

Greenlands Residential Home Limited

Greenlands Residential Home

Inspection report

44-46 Green Lane
Bolton
Lancashire
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Tel: 01204531691

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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 ●

Summary of findings

Overall summary

About the service

Greenlands Residential Home (Greenlands) is a residential care home registered to provide accommodation and personal care for up to 28 people. At the time of the inspection 24 people were living in the service.

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

Enough staff were on duty to meet the needs of people. However, recruitment practices could have been better. We made a recommendation about this.

Some minor shortfalls were identified in the management of medicines, but these were addressed without delay, which mitigated any potential risk.

People we spoke with were happy and felt safe living at Greenlands. The practices adopted by the home protected people from the risk of abuse. People looked relaxed in the company of staff and a wide range of training had been provided for the staff team, which helped to ensure people received the care and support they needed.

Community health and social care professionals had been involved in the care and support of those who lived at the home and people's dietary needs were being fully met.

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

People received good care. Their preferences and wishes were respected by the staff team. People were treated with dignity and respect and were involved in the decision-making process.

Care files were person-centred. Clear guidance was available about how to communicate with people effectively and independence was consistently promoted.

The environment was clean throughout, when we asked about the cleanliness of the home one person said, "Yes, they [staff] are spot on with that." A range of activities were provided and people felt there were enough activities provided for their needs.

The management and staff teams were open and transparent during the inspection process. There was evidence of community engagement taking place. A wide range of regular audits and monitoring was evident. We received positive feedback about the managers of the home and the staff team. The friend of one person told us, "Greenlands has a good reputation in the area. The staff are very kind and caring."

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

The last rating for this service was requires improvement (published 1 February 2019). Three recommendations were made at that inspection in relation to the environment, equality and diversity and advocacy services. At this inspection we found improvements had been made in these areas.

Why we inspected: This was a scheduled inspection based on the previous ratings.

Follow up: The service will be re-inspected as per our inspection programme. We will continue to monitor any information we receive about the service. The inspection may be brought forward if any risks are identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

Greenlands Residential 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. 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

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is someone who has experience of the type of service being inspected.

Service and service type

Greenlands is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Both registered managers assisted us through the inspection in a helpful and professional manner.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to our inspection we checked all the information we held about the service. This included any notifications the service is required to send to us by law, any allegations of abuse or feedback about the service. We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

To understand the experiences of those who used the service we spoke with seven people who lived at the home and observed interactions between staff and people. We also spoke with seven members of staff, including the two registered managers and three visiting professionals. We looked at several records. These included two care files, medication administration records, three staff files, training records and associated documentation relating to the operation and management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and advocacy information. We obtained feedback from two relatives, a friend and a community professional who regularly visited 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider had policies in place which detailed their recruitment practices and potential employees had completed application forms. However, a few minor shortfalls were identified, which were subsequently addressed by the provider.
- Records showed interviews had been conducted, but discussions had not always been recorded. On one occasion only one reference had been obtained and gaps in employment had not always been explored further.
- Police checks had been conducted before new staff were employed. However, on one occasion potential risks had not been assessed or explored further. The registered manager subsequently provided us with evidence to demonstrate the potential risk had been assessed and mitigated.

We recommend the provider reviews the recruitment practices adopted by the home.

- On the day of our inspection people's needs were being met by the number of staff on duty.
- Most people we spoke with felt there were enough staff to provide the care and support they needed. When asked about the staffing levels one person told us, "They are very, very prompt [to provide assistance]." Another said, "Yes there are enough [staff]."

Using medicines safely

- The provider had systems which supported the safe management of medicines. Detailed medication policies and procedures were in place and good guidance for staff about various medicines was available.
- However, some minor shortfalls were identified, which were discussed with the management team at the time of our inspection, who assured us these would be addressed without delay. Good evidence was subsequently provided to demonstrate these had been actioned immediately.
- Staff responsible for the administration of medicines had undertaken appropriate training and detailed medicine audits and risk assessments had been completed. We noted the supplying pharmacist attended the home to check new medicine deliveries were all correct.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to ensure people were safeguarded from the risk of abuse. Detailed safeguarding policies were in place and people told us they felt safe living at Greenlands.
- Staff had received relevant training and were aware of action they needed to take should they be concerned about the safety of anyone who lived at the home.
- Any safeguarding concerns had been recorded and appropriately reported, although more detailed

information would be beneficial. We discussed this with the management team at the time of our inspection, who assured us this would be addressed.

