

Ark Care Services Limited

# Greenways Rest Home

## Inspection report

720 Preston Road  
Bamber Bridge  
Preston  
Lancashire  
PR5 8JP

Tel: 01772339083  
Website: [www.arkcare.co.uk](http://www.arkcare.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Greenways Rest Home is a residential care home providing personal care to up to 30 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 23 people using the service.

The home is set over two floors and has an accessible lift. There are two communal lounges and a good size garden.

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

A new manager recently commenced and made several improvements. Further changes were needed around fire safety, and to learn lessons if things went wrong. Not all areas of governance were embedded, specifically in relation to regulatory requirements. We have made recommendations about these areas in the report.

People were kept safe by staff that had good knowledge about people's needs, likes and dislikes. One relative told us people were "well looked after". The home was clean and tidy, and people were kept safe from the risk of infection. Relatives told us rooms and bedding were kept clean.

People enjoyed the food and there was a wide range of food and drink options. One person said, "The food is of a high standard."

People personalised their bedrooms and decorated them how they liked. The home had a comfortable feel and relatives told us their loved ones were happy living at the home.

People were cared for by staff that were happy in their roles and there was a positive atmosphere. Staff told us they enjoyed their work and were committed to providing good care and support.

Managers kept people, their relatives and staff up to date about any changes and other information.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 27 August 2019).

### Why we inspected

We received concerns in relation to staffing levels and training, medicines and fire safety. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from all of these concerns, however, we found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

The provider took actions to mitigate risks immediately following the inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenways Rest Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always 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 well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Greenways Rest 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was undertaken by one 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.

#### Service and service type

Greenways Rest Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Greenways Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

There was a newly appointed manager and the application for registered manager was in progress.

#### 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people that used the service and seven relatives. We spoke with nine members of staff including care staff, domestic staff, the cook, manager and proprietor.

We looked at a range of records including three care plans and medicine records, audits, and health and safety records. We reviewed two staff files and recruitment records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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

- People were not always protected as not all aspects of risk were being managed safely.
- In February 2022 the fire service identified several areas for improvement and issued an enforcement notice. The provider completed many of the actions although they still needed to install new fire doors. The provider agreed completion dates of August 2022 with the fire service.
- We saw that one fire door was propped open by a box. The provider confirmed doors would be kept closed after we fed this back and the manager included this on the environment walk round checklist.

We recommend the provider consider current guidance to make sure that fire risks are managed safely.

- Health and safety checks were in place including, gas, electrical, water and lift maintenance.
- The manager completed environmental audits and we saw that actions taken were recorded.
- People's care plans had the necessary risk assessments completed and showed how risks were being minimised.

### Learning lessons when things go wrong

- There were not always effective systems to record incidents, identify themes and lessons learned.
- The manager recorded incidents such as falls, and documents showed what actions were taken to minimise future risks. However, not all incidents were recorded, monitored and audited to reflect any themes or lessons learned. Following feedback, the manager immediately put a system in place to address.

We recommend the provider consider current guidance to monitor incidents and identify where lessons could be learned.

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

- People were kept safe from the risk of abuse.
- There were up to date policies and information available for staff.
- The manager provided safeguarding training to staff and staff could describe what they would do if they had concerns.
- People's relatives told us staff kept people safe. One relative said, "They look after her very well."

### Staffing and recruitment

- There were safe recruitment processes and staffing levels in place.

- Recruitment records showed safety checks had been made including references and Disclosure and Barring Service Checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The manager made sure that staff had the right training, skills and experience, and staff were up to date with their training and competencies.

#### Using medicines safely

- The service managed medicines safely.
- There were up to date policies in place including the use of covert and as required medicines.
- The manager regularly checked staff were competent to administer medicines to people.
- The manager completed thorough medicine audits and they were supported by the pharmacy who also completed audits. Any issues identified were addressed and documented.
- There was safe management of the storage and disposal of medicines, including for controlled drugs.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider made sure that visiting arrangements were in line with current guidance.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People's needs and choices were delivered in line with guidance and the law.
- We saw a wide range of assessments in people's records, taking account of all physical health, mental health and social needs.
- Managers kept up to date with recent guidance and best practice, for example around infection prevention and control.
- Staff could use electronic devices to support people to keep in touch with their relatives, and for GP appointments.

