

Kirkley Limited

Greenways 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on the 6 March 2018, and was unannounced. We carried out an unannounced comprehensive inspection of this service in November 2017. The home was rated as requires improvement in all areas, and three breaches of the legal requirements were found. The home had previously been in special measures since January 2017.

After the November 2017 comprehensive inspection, the provider wrote to us to say what they would do to keep people safe at the home, how they would implement procedures to ensure people were provided support in line with the Mental Capacity Act 2005, and how they would improve the management and governance of the home to meet the legal requirements of Regulation 12 safe care and treatment, Regulation 11 consent, and Regulation 17 good governance.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenways Care Home on our website at www.cqc.org.uk.

Greenways Care Home is a residential home which provides care to older people. Greenways Care Home is registered to provide care for up to 27 people. At the time of our inspection there were 15 people living at the 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.

When we inspected the service we looked at whether enough improvements had been made to provide us with confidence the home continued to improve, and that previous improvements were sustainable. Following our inspection in July 2017, we had placed a condition on the provider's registration of Greenways Care Home in August 2017, telling the provider that no-one should be admitted to Greenways, due to the concerns we found at the home. At this inspection we assessed whether the condition on the provider's registration could be removed.

In November 2017 requirement notices were issued to the provider which required them to send us an action plan of how they would meet the regulations. We asked them to provide us with an update on the action plan each month, for the foreseeable future. The provider had been proactive in preparing their action plan, and updating their action plan each month, to show the improvements that had been made. At this inspection we reviewed these actions, and we found further improvements had also been made at the home.

The provider had recruited a new registered manager to start at the home during December 2017. 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. Although the new manager had not yet had their registration confirmed with us, they had applied for the role and were in the process of becoming registered. We refer to the newly appointed registered manager as the manager in this report.

At our previous inspection we found the provider and registered manager did not always manage risks to people's safety. At this inspection we found risk assessment procedures had been improved and risks to people's health were being managed, although radiator covers still needed to be installed throughout the home.

At our November 2017 inspection we found improvements had been made to medicines management procedures. We found at this inspection those improvements had been sustained and medicines continued to be administered to people safely. Medicines were stored securely and in a single location. Procedures to monitor and administer medicines had been updated, so the manager was able to establish whether people received their medicines as prescribed.

Staff had regular meetings with their manager, and with their team. More staff had been recruited at the home to assist with covering the staff rotas and shifts when staff were off sick or on holiday. Whilst staff were absent, and there were no available permanent staff to cover all the shifts at the home, the manager employed a temporary member of staff to ensure people were cared for by enough staff to meet their needs.

At previous inspections we found some fire safety checks had not been completed, people did not have emergency evacuation plans, and staff were uncertain about what actions to take in the event of an emergency. Following our inspection visit, the fire authority confirmed that all actions issued to the provider in July 2017 by them were now complete. People had individual emergency evacuations plans in place to instruct staff and emergency personnel how people should be supported to evacuate the building. Fire drills had been held at the home, and further training had been arranged for staff in fire safety.

Care records had been improved since our previous inspection. The manager was trialling a number of different care records formats at the home, to determine a style which would suit the people at Greenways, and identify their needs as well as their wishes and preferences. Whilst new care records were being developed the manager was keeping existing records up to date. Two people at the home had their care package reviewed since the manager started at the home. However, more work was needed to bring all care records completely up to date and in line with the new format. We found the provider had a plan in place to review all care records with the people who lived at Greenways and their relatives by the summer of 2018.

Systems had been improved to record and refer safeguarding concerns, and analyse accidents and incidents at the home. This meant the manager was able to see whether any patterns and trends were emerging, so that risks to people could be mitigated.

Improvements to quality monitoring systems included a monthly rota of audits and checks being in place, which was monitored and executed by the manager. These checks included regular reviews on health and safety, the environment, records and checks on medicines management.

Relatives and people told us they felt safe and were satisfied with the service they received at Greenways.

People were supported in line with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Activities planning and the engagement of people in social activities had been reviewed by the consultant manager, and a new programme of activities and events was advertised and on offer to people at Greenways.

Although we could not improve the rating for Safe and Well led from 'Requires Improvement' as the provider still needed to make some improvements to the environment at the home, and they needed to demonstrate consistent good practice over time, we have concluded there had been sufficient improvement at the home to remove the condition on the provider's registration.

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 consistently safe.

People felt safe living at Greenways Care Home and staff had been recruited safely. The manager and provider reported and investigated accidents and incidents and analysed these to reduce future risks. Safeguarding procedures were in place, to investigate any concerns. There were enough staff employed at the home to provide safe care for people. Medicines were stored and administered to people safely. Where people were identified as being at risk of harm, measures were taken to keep people safe.

We could not improve the rating for Safe from Requires improvement as the provider still needed to make some improvements to the environment at the home, and they needed to demonstrate consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

There was a manager at the service, who had applied to become the registered manager at the home. The provider's management systems continued to improve and identify where areas needed to be improved around the home. Staff and people told us the manager was approachable.

