

Greenmantle Care Home Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Greenmantle Care Home Limited is a residential care home providing personal care to 15 people aged 65 and over at the time of the inspection. The service can support up to 15 people.

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

People told us they felt safe using the service. Systems were in place to help protect people from the risk of abuse. Risk assessments were in place which included information about how to mitigate risks people faced. Steps had been taken to ensure the premises were safe. Infection control measures had been put in place. There were enough staff working at the service to support people in a safe way, and pre employment checks were carried out on staff to check their suitability.

Quality assurance and monitoring systems were in place to help drive improvements at the service. Some of these included seeking the views of people who used the service and others. The service had links with other agencies to help develop best practice. There was a clear management structure in place and staff spoke positively about the support they received.

Rating at last inspection

The last rating for this service was requires improvement (published 9 August 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 26 June 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led, which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenmantle Care Home Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Greenmantle Care Home Limited

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Greenmantle Care Home Limited 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

We gave a short period notice of the inspection because we wanted to assure ourselves it was safe for us to carry out this inspection at the time.

What we did before the inspection

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and notifications of significant events the provider had sent us. The provider has a legal requirement to send us information about significant events at the service, such as serious injuries to people or allegations of abuse. These are known as notifications. We contacted the host local authority to

seek their views about 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. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager, a senior care worker and a care worker. We spoke with a visiting professional who worked with the London Fire Brigade.

We reviewed a range of records. This included four people's risk assessments and multiple medicine records. We looked at three 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.

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 improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to take the necessary steps to ensure the premises were safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection we found that fire safety was not managed appropriately. The fire risk assessment was not up to date and the London Fire Brigade had made requirements for them to improve their fire safety.
- During this inspection we spoke with a London Fire Brigade employee who was visiting the service. They told us the provider had implemented all of their requirements and that they no longer had concerns about fire safety at the service.
- Records showed that steps had been taken to help ensure the premises were safe. An up to date fire risk assessment had been carried out by an outside consultant. In addition to records related to fire safety, we found in date safety certificates for gas and electrics at the service.
- Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks. They included risks associated with medicines, personal care, health conditions, skin integrity and mobility. This meant the provider had taken steps to promote the health and safety of people.
- People told us they felt safe. One person said, "They (staff) are very careful. I'm not allowed to walk around on my own because I'm very shaky."

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were managed in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection we found that the provider did not have suitable arrangements in place for the

disposal of medicines that were no longer required. During this inspection we found this issue had been addressed. Medicines that were no longer required were returned to the supplying pharmacist and records were kept of this.

- Medicines were stored securely in designated and locked medicines cabinets. Medicine Administration Records were maintained. We checked a sample of these and found them to be accurate and up to date. Where people were prescribed PRN (as required) medicines, guidelines were in place about when to administer these. This meant the service was supporting people with their medicines in a safe way.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. There was a safeguarding adult's policy in place. This made clear the provider's responsibility to report any allegations of abuse to the local authority and the Care Quality Commission. Records showed that the provider had followed the procedure and reported allegations of abuse as appropriate.
- Records showed staff had undertaken training about safeguarding adults. Staff we spoke with were aware of their responsibility to report any suspicions of abuse they had.

Staffing and recruitment

- We observed there were enough staff during our inspection to meet people's needs. Staff told us they had enough time to carry out their duties. People told us they did not need to wait very long when they required support from staff. One person said, "I have to ring the thing (alarm call) in the morning to get them to come, I don't wait long."
- Pre-employment checks were carried out on prospective staff to test their suitability to work in a care setting. Records showed these checks including employment references, proof of identification and criminal record checks.

Preventing and controlling infection

- Infection prevention and control practices were in place. These had been developed over recent months to help prevent the spread of Covid-19.
- All staff had undertaken recent training about infection control and the donning and doffing of Personal Protective Equipment (PPE). We saw staff wearing PPE throughout our inspection.
- An enhanced cleaning regime had been implemented and we saw the premises were visibly clean on the day of inspection. People told us staff kept things clean. One person told us, "They (staff) are always cleaning and they wash your clothes all the time."

Learning lessons when things go wrong

- The provider sought to learn lessons when things went wrong. Accidents and incidents were recorded and reviewed. These were analysed to see what action could be taken to reduce the likelihood of similar incidents occurring again in the future.

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 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.

Continuous learning and improving 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

At our last inspection the provider had failed to implement effective systems for monitoring and improving the safety of care and support provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the previous inspection quality assurance systems had not been effective and they had failed to identify unsafe practices in relation to fire safety and the management of medicines. During this inspection we found these issues had been addressed.
- Regular audits were carried out, and these included audits of medicines and fire safety, along with general health and safety, infection control and risk assessments. This meant the provider was seeking to identify where any shortfalls occurred so that appropriate action could be taken to drive improvements.

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

- Staff told us there was an open and positive culture at the service and they praised the management team. One staff member said of the deputy manager, "They are very calm. If you have a problem, they will deal with it straight away."
- Staff told us, and records confirmed, that regular staff meetings were held which gave staff the opportunity to raise issues of importance to them. Minutes of the most recent staff meeting on 8 August 2020 showed it included discussions about health and safety, infection control, safeguarding, training and activities. A staff member said, "Yes, we have (had team meeting). We talk about any problems with the residents and how we can make things to be in the best interests of the residents."

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

- There was a registered manager in place who was supported in the running of the service by a deputy manager. There were clear lines of accountability in place and staff were aware of who their line manager was.

- The provider was aware of their regulatory requirements, for example, to notify the Care Quality Commission of significant events, and records confirmed this was done.
- Steps had been taken to manage risks. Risk assessments were in place for each person and these were subject to regular review. Other steps had been taken to further reduce risk at the service, for example the auditing of health and safety practices.

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

- Surveys were issued to people who used the service and their relatives to gain their views on the service. At the time of inspection, they were in the process of carrying out such a survey. Some completed surveys had been returned. These were yet to be analysed, but those we looked at contained positive feedback.
- Staff told us it was a good place to work. One staff member said, "I am very happy with my colleagues. Its good team work which makes everything easy."
- The provider worked closely with other agencies involved in people's care. For example, with health professionals and the local authority.