Staff support: induction, training, skills and experience

- There was effective staff support and staff had the necessary skills and experience meaning people received high standards of care.
- The provider arranged inductions for new staff and staff could shadow more experienced staff when they started their jobs.
- The provider arranged training both online and face to face, and staff were up to date with required training. Training completed included safeguarding, medicines, health and safety and mental capacity.
- A relative told us, "They are experienced staff, very caring, second to none." Staff told us they received the right level of training to do their jobs effectively.

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

- People were supported to maintain a balanced diet.
- There were choices available and all meals were prepared from fresh ingredients at the home.
- Staff had good knowledge about people's dietary needs and preferences, for example diabetes.
- People told us the food was good. One person said, "The food is good, there is a wide choice." A relative said, "The food is good, (my relative) eats very well."

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

- Staff worked together to make sure people received consistent and timely care.
- Staff worked closely with other agencies, for example district nurses to make sure information about people's health was shared and their needs were met.
- People were supported to attend health appointments and where possible home visits were requested. Relatives told us staff supported people to attend their eye appointments at the hospital.

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

- Bedrooms were decorated according to people's preferences.
- All rooms were comfortable and had a homely feel with personalised items.
- People told us they were comfortable and happy.

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

- People's day to day health and wellbeing needs were met.
- Staff involved people and their relatives in monitoring their health.
- Staff monitored and recorded health status such as people's weight. Staff acted if they noticed people were losing weight or not eating and drinking.
- Staff made referrals quickly to health services if people's needs changed.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider delivered training to staff about the MCA and DoLS process.
- Staff understood the principles of the MCA and we saw appropriate MCA documents in people's records.
- The manager made DoLS applications to the local authority.
- Where people had DoLS, the conditions were being met.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant there were shortfalls in service management. Although there was a culture of providing person-centred care, regulatory requirements were not fully understood.

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

- The provider was not always clear about their regulatory requirements.
- The provider took appropriate actions to safeguard people and worked effectively with the local authority. However, due to incorrect advice from a third party, the provider failed to notify the CQC about safeguarding incidents.
- Although we found no impact on the quality of care provided, this placed them at risk of breaching regulations due to a lack of knowledge and understanding. The provider responded immediately during and after the inspection and confirmed that notifications would be made retrospectively. The provider put a system in place to make sure they notified CQC of safeguarding incidents where required in future.

We recommend the provider acquaints themselves more fully with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and The Care Quality Commission (Registration) Regulations 2009.

- The provider did notify CQC of other incidents that they were required to do, for example serious injuries and death notifications.
- The manager was recently appointed, and the registered manager application was in progress.
- The manager had commenced audits to make sure any concerns and areas for improvement were noticed and addressed.
- The manager made sure records were stored confidentially.

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

- People benefitted from a positive culture at the service.
- People told us they enjoyed living at the home and relative feedback was positive. One person said, "I am very happy." A relative said, "(The person) is very happy there."
- Staff enjoyed working at the home and one person said, "I love my job."

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 provider and manager understood their duty of candour.
- The manager contacted people and their relatives to discuss issues and concerns and were open and

transparent.

- A relative said, "They are good at informing me if anything goes wrong."

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

- The manager engaged with people, the public and staff.
- People were encouraged to give feedback via surveys and the provider sent out newsletters to relatives every three months.
- There were regular team meetings and we saw minutes of these were recorded.
- There were daily handovers which gave staff the opportunity to feedback their thoughts and ideas to managers.

Continuous learning and improving care

- Managers were committed to continuous learning and improving care, meaning people benefitted from staff having up to date knowledge.
- The owner had completed the 'train the trainer' course meaning she could train staff in-house.
- Staff were encouraged to complete further training, for example NVQs in care.
- The manager introduced the use of regular rounding tools to make sure people had the right level of care and attention to meet their needs. A rounding tool is a structured process where staff carry out regular checks, to address issues such as pain, personal hygiene and other personal needs.

Working in partnership with others

- The provider worked in partnership with others.
- Managers participated in conferences organised by other agencies.
- There was a network of care homes locally meaning good practice could be shared.
- We saw from records that managers worked well with other organisations including the local authority and commissioners.