We could not improve the rating for Well Led from Requires improvement as the provider still needed to make some improvements to records at the home, and they needed to demonstrate consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Greenways Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of Greenways Care Home on 6 March 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in November 2017 had been made. The team inspected the service against two of the five questions we ask about services: is the service well led, is the service safe. This was because the service was not meeting some legal requirements.

No risks, concerns or need for significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection. The inspection was conducted by one inspector.

Before the inspection visit we looked at our own systems to see if we had received any concerns or compliments about Greenways Care Home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We looked at information we had received from other agencies, including commissioners of services. Commissioners are professionals who may place people at the home, and fund people's care. We considered this information when planning our inspection of the home.

We obtained information from local commissioners that as a result of a recent inspection conducted by them, they had removed a placement stop from the service, which had also prevented the provider from admitting any new people to the home.

We asked the manager and the provider, to supply us with information that showed how they managed the service, and the improvements they had made. We considered this action plan they had submitted to us following our inspection in November 2017, and which they updated each month.

We observed care and support being delivered in communal areas of the home. To gain people's experiences of living at Greenways Care Home, we spoke with four people and one relative of people who used the service. We spoke with the manager, the provider, two members of care staff, and the deputy manager.

We looked at four people's care records to see how they were cared for and supported. We looked at other records related to people's care such as medicine records, daily logs and risk assessments. We also looked at a range of documents produced by manager which demonstrated how quality assurance was undertaken.

Is the service safe?

Our findings

At our previous inspection we rated the service as 'Requires Improvement' in Safe, with a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had continued to make improvements at the home, and there was no longer a breach of the regulations. We continue to rate 'Safe' as 'Requires Improvement' as the provider still needed to make some improvements to the environment at the home, and they needed to demonstrate consistent good practice over time.

Risk assessment procedures had been improved and risks to people's health and safety were now being managed.

At our inspection in November 2017, we found uncovered radiators in people's bedrooms and in the communal areas of the home. Radiator covers are commonly used in care homes to protect people from burns. At this inspection we found some radiator covers had been fitted to radiators throughout the communal areas of the home. Further radiator and heater covers were due to be fitted at the home by the end of March 2018. Whilst the provider was waiting for the additional covers to be fitted, a risk assessment had been undertaken around the home. Where people had uncovered radiators in their bedrooms, furniture and the person's bed had been moved away from the radiator to minimise the risk of burns.

Previously we found some safety checks were not always effective to ensure people remained protected in the event of an emergency. At this inspection we found an up to date fire risk assessment and regular fire drills were in place. Instructions for staff on what to do in an emergency were available. Further training for staff in what to do in the event of a fire was planned to ensure they understood evacuation procedures in an emergency.

The home was generally clean and free from odours. The manager conducted infection control audits, to establish where any improvements were needed. Staff had received infection control training, and from our observations we saw staff followed procedures for the correct use of protection equipment such as gloves and aprons, to reduce the risk of the spread of infection.

Because of the changes and improvements made at the service by the new manager and the provider we found there was no longer a breach in Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe and happy at the home. We saw how staff and people interacted with each other, which showed confidence and familiarity. People did not hesitate to approach staff and ask for assistance, which showed they felt safe around staff members.

The provider's current recruitment process ensured risks to people's safety were minimised, as they took measures to try and ensure new staff were of 'good character.' The manager checked each member had a DBS check before beginning work and references from a previous employer. The Disclosure and Barring

Service (DBS) is a national agency that keeps records of criminal convictions.

People told us there were enough staff at the home. One relative said, "Things have changed for the better." We found staffing availability had increased since our previous inspection, and the deployment of staff had been altered with the manager introducing a new shift pattern. Staff were always available in the communal areas of the home to assist people. Staff had been allocated to support people on each floor, to ensure people had the support they needed if they chose to stay in their room. In addition, staff had sufficient time to spend with people to conduct activities, play games, and chat to people.

There were safeguarding procedures in place that were understood by the management team and care staff. Staff were clear about the different kinds of potential abuse, and told us they had received training on how to safeguard people. Staff said if they saw anything of concern, they would tell the manager, deputy manager or the provider straight away. Information about how to raise a safeguarding concern was displayed in various places around the home. The provider had a procedure in place to instruct staff on how they could raise concerns with them directly (whistle-blow), if they were concerned about practices at the home. The manager told us there had been no safeguarding concerns since our inspection in November 2017.

At this inspection we found improvements to the management of medicines had been sustained. Staff were trained to administer medicines safely. People received their prescribed medicines safely. Medicines were held securely and records showed which medicines had been given to people. Some people were prescribed medicines that were to be taken 'as required'. People had plans in place to show when they needed to take these medicines.

There were procedures in place to administer medicines at a specific time of the day; for example, in order for some medicines to be effective, they are prescribed to be taken at certain times such as before breakfast. Temperature monitoring was in place for medicines that were stored in the medicine room, and in the refrigerator to ensure medicines maintained their effectiveness.

Is the service well-led?