Assessing risk, safety monitoring and management

- The provider had systems to document and investigate incidents and accidents and actions taken were well recorded. Staff had received relevant training and risk assessments were in place.
- We were told the fire alarm system had recently been upgraded and items recommended by the fire service had been addressed. A fire risk assessment was in place and Personal Emergency Evacuation Plans (PEEPS) had been introduced. Systems and equipment had been serviced to ensure they were fit for use.

Preventing and controlling infection

- The provider had systems in place to control potential cross infection. Policies were available for the staff team and good practice guidance was being followed.
- Personal protective equipment was available and infection control audits were being undertaken at regular intervals. Dedicated domestic staff were appointed and the environment was clean and hygienic throughout.

Learning lessons when things go wrong

- The provider had systems which supported lessons being learned when things went wrong.
- Records showed the staff team discussed and acted upon any untoward incidents, to ensure measures were put in place to reduce the possibility of any reoccurring events.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had robust systems in place to ensure people's needs were thoroughly assessed before a placement at the home was arranged.
- People's choices and preferences had been taken into consideration and care and support was provided in accordance with people's wishes.

Staff support: induction, training, skills and experience

- The provider had systems in place to ensure staff received relevant training and new staff were provided with an induction programme.
- Staff members told us they were provided with enough training to help them in their role and training certificates supported this information. However, a few gaps were evident on the training matrix. We discussed this with the registered managers, who later confirmed staff had been signed up to an online training programme to ensure training records were kept up to date.
- Staff were regularly supervised and assessed to ensure a good standard of work performance continued.

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

- The provider ensured people's dietary needs were met. Nutritional risk assessments were conducted and people received additional nutritional support when needed. One person told us, "They[staff] will not let you go hungry here."
- The dietary needs of people were well recorded and a wide range of food choices were offered. Halal menus were also available, which were prepared and cooked by Asian staff members, as several people from ethnic minority backgrounds lived at the home.
- Meals were hot, tasty and well-presented. People we spoke with enjoyed the food and the dining experience was pleasant for those who lived at Greenlands. One person commented, "The food is lovely." Another person said following lunch, "Oh, I've enjoyed that."

Staff working with other agencies to provide consistent, effective, timely care

- The provider had developed good working relationships with a range of community professionals and external organisations. This was observed on the day of our inspection.
- People were effectively assisted in a timely manner and call bells were answered promptly.

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

- The provider had recognised the premises were now in need of upgrading and modernising.

- On the day of our visit, both lounges were full, making it difficult for staff or visitors to sit and chat with people. This was mentioned by the friend of one person who lived at the home. The lounge area was occasionally not manned by staff and we saw one mobile person go to find staff when help was needed. However, we noted work had commenced to improve the environment for those who lived at the home and a business development plan had been designed.

Supporting people to live healthier lives, access healthcare services and support

- The provider had systems in place to ensure people received appropriate care and support.
- People's changing needs were constantly under review and healthcare advice was sought, as required.

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 provider had systems to ensure the service complied with the principals of the MCA.
- Decision specific mental capacity assessments were in place and very detailed DOLS applications had been made in accordance with the principals of the MCA.
- Best interest decision meetings were recorded for those who lacked capacity to make decisions themselves and support plans had been agreed by those who had capacity to do so.
- Staff spoken with understood the need for consent and we observed staff seeking verbal permission from people before any intervention was carried out.

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 requires improvement. At this inspection this key question has now improved to 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

- The provider ensured the staff team treated people equally and respected their diverse needs. We observed staff approach people in a kind and caring manner. The staff were compassionate and respectful of peoples' needs.
- The policies of the home supported people to live a life of their choosing and staff respected people's individual wishes. Care plans we saw supported this guidance.
- Several people who lived at Greenlands were of ethnic minority backgrounds. However, the staff team had received appropriate training to ensure these people were able to maintain their religious beliefs and continue with their cultural values.

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

- The provider had systems which supported people to express their views and to make decisions about their care and support.
- We noted two people had an appointed advocate. An advocate is an independent person who supports people to express their views and helps them to make decisions in their best interests.

