

# Lifeways Community Care Limited

## Greenlands View

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Greenlands View is a residential care home providing personal care for up to nine people. The service provides support to people with learning disabilities and autistic people.

Greenlands View is a purpose – built bungalow, with self-contained accommodation for one person attached to the main building. At the time of our inspection there was five people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the key questions safe, effective and well led. The service was not able to demonstrate they were fully meeting the underpinning principles of Right support, right care, right culture.

### Right Support

Risks to people were not always well managed which meant people were placed at risk of harm. People had identified goals in relation to things they wanted to do and skills they wanted to develop. There was limited evidence to monitor what steps people had taken to achieve these goals and how staff could support them further. This meant opportunities for developing people's individuals' skills and independence could be lost.

Improvements were needed to some aspects of medicine management. Staff training and record keeping needed to be improved in relation to the use of the Mental Capacity Act 2005 (MCA).

Repairs and general maintenance were not always dealt with promptly, which increased risks to people.

People lived in a spacious purpose-built house with a safe outside space which we saw people enjoy. The home was situated in a residential area with facilities close by. People accessed local facilities and were supported to do things they liked to do. There were adequate numbers of staff to support people.

### Right care

People's care plans and risk assessments did not always reflect their current needs or promote their wellbeing and enjoyment of life. Not all staff had the skills and up to date training needed to support people. People were not always supported and encouraged to become more independent.

There was a core team of staff who knew people's needs and were kind and caring.

## Right Culture

The service had experienced a very unsettled time and there had been management and staffing changes. Although the provider was now addressing this, the deterioration in the quality and oversight of the service should have been identified sooner. Where it had been identified that improvements were needed, these had not been completed in a timely manner.

The systems for reporting and recording were not robust. The provider's governance systems were not always effective. Governance systems did not ensure people were kept safe and received a high quality of care and support in line with their personal needs.

## Rating at last inspection

The last rating for this service was good (published 12 December 2018)

## Why we inspected

This inspection was prompted by a review of the information we held about this service. This included an increase in information received about concerns with people's care. We also undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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 have found evidence that the provider needs to make improvements. Breaches of legal requirements were found in relation to providing safe care to people and good governance. Please see the relevant key question sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Greenlands View

## 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 so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team.

Two inspectors carried out the inspection on 19 May 2022, and one inspector returned on 23 and 24 May.

#### Service and service type

Greenlands View 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. There was an interim manager in place and the provider told us they were recruiting, and additional management support was in place. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on 19 and 23 May 2022. We arranged to meet with the provider at the care home on 24 May 2022

#### What we did before 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. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We met with all five people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 11 members of staff including support workers, interim manager, regional operations director, regional quality manager, human resource manager and the area manager. We spoke with three relatives.

We reviewed a range of records. This included people's care records and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.



# 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

- A person required one to one staffing so potential risks to their safety were removed and if they needed care and support from staff, this could be provided quickly. Staff allocated to support the person were observed not following the care plan and were situated in a completely different part of the building. This placed the person at risk of harm as staff were not able to see the person or respond to any immediate request for care and support.
- There was no care plan in place to detail how a person with diabetes was monitored by care staff and how any related health problems associated with diabetes was managed. For example, foot and eye care and any associated risks which could lead to the person not getting the health support they need. There was also a concern the protocol in place was not being followed consistently by staff regarding the circumstances in which the district nurses should be contacted. This could lead to a delay in medical advice and place the person at risk of harm.
- A risk needs assessment was completed upon admission for each person. However, when a risk was identified, there was no risk management plan in place detailing the measures in place to mitigate the risk. For example, absconding, safety when travelling in vehicles and mobility. This meant risks to people were not being effectively managed which placed people at an increased risk of harm.
- Several items containing chemicals were stored in an unlocked cupboard underneath the sink in the main kitchen and also in a kitchenet area, both areas were accessible to people. This placed people at risk of contact with harmful substances.
- Three fire doors were damaged and were waiting on repair since January 2022. Fire records of weekly test of the fire alarm and other fire safety equipment safety checks had not been completed in line with the providers risk assessment.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. There were broken floor tiles in the kitchen where the bin was situated, and cleaning of this area was compromised. There were bins without lids and a damaged clinical waste bin. The vehicle used by people on a daily basis had soiled interiors and was not part of any cleaning schedule.

There was no evidence that anyone had been harmed. However, people were not fully protected from the risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) Health and Social Care Act 2008 (Regulated Activities).

The provider took action during the inspection on a number of concerns that were brought to their attention. COSHH items were secured. Fire doors were replaced on day three of our inspection. New waste bins were in place, a new clinical bin was ordered, the vehicle was cleaned and added to the regular cycle of

cleaning schedules. The district nurse was liaised with regarding diabetes protocols. Work commenced on reviewing people's care plans and risk assessments.

- 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 using PPE effectively and safely.
- 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.

