

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?

Good 

Is the service caring?

Good 

Is the service responsive?

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 accommodation and personal care for up to 9 people. The service provides support to people with learning disabilities and autistic people.

Greenlands View is a residential detached bungalow with some adaptations. At the time of our inspection there were 3 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

The provider was working within the principles and values of Right support, right care, right culture.

Right Support:

People's care and support was personalised. The accommodation met people's needs. People's needs were assessed, risks were identified, and steps taken to keep them safe and these systems were being embedded. People were safeguarded from abuse and staff were knowledgeable about how to support people safely. People's medicines were safely managed. People's care records had improved. However, further improvements were needed so they captured how people were supported to be independent and achieve their goals and aspirations.

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.

Right Care:

People were supported by caring and kind staff. Staff had received appropriate training, knew people well and supported people in line with their preferences. Staff worked in partnership with other agencies to promote people's health and wellbeing.

Right Culture:

The culture at the service had improved significantly since our last inspection. The registered manager promoted a positive culture and led by example. Some further embedding of the governance systems were needed so the improvements made, could be sustained and built on. There was a relaxed, friendly welcoming atmosphere. People were treated with dignity and respect. Improvements had been made to the environment and further work was planned so the environment remained safe for people.

Relatives told us they had been concerned about the many management and staff changes at the service. However, they were happy with their family members care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service was inadequate (published 09 