staff provided safe, effective and consistent care.

- Care staff told us that there was a drive in the home to implement person centred care and they acknowledged that improvements were needed in person centred care planning, monitoring and review.
- People told us their choices and personal preferences were respected and met. Comments included: "The staff here do a great job", "Not once have I been let down, I really like it here" and "I love getting my tea and biscuits mid-morning, just the way I like them." Family members told us that they appreciated being involved and kept in the loop and several said how pleased they were that their family members were in such good hands.

Staff support: induction, training, skills and experience

- Staff presented as, caring professionals who were skilled in many aspects of care. Some staff had gaps in their knowledge regarding the MCA and "Whistleblowing", end of life care, pressure area care and records showed that not all staff had completed the training they were required to do. Following the inspection we received a home improvement plan from the registered provider, which showed us that action was being taken to address this.
- Staff told us that they appreciated the support, guidance and leadership provided by the new manager and deputy manager. They told their collective morale was high and whilst they were aware they were expected to develop new skills they were positive about the future.
- Staff told us that recent supervision meetings had been helpful and informative and had been used to reflect on good practice and opportunities for learning from experience.

Supporting people to eat and drink enough to maintain a balanced diet

- Records showed that people were offered and where necessary supported with sensitivity and care to eat a balanced and nutritious diet.
- Staff were knowledgeable about each person's dietary requirements.
- Nutritional assessments, risk assessments and care plans were detailed with each person's individual needs and kept under review.
- Overall people were satisfied with the quality and quantity of meals served. One person said: "The food is excellent, much better than in hospital".

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- Staff knew how to refer people to other healthcare services if they had concerns about a person.
- People had routine access to healthcare professionals and had been referred to specialists when required.
- Information regarding people's changing health needs was shared between staff during shift handovers, and people's care was adjusted as required.

Adapting service, design, decoration to meet people's needs

- The design and layout met the physical needs of people living at the home.
- Technology and equipment was available to meet people's care and support needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained same, Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity. Respecting and promoting people's privacy, dignity and independence.

- Staff continued to be consistently caring. They treated people with kindness, respect, offered emotional support when needed and involved people in planning their care, promoted choice and supported their decision making.
- The atmosphere in the home was warm and welcoming and staff had developed good relationships with people. Staff were seen to be genuinely caring and kind when providing support.
- Everyone spoken with were unanimous in their praise of the home and the standard of care provided. Comments included, "I am well looked after and can go to bed and get up when I want", "The atmosphere is always good here, we can have a real laugh with the girls", "This is a nice place to be and I like it that I can have a shower every day", "I am treated very well here" and "I don't want to leave here, this place is now my home".
- Without exception all family members spoken with made positive comments about the home and the standard of care provided. Their comments included: "This is clearly a well-run nursing home." "My (person) is happy and comfortable here and that reassures the rest of the family ", "The care home staff seem very capable and are able to provide high levels of care", "My (person) is safe and well cared for, so I am happy", "To me it is very important to know that my (person) is in good hands when I go home and they are in this care home" and "Every time I visit the home I am made very welcome and updated on my (person)".
- Observations showed that staff provided compassionate care, and treated people with dignity and respect.
- Staff had an understanding of each person's individual needs and personal preferences. They understood and supported people's communication needs and choices. They showed skill in their interactions with people.
- Staff knew how to respond to people when they were upset, unsure or needed reassurance. They provided support according to the person's needs and showed genuine care and understanding.
- Records relating to people's care were secure and confidential.

Supporting people to express their views and be involved in making decisions about their care.

- People were encouraged to express their views; they were listened to and actively involved in making decisions about their care and support.
- People, along with family members, were encouraged to share their views about the care provided in care plan reviews, surveys and meetings with the manager and staff.
- People were invited to attend residents and family members' meetings, but minutes were not always

circulated or made available to those who had not attended. This was rectified at the time of the inspection.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to Requires improvement. This meant services were not always planned for in ways that would ensure people's needs were met in a person-centred way. Regulation in respect of records was not met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support.