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

- Prior to our inspection we had received an increase in concerns about the service relating to poor care and staffing arrangements.
- The provider had a process in place to record, report and discuss safeguarding incidents. These had not been robustly implemented in recent months since the management changes. The provider had started to take action on this. During meetings with staff in May 2022 discussions about recent incidents had taken place and these included actions taken to prevent reoccurrence. For example, improvements were made to medication administration to mitigate medication errors and building safety and security protocols were reviewed to ensure people's safety.
- Staff told us they were confident that any concerns raised would be dealt with appropriately by the management team. A staff member told us, "If I was concerned about anything I would go to the manager or go higher if needed. We can also go to the Local Authority, CQC or the Police."
- A relative told us they were very happy with their family members care.

#### Staffing and recruitment

- The arrangements for how staff were assigned to support people was not always effective. For example, how agency staff were used to support people they were unable to support alone and also a staff member was allocated to support a person they should not off been supporting.
- The provider told us the staffing levels they were commissioned for. Most people were on one to one staff support. Records confirmed the required staffing numbers were in place. People were supported to do both planned and spontaneous activities and visits out of the home.
- The provider carried out checks on new staff before they were employed to work in the home. New staff were checked against records held by the Disclosure and Barring Service. This checked they had not been barred from working in a care service and did not have criminal convictions which had the potential to make them unsuitable to work in the home. The provider also requested references to confirm applicants' good character and conduct in previous employment in a care setting.
- Staff had a very good knowledge of the people they supported and were able to tell us about people's individual needs and risks.

#### Using medicines safely

- There was a lack of clarity and instruction for the administration of prescribed creams. This meant prescribed creams may not of been applied as required.
- On one protocol for medication taken on an 'as required basis' there was a lack of information about the circumstances in which the medication should be given.
- When medication had been refused by one person, we were unable to confirm the providers policy had not been followed and contact made with the GP to review the medication.



- The provider told us reviews of people's medication were due and would be arranged. This would ensure any medicines people were taking remained necessary and were at the appropriate dose in line with national guidance on the prescribing of medication for people with a learning disability. STOMP (stopping the over medication of people with a learning disability) NHS England 2016.
- Checks on staffs' competency to administer medicines safely had been completed.

#### Visiting in care homes

- The provider had supported people to see their relatives during the pandemic in line with government guidance.
- Visitors to the service had their temperature and COVID-19 status checked before entering and staff checked visitors did not have symptoms of illness.

#### Learning lessons when things go wrong

- The systems in place for monitoring and learning from accidents and incidents had not been implemented effectively. The provider told us that action had been taken to address this.

# 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. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider talked through their admission process they followed, and this involved completing a comprehensive assessment prior to admission.
- There was a detailed care plan format in place. However, this had not been implemented effectively. People's care plans had not always been kept up to date. Reviews of people's care needs had not always taken place, short and longer-term goals and wishes had not been reviewed.
- The provider told us that all care plans would be reviewed and updated as part of the ongoing improvements taking place at the service.

Staff support: induction, training, skills and experience

- Staff told us they had received training in key areas. The training matrix was shared with us by the provider. This identified that updates on staff training was required in a number of key areas. The provider told us epilepsy training and MCA training would be a priority and a plan was in place to ensure all staff training was brought up to date.
- Staff had received training to ensure that restraint could be carried out safely if needed. The provider told us there was a commitment to reducing restrictive interventions which were used only as a last resort and infrequently. There was a focus when speaking with the provider and staff on prevention and de-escalation to avoid the need for physical restraint as far as practically possible. The provider told us they would be replacing their current training with MAPA which was certified as being compliant with the Restraint Reduction Network Standards which applies to all training that have a restrictive intervention component. It provides a benchmark for training in supporting people who are distressed in education, health and social care settings.
- Staff told us they could approach the interim manager for help and support and told us they received regular supervision. The provider told us staff had received supervision in line with their policy. A staff member told us, "Our old manager was very good, the new manager [interim] is supportive as well, we are just getting use to the changes again and the different ways of doing things." Another staff member told us, "The old manager was good and this one is as well, we never really see the more senior managers in the organisation."
- A relative said, "Greenlands View have a small amount of well trained, great carers who take their job seriously and are dedicated."

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

- People's involvement in choosing meals and helping with the preparation needed to be updated so it reflected their current needs.
- Some people required their meal to be prepared in specific way to minimise any risks of choking. Staff knew how to prepare the meals and specialist advice had been sought and was being followed. For example, speech and language therapist (SALT) and their advice was followed. The interim manager told us these guidelines were in the process of being reviewed.
- One person's care plan said the person enjoyed helping out with food preparation. However, there was no evidence to support this was happening in practice.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Records of medical and health care professionals' appointments had not always been well maintained. For example, the outcome of an appointment was not always documented so it was difficult to ascertain if any follow up was needed.
- People had a Health Action Plan [HAP]. However, some updating of these documents was needed so they reflected people's up to date needs.
- People were supported with medical appointments and annual health checks. However, some appointments had been cancelled during COVID- 19. The provider told us they were in the process of requesting these appointments and ensuring records were brought up to date.

