

Bondcare (London) Limited

Green Acres Care Home

Inspection report

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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?

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 for up to 62 mainly older people. The home is purpose built accommodation spread over two floors. At the time of the inspection 39 people were living in the home.

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

Medicines were not consistently managed in a safe or proper way. Overall risks to people's health and safety were assessed and mitigated. People, relatives and staff provided mixed feedback about the home and said that high usage of agency staff compromised some aspects of care quality, such as communication, prompt care and knowledge of people's needs. The home was kept clean, tidy and well maintained.

Staff were provided with training and support, although some training needed to be brought up-to-date. People generally said they received good care from the service and that they had a good choice of tasty food at mealtimes. People's healthcare needs were assessed and, in most cases, met although there needed to be more attention to evidencing good oral hygiene assessments and care delivery.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People said staff were kind and caring and treated them well. We observed staff were compassionate and respectful towards people. People were listened to by staff.

People had detailed care plans in place which demonstrated the service had sought out information on people's likes, dislikes and preferences. Overall people's communication needs were met by the service although some people said communication from agency staff needed to be better. Complaints were taken seriously by the service, responded to and learnt from.

Systems were in place to assess, monitor and improve the service, although some of these needed to be made more robust for example in relation to ensuring medicines management was safe and staff training kept up-to-date. The new manager was making positive improvements to the service and we were assured these would continue.

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

Rating at last inspection

This service was registered with us on 17 January 2019 and this is the first inspection.

Why we inspected

This was a routine inspection based on the date of registration.

Enforcement

We have identified a breach of regulation relating to medicines management at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 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 within our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are within our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are within 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.

Inspection team

The inspection team consisted of two inspectors 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.

Service and service type

Green Acres 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the manager, two nurses and six care workers including agency.

We reviewed a range of records. This included elements of four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the manager 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was not complete assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not consistently managed in a safe or proper way. There was a lack of evidence people were receiving their prescribed topical medicines. For example, one person needed creams applying several times a day to reduce itching. The MAR chart contained a different prescribed cream to the one staff could locate and there was no recorded evidence that any cream had been applied.
- Whilst most people received their medicines as prescribed, we identified one controlled drug error where the medicine was given more frequently than required, associated with poor record keeping. Although no harm had resulted there should have been better oversight of this medicine. Another person was not consistently offered medicines later in the day if they were asleep during the morning round, in line with their plan of care.

We did not identify any harm as a result of this breach however there was the potential if safe systems were not in place. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. Following us raising these issues, the manager took positive action to address these shortfalls.

Staffing and recruitment

- The service was using a significant number of agency staff which people, relatives and staff told us impacted on the ability to provide, timely and well organised care. A staff member said "There are a lot of agency staff. I'm not saying that they are all bad, but communication is a problem."
- On the first day of the inspection we saw staffing levels were reduced in the morning as agency staff had not arrived on time. We observed one person was not being appropriately supervised and was entering other people's rooms. Whilst staffing levels improved later in the day, some staff told us agency staff often arrived late which impacted morning care.
- Agency staff usage had recently been reduced by the new manager and further reductions were planned as new staff were awaiting commencement of employment. We were assured that they were taking appropriate action to address this issue.
- Safe recruitment practices were in place to ensure staff were of suitable character to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People and relatives felt assured that people were safe within the home. Staff had received training in safeguarding vulnerable adults and understood how to identify and report concerns.

- Safeguarding incidents had been appropriately managed by the service. Following any incidents referrals were made to the local authority and investigations undertaken to establish the facts. Where appropriate, recommendations were put in place to help improve the service.

Assessing risk, safety monitoring and management

- Overall risks to people's health and safety were assessed and mitigated. People had a range of risk assessments in place which provided clear guidance on the risks associated with each individual. We found regular staff were knowledgeable about the people they supported, although we found some shortfalls in agency staff knowledge which had the potential to impact on people's safety.
- Overall the premises was safely managed. Checks took place on the building and equipment. Fire checks took place, although a fire evacuation drill had not been held since July 2019. We raised this with the manager to ensure it was addressed.

Preventing and controlling infection

- The home was clean and hygienic and good infection control practices were followed. Cleaning staff were employed who told us they had the resources and equipment to ensure the home was kept in clean and odour free.

Learning lessons when things go wrong

- Incidents were logged, investigated and subject to monthly analysis to identify any themes or trends. The manager had good oversight of the service and was able to describe in detail action which had been taken to help protect people from harm following incidents. This gave us assurance that lessons were learnt when things went wrong.
- Where concerns or complaints had been received by the service and concerns substantiated, action plans had been put in place by the management team to help improve the service, demonstrating a commitment to learnt from negative feedback.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff received a range of training, however some of this was not up-to-date. We saw a plan was in place to address this with the new manager prioritising this and liaising with local health professionals to provide a range of additional training to upskill staff.
- Staff said they felt supported and we saw the new manager had introduced regular supervisions and appraisals.
- We found significant usage of agency staff was a barrier to people receiving a consistently effective service. For example, agency staff did not always have a good knowledge of people and some people and relatives reported agency staff did not always have the right skills and communication to care for them effectively.

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

- Overall people and relatives said they received good outcomes using the service. People's care needs were assessed prior to admission and used to develop a range of care and support plans. We saw recognised tools based on best practice were used, for example risk assessments.
- The manager had a good understanding of regulatory requirements and a desire to ensure the service kept up-to-date with best practice guidance.

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

- People's nutritional and hydrational needs were assessed and met. People had access to a good choice of food and drink each day. Feedback about the food was generally positive. One person said "I asked staff to compliment the kitchen. The meals are so perfect."
- We saw evidence people's weights were regularly monitor and action was taken to investigate any weight loss for example referring onto the dietician.