Respecting and promoting people's privacy, dignity and independence

- The provider ensured people who lived at the home were respected and people told us their privacy and dignity were always promoted. "They[staff] look after you very well here. They are very attentive," was one comment we received.
- We saw staff interacting well with people and promoting their independence with encouragement and praise being offered regularly. Staff we spoke with understood the importance of respecting peoples' privacy and dignity and these areas of need were well recorded within the care plans.

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 requires improvement. At this inspection this key question has now improved to 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

- The provider had systems which ensured delivery of person-centred care and support. The one-page profiles, care plans and risk assessments were well-written and provided staff with clear guidance about people's personalised needs and how these were to be best met.
- We observed staff on one occasion successfully provide diversional activity to relax one person, who was becoming anxious.
- People were involved in planning their own care and therefore were able to make decisions about how they were supported. One person told us, "They[staff] look after you very well."
- Very good person-centred information was available in people's bedrooms and pictorial aids were evident.

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.

- The provider ensured peoples' communication needs were being met. Several people who lived at the home did not speak English. However, there were a range of staff members who were able to converse with them fluently. A good range of digital technology was also available to support communication needs.
- The staff team were very responsive of peoples' needs in relation to various cultures and backgrounds. Information was provided in different formats and languages.
- Key workers had been suitably matched to the needs of individuals to ensure information could be passed to them in a language they were able to fully understand.

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

- The provider ensured people were able to maintain their interests whilst living at the home. Person-centred activities were provided. In-house activities were provided and external entertainers visited periodically. Good links with the local schools were evident.
- One person continued to attend a day centre after moving in to the home. Others attended church services, local garden centres or enjoyed shopping trips.
- People were supported in appropriate religious observance. Some televisions were able to receive programmes broadcast from the local mosque and Asian channels were also available.

Improving care quality in response to complaints or concerns

- The provider had systems in place for the management of complaints. However, none had been received.
- The complaints policy was detailed and provided clear guidance for anyone who wished to make a complaint. People we spoke with said they would be confident in making a complaint should they need to do so. Comments included, "They[staff] are always there for advice" and "They are friends as well as carers."
- Staff spoken with were aware of action they needed to take should someone wish to make a complaint.

End of life care and support

- The provider had systems in place to support people at the end of their life.
- Policies and procedures were in place and some staff members had received relevant training.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers were very helpful and co-operative throughout the inspection. They were open and honest, demonstrating good knowledge of the home and the needs of those who lived at Greenlands.
- The registered managers informed relevant authorities of significant events and reporting systems supported the duty of candour.

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

- The registered manager and staff team promoted a positive culture which was person-centred.
- People were supported to make decisions and good outcomes were achieved for those who lived at Greenlands.
- Everyone we spoke with provided us with positive feedback about the staff team and the managers of the home.

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

- The provider had a range of regular audits in place which ensured the quality of service was effectively assessed and monitored.
- Staff understood their roles and were seen undertaking duties appropriately. Internal systems were in place to check on staff performance.
- The provider had implemented a contingency plan, so the staff team were aware of action they needed to take in the event of any emergency arising.

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

- The provider had displayed a wide range of information within the home.
- The service held regular meetings for those who lived at the home, relatives and staff members. This enabled any relevant information to be shared and encouraged open discussions on topics of interest.
- We saw a range of thank you notes and the provider had obtained people's views about the quality of service provided. All the people we spoke with knew the managers at Greenlands and found them to be helpful and approachable.

Continuous learning and improving care

- The provider had systems in place which helped staff to develop their skills and knowledge.
- People were encouraged to make suggestions about possible improvements or to comment on current good practices.
- Staff performance was regularly monitored through recorded observations and individual supervision. This demonstrated the service was continually striving to improve.
- An extensive range of updated policies and procedures were available for the staff team.

Working in partnership with others

- The service demonstrated good partnership working.
- Records showed community professionals were involved in people's care and support. Those we spoke with confirmed the home had developed a good rapport with them and they provided very positive feedback about the service and staff team.
- The home also demonstrated good partnership working with families of those who lived at the home. Relatives confirmed they would be able to speak with the registered managers or any staff member, as they were all very approachable. Relatives spoke highly of the management team and said the registered managers supported them well. One relative told us, "The standard never falters. The staff always keep me informed. My relative seems quite content and she is always clean. Hygiene is a high priority."