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Greetwell House Nursing Home

Inspection report

70 Greetwell Close
Lincoln
LN2 4BA
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Date of inspection visit: 30 September 2015
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

Overall summary

We carried out this unannounced focused inspection on 30 September 2015.

The service provides accommodation for up to 25 older people, who have social and nursing care needs. At the time of our inspection there were 20 people living at the home.

The last inspection took place on 3 February 2015. At this inspection a breach of legal requirements was found. This was because there were not enough staff on duty to

ensure that people's needs would be met. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

During our inspection we found that the appropriate actions and improvements had been completed by the provider and they now met the legal requirements.

Summary of findings

This report only covers our findings in relations to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Greetwell House on our website at www.cqc.org.uk

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On the day of our inspection we found staff interacted well with people and people were cared for safely. People told us their needs were being met. Staff told us they had sufficient time to meet people's needs and to help them take part in social activities. The provider had systems in place to ensure they knew the needs of people living at the home and could adjust the staffing levels when required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of the service.

This meant that the provider was now meeting legal requirements.

Sufficient staff were on duty to meet people's needs.

A system was in place to ensure the needs of people were taken into consideration when calculating staffing levels.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good'. In order to do this would require a longer term track record of consistent good practice.

Requires improvement



Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

Greetwell House Nursing Home

Detailed findings

Background to this inspection

We carried out this unannounced focused inspection on 30 September 2015. The inspection team consisted of one inspector.

This inspection was completed to check that improvements to meet a legal requirement in regard to sufficient staff being available to meet people's needs had been made. We inspected the service against one of the

five key questions we ask about services; is the service safe. This is because at the time of our last inspection the service was not meeting a legal requirement in relation to that section.

During our inspection we observed care. We spoke with nine people who use the service, the deputy manager, a trained nurse, four care workers, two domestics and a cook. We looked at staff rotas, considered information from commissioners of services, activities records and a report of how staffing needs had been calculated.

Is the service safe?

Our findings

During our previous inspection on 3 February 2015 we identified that people were not adequately protected because there were insufficient staff to meet their needs. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirement. During this we found that the provider had followed the action plan they had written to meet shortfalls in relation to Regulation 22 described above.

People told us their needs were being met. They said staff allowed them time to maintain their independence and were patient with them. One person said, "I can get staff to come all the time. Everything is ok." People told us that day and night staff were prompt in answering their call bells. One person said, "I have to press my buzzer at night and they come to me straight away. If you want anything you only have to ask." Another person said, "I can get everything done, even at weekends."

People told us they could speak with staff and explain what they wanted them to do. One person said, "They are really looking after me. I can't complain at all." Another person said, "They come when I want them to come and do what I want them to do. We have some fun." Another person said, "I manage a lot myself, but they will help when I want them. I like it a lot here."

Staff told us the staffing levels each day had improved. One staff member said, "It's improved immensely." Another staff member said, "There have been lots of changes." They told us there were sufficient staff to meet people's needs and also for them to help with social activities. Staff told us they

now have more time in the afternoon to give quality care to people. One staff member said, "We can spend time doing jigsaws, reading or just sitting down with people." Another person said, "I've managed to take some people into town to shop or just to look around, when the weather is nice." Time staff spent with people completing care and treatment and activities was recorded in the care plans.

Staff told us they could voice their opinions to the manager and deputy manager. They told us they were approachable and everyone worked as a team. One staff member said, "In our department we have worked out a system for getting our work completed. It's working well." Another staff member said, "It's definitely a good place to work. Everyone works together."

We looked at the staff rota for last month and the current month. Staff told us the details were correct. The staff on duty that day was reflected in the records. Staff told us that extra working hours were available to take people to appointments. This had been identified on the rota.

During the course of the site visit we observed staff giving care and treatment to people. They took time to ensure people understood what was going to happen and waited for replies to questions. Staff were seen sitting with people helping them read newspapers and completing a jigsaw with one person.

We were given details of how the registered manager had calculated the numbers of staff required each day. This was used in conjunction with the monthly dependency levels of each of the people who used the service.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Is the service effective?

Our findings

Is the service caring?

Our findings

Is the service responsive?

Our findings

Is the service well-led?

Our findings