- Some assessments and care plans reviewed where tailored to a person's needs. However, where people were assessed as being at very high risk of developing pressure ulcers care plans for skin integrity were not always in place. We found that there was some confusion about the correct setting of one person's pressure relieving mattress and lack of clarity as to how to reposition to alleviate pressure should be recorded. Action was taken at the time of the inspection to address these issues.
- Some people who had been admitted to the home for palliative care had not had their end of life needs assessed and had not been supported to develop end of life care plans. Action was taken at the time of the inspection to ensure peoples End of Life Care Needs were assessed and planned for with their participation and involvement.
- People were supported to access a range of activities on a regular basis. The recently appointed activities coordinator had already made a positive impact in the home. The atmosphere throughout the inspection was sociable and welcoming. One person said: "I really like the quizzes and puzzles and am really looking forward to the new Activities lady settling in"
- Activities were also provided on a one-to-one basis as some people preferred not to engage in group activities.

Improving care quality in response to complaints or concerns

- People knew how and were encouraged to provide feedback about their experiences of care. The service provided a range of accessible ways to do this through surveys and meetings held with people and their family members. Feedback received was positive.
- People and family members were given information about how to make a complaint.
- Records showed that complaints that were made were dealt with appropriately by the registered provider and used as an opportunity to improve the service.

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 same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Regulations in respect of safe care and treatment, consent to care, good governance and records were not met.

At our last inspection the provider had failed to mitigate identified risk to the health and welfare of the people who used the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider was still in breach of regulation 17

Continuous learning and improving care Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered provider had comprehensive policies and quality assurance procedures, but these were not always being used effectively to ensure that people received high-quality person-centred care.
- Records were not always maintained in accordance with the requirements of the regulations, which put people at risk of receiving ineffective or inappropriate care.
- Systems to audit and evaluate care plans were not consistently practiced and therefore the manager had not identified omissions in assessment and care planning documentation.
- A medications audit dated 09 April 2019 had not been completed thoroughly and therefore the manager had not identified recording anomalies.
- Peoples end of life needs had not always been effectively assessed or planned for.
- Whilst there was no evidence that any person had come to any harm these failures placed people at risk of receiving poor care.

This was a continued breach of Regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The manager supported by the home's designated quality manager responded immediately to any concerns identified as part of our inspection visit.
- During the course of our inspection the provider carried out an in-depth audit of all aspects of the delivery of care at Greengables Care Home and subsequently provided a detailed home improvement plan which was regularly reviewed and updated.
- The registered manager was aware of their legal requirement to notify CQC about certain events however, had not notified CQC of one recent DoLS authorisation. The was rectified following the inspection.
- Staff had a shared sense of purpose and worked together as a team. They felt well supported and had confidence in the new managers abilities
- The new manager was highly visible in the home providing guidance and leadership to staff.

- People told us that the home was well managed and that they had confidence in the new managers ability to address any issues. Comments included, "They are a great team here", "The 'new' Manager is excellent and always finds time to talk to you", and "I like it here because they listen to me"

Visiting family members also made positive comments about the management of the home including, "(New manager) really makes you feel part of the decision making process" "The whole team are excellent", "I have no worries and if I did, then I know that (new manager), (deputy manager) , or any of the staff would act accordingly", "I have spoken quite a bit with (new manager) and she always tries her best to assist" and "(new manager) and her team have a very people centred approach"

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The new manager was person centred in their approach and actively promoted a culture of person-centred care by engaging with everyone using the service and family members.
- The providers internal quality assurance procedures and HIP plan identified further developments were required to ensure quality person centred care and plans were in place.
- Learning took place from accidents and incidents and concerns and complaints were listened to and acted upon to improve the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- The service continued to involve people and family members in discussions about the quality of care provided.
- Family members and other visitors were welcomed and there were no restrictions for visitors creating a warm and inclusive environment.
- Staff felt involved in decisions made about the service; and were confident sharing their ideas and views and felt they were listened to.
- Managers and staff worked in partnership with other agencies to ensure good care. Representatives of the local authority told us prior to the inspection that the new manager worked effectively with them to address safeguarding issues.
- The deputy manager met with a representative of the East Cheshire Hospice during the inspection who was visiting the home promoting good practice in end of life care.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider was not always operating in accordance with the Mental Capacity Act.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Hazards and risks were not always adequately controlled so people had remained at risk.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems established to ensure compliance with the regulations were not always operated effectively, and records were not always maintained or were not sufficiently detailed.