Our findings

At our previous inspection in November 2017 we rated Well Led as 'Requires Improvement'. This was because the provider needed to make improvements in risk management and in monitoring systems, to ensure people always received safe care. At this inspection we found the provider had made a number of improvements at the home, however, we continued to rate the service as 'Requires Improvement' in Well Led. The provider needed to demonstrate they had sustained the improvements at the home, and the new manager needed to receive their registration confirmation.

At our previous two inspections, we found there was a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulation Activities) Regulations 2014. Because of the changes and improvements made at the service by the new manager and the provider we found there was no longer a breach in Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a new manager at the home, who had applied for their registration with CQC. The new manager had been in place since December 2017, and had made a number of changes to improve systems and procedures at the home. At this inspection we found quality assurance procedures were in place, and were being maintained. A deputy manager was assisting the manager to conduct regular checks and audits, along with the provider and a consultant, who had been brought in to improve systems and procedures at the home.

Staff had the support of a manager or deputy manager on shift each day of the week, including weekends. We also found two members of staff had been promoted to senior care staff, to assist with training of staff and medicines management. One staff member said, "I have more control and enjoy my work. The atmosphere is much calmer in the home. Every day I learn new things. The changes have been positive."

Meetings we held with staff to discuss their performance, and any development and training requirements they had were planned with the managers at the home.

Improvements to staff training had been made. The new manager was a qualified trainer, and was able to offer advice and support and 'hands on' training to staff on site. The staff training matrix was up to date and showed what training staff had attended. All staff had received training in key areas such as manual handling skills, safeguarding, and health and safety. Staff had their competency and understanding checked through regular spot checks on their work.

We found medicine management had been improved. People received their medicines as prescribed. We found the manager was now carrying out weekly audits to ensure all medicines could be accounted for and demonstrate people were receiving their medicines as prescribed. We found this audit process had contributed to improvements in the management of medicines.

We checked food stocks that were in use in the kitchen, because at the last inspection food was not always labelled appropriately to show its 'best before' and 'use by' dates. At this inspection we saw labels had been purchased for kitchen staff to use, to record when food was opened and taken out of its original packaging.

The manager was conducting regular checks on food products, to ensure this system was used. Kitchen staff had also received training to ensure they understood safe food management systems.

At our previous inspection we found the management team did not have a full understanding of the Mental Capacity Act 2005 (MCA) and how to apply the principles of the legislation. At this inspection we found the new manager had a good understanding of the MCA. The manager confirmed everyone at the home was being supported to make their own decisions. No-one at the home had a Deprivation of Liberty Safeguard (DoLS) and no-one had restrictions placed on their care. Care plans showed people had the capacity to consent to their care and treatment, and they had signed to do so. We found there was no longer a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Consent.

Staff told us about some of the changes that had happened at the home since the new manager had been in place. One staff member told us, "Staffing levels are better and the manager is very approachable, if I have any concerns I feel confident raising them." Another member of staff said, "There's a lot more recording going on. That needed to be done. The provider also comes in twice a week."

Staff commented on the improvements that had been made at the home with regard to activities and interests' people were supported to pursue. There was a planned schedule of activities each day at the home, which was displayed on a notice board. A relative told us, "There is more enjoyment and laughter now." One staff member said, "People are much more engaged and happy."

Improvements that had been made around the home included a new staircase being fitted, to allow the installation of a stair lift. This was to provide people at the home an alternative way to access bedrooms on the top floor, especially in the event of the lift being 'out of order'.

There was a noticeable improvement around the home to décor and signage. For example, there were signs around the home showing where dining areas and communal lounge areas were located, signs showed where bathrooms and toilets were available, and also reminded people which room was their bedroom. This support helped people with short term memory loss to safely orient themselves within the home.

Some auditing procedures were still being developed, to ensure the home continued to make improvements. The consultant manager visited the home every six weeks to assist with spot checks and audits.

The manager had identified the need to review care records, and planned to arrange reviews for everyone at the home, to involve them or their relations in the review and update their records.

The manager was trialling a number of formats to update care record paperwork. Care records kept in the old format however were being maintained and kept up to date with changes to people's care needs.

Other changes that staff described to us included; new regular staff meetings, more resources being available, and discussions around improvements and décor being held within the staff team.

People were involved in improving the service, they were asked for their feedback in quality assurance surveys, and there was an open suggestion box in the hallway. We saw recent meeting notes held with people and their relatives showed they discussed the recent changes at the home. The manager had an 'open door' policy and were available to speak with people at any time when they were on their shift. The manager also advertised a Manager's surgery every month, which was held in the evening, to make them available for relatives or visitors that came only in the evening.

The manager had also tried to increase people's understanding of the changes happening at the home by producing a monthly newsletter. The newsletter described any new improvements at the home, advertised important events or celebrations, and contained articles and quizzes for people to enjoy.

The manager and provider understood their legal responsibilities to notify CQC of any serious incidents at the home. The manager had on display the ratings from the previous inspection in the lobby-way of the home. It is a requirement of the regulations for the provider to display their overall rating in a conspicuous location for visitors and anyone entering the home to see the current rating of the service.

Following our inspection visit we have written to the provider with a proposal to remove the condition placed on their registration, which was to restrict any new admissions to the home.