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

- The service worked with a range of professionals to help meet people's needs. We saw evidence of appropriate referrals when people needed them.
- People were supported to live healthier lives. For example, through designing activity programmes and mealtime choices to promote exercise and good health.
- In most cases people's oral health care needs were assessed and met although we saw some people did not have oral health assessments in place. We found one person's toothbrush appeared unused that day in a drawer, and records did not indicate oral hygiene had been provided. We raised with this the

management to ensure it was addressed.

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

- The building was appropriately adapted to meet people's individual needs. We saw there was an appropriate amount of communal space where people could spend time and bedrooms were personalised with people's belongings.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was acting within the legal framework of the MCA. Where the service suspected people lacked capacity to make specific decisions, capacity assessments and best interest decisions took place. Staff had appropriate knowledge and practice in this area.
- The service assessed each individual who lacked capacity to determine whether a DoLS application was required. We saw appropriate applications had been made in a timely way for people who needed them.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People and relatives said staff were kind and caring and treated people well. One person said, "If there is something I need, they bend over backwards." Another person said, "They seem to be a nice, caring lot of staff including the cleaners." We observed this to be the case during the inspection with staff treating people with kindness and compassion.
- Staff we spoke with demonstrated good caring values and a desire to provide people with person centred care. Permanent staff had developed good relationships with people.
- We were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. The new manager had undertaken some positive work in this area driving improvement for example in ensuring one person had access to food in line with their cultural preferences.

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

- People and relatives said they felt involved in people's care and support. Staff gave people choices on daily basis such as where they wanted to sit and what they wanted to eat.
- People's care needs were reviewed regularly, and people and relatives had input into this.

Respecting and promoting people's privacy, dignity and independence

- Overall people said that they were respected by staff and their privacy and dignity was respected. People said staff gave them privacy and knocked on doors before entering. Staff offered people reassurance and treated them with respect.
- Overall people's independence was promoted by the service and we saw evidence of this through care planning. One relative told us that they thought the service did not promote independence enough, we raised this with the manager to ensure it was addressed.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Overall people and relatives said appropriate care was provided by the service. Care plans demonstrated that people's needs had been fully assessed. Clear information was recorded on people's care needs, likes and preferences. This helped the provision of person-centred care. Care plans were subject to regular review.
- The electronic care management system enabled the manager to check care plans had been reviewed on time which helped the service to stay responsive to people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Overall the service was meeting people's communication needs. People's needs were assessed prior to admission and at regular intervals with clear information recorded to guide staff. Information could be made available in different formats including large print. Interpreter services had been provided for people for whom English was not their first language.
- Some people raised concerns over the difficulties they had communicating with agency staff. We saw a plan was in place to reduce agency staff which would help alleviate these concerns.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Overall people's social needs were assessed and met. We saw evidence a range of activities were provided to people. We did identify that on the day of the inspection there was a lack of stimulation for some people upstairs. We raised this with the manager to ensure it was addressed.
- People's spiritual needs were also assessed and we saw evidence the service took action to help meet people's spiritual and cultural needs.

Improving care quality in response to complaints or concerns

- A system was in place to log, investigate, respond and learn from concerns and complaints. Complaints were responded to within an appropriate timescale. We saw evidence of thorough investigations with action plans produced to ensure learning took place. People and relatives said that when concerns had been raised, they had been addressed.

- The manager demonstrated a commitment to improving the service based on past complaints or concerns that had been raised.

End of life care and support

- People's end of life care needs was assessed as part of care planning with information recorded on people's basic needs. Some records needed further information recorded, we raised this with the manager to ensure it was addressed.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

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

- Systems and processes were in place to audit and check the service although some of these needed to be made more robust. For example, greater oversight of the medicine management and training system were needed to ensure high performance in these areas. The new manager was still developing and embedding the quality assurance system and we had confidence these matters would be addressed.
- The provider had introduced an electronic care management system. This allowed greater oversight of the service. However, we found staff were not often entering information in a timely manner which meant the time that staff provided care was incorrectly logged. This made investigating complaints or concerns regarding timeliness of care more challenging. We raised this with the manager to ensure it was addressed.
- At the time of the inspection there was reduced clinical oversight of the home. However, a clinical lead was being recruited which would ensure that nursing staff were more involved in auditing and checking the service.

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

- Overall people and relatives provided positive feedback about the home. We found staff and the management team were focused on helping ensure people received positive outcomes.
- Overall staff praised the management team and said they were supportive. We found the new manager was positive in helping improve the service and provide more organisation to it.

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; Continuous learning and improving care.

- A registered manager was not in place with the previous manager de-registering in November 2019. A new manager had been recruited who had been at the service since November 2019 and was in the process of submitting an application for the role of registered manager. We found statutory notifications had been correctly reported to CQC.
- We found the management team thoroughly investigated adverse events and complaints to help ensure continuous improvement of the service. This was done in an open and transparent way. Since the new manager had come into post in November we found they had made a number of improvements to the service and felt assured that these would continue

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

characteristics

- People were able to air their views through various mechanisms including informally, through resident meetings, reviews and annual surveys of care delivery.
- Staff meetings were regularly held this included departmental meetings and overall staff meetings. A daily meeting was held by the manager with staff from each department to help provide support and maintain oversight of the home.

Working in partnership with others

- The manager had established links with key people within the local authority and local healthcare organisations to provide guidance and support. They had recently had a meeting with the management of the recruitment agency to help raise the standards of the agency staff supplied.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	(1) (2g) Medicines were not consistently managed in a safe or proper way.