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

- Greenland's View is a purpose-built care home. The home is located in a quiet residential area with some facilities close by. There are a number of communal areas including a room with some sensory equipment and lights so it could be used flexibly by individuals in line with their own preferences. Some of the communal areas were sparse in appearance. The provider told us there were plans in place to make areas of the home more homely, whilst still ensuring infection control standards could be maintained.
- There was a safe, secure outside space which was wheelchair accessible. We saw people enjoyed the garden.
- People's bedrooms were personalised. We saw and staff told us about heating control problems in different part of the building, including a person's bedroom and laundry area and the temperature was very warm. The provider told us there is ongoing discussions about this with the building contractors. However, there was no records or process in place to monitor the temperatures which could be very problematic for people. Particularly because some people living there would not be able to verbally say their room temperature was uncomfortable.

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 , 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 in place to ensure where people were being deprived of their liberty. However, these had not been fully implemented in the home. Some people had their DoLS authorisation granted but records of this had not been maintained and for some people the documentation could not be located. The provider took immediate action on this and reapplied where required and notified us of their actions.
- Staff's understanding of MCA and DoLS varied. Some staff were able to tell us about the core principles of the MCA and how this was used when supporting people. A staff member told us, "I always explain what I am doing." Another staff member told us, "I know there are restrictions in place in the home, but this is to keep people safe. I think everyone we support has a DoLS in place."
- The provider told us a MCA and DoLS workshop would be arranged for staff to enhance their knowledge and skills in this area.
- There was evidence best interest meetings were held, involving relatives and professionals, when restrictive practices were in place to keep people safe. These were due for review.

# 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 the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was a governance system in place, but this had not been operated effectively and had failed to identify the concerns we found during the inspection.
- The system in place to audit care records and risk assessments failed to identify these had not been kept up to date and some known risks did not have risk management plans in place. For example, risks in relation to safety in a vehicle, mobility and absconding.
- The system in place had failed to identify that regular reviews of people care needs had not been completed in line with the providers policy.
- The system in place to audit incident and accidents failed to identify records were not always completed in full. Therefore, this was not an effective tool in identifying patterns and trends to prevent reoccurrence.
- Health and safety checks and audits were not always effective. Although audits had taken place, they had failed to identify risks to people in the environment including unsecured harmful substances, and the providers fire risk assessment had not been updated when fire safety matters were identified.
- The service is required to have a registered manager in place. The registered manager resigned in February 2022 and the interim manager also recently resigned from their position. The provider put in place management support for the service until the registered manager position is appointed too.

We found no evidence that people had been harmed however, systems in place to monitor and improve the quality of the service were not effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Systems in place for the oversight of deprivation of liberty safeguards (DoLS) applications and their outcome had not been maintained and were ineffective. There was no system in place to record the date an application had been made and its outcome and CQC had not been notified of the outcome, as legally required to do so. We are currently in the process of reviewing information to establish if the provider has breached the regulation failure to notify.

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

- The provider discussed with us the significant management and staff changes at the service. As well as changes at management level, senior staff within the service have also left or stepped down. In recognition of the need to stabilise the service the provider had brought in a team of support to the service. The provider

also took action on immediate risks to people during and after the inspection. We asked for additional information and assurance and this was all provided to us in a timely way.

- The oversight of incident records had not been effective in recent months. Although this was now being addressed by the provider, opportunities to learn from incidents and near misses had been missed.
- Two relatives we spoke with told us communication was poor. This was a missed opportunity to work proactively with relatives. Again, we were reassured that progress was being made and contact was going to be made with people's relatives and significant people and reviews of people's care would be taking place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There had been a number of changes at the service and this had impacted on the culture of the service.
- The provider had not ensured the service met the values that underpin Right Support, right care, right culture. People were not always supported in an individual and person-centred way and their care plans were not up to date and reflecting their strengths, abilities and goals.
- Relatives told us that communication needed to improve, staff needed more training and some staff were complacent and shouldn't work in care.
- Although there was a core team of experienced staff who knew people and their needs, there was significant gaps in staff training updates. This required addressing so that a consistent and competent staff team were in place to support the complexity of people living at the service.
- The provider told us surveys had been sent out to relatives to seek their views on the quality of service. The response to the surveys had been low so alternative ways of seeking this information were currently being looked at, including making direct calls to people's families.

Working in partnership with others

- Records showed staff worked with other agencies to improve people's experiences.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems in place for the management of risk were not always effective.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems in place for oversight of the service were not effective.

### **The enforcement action we took:**

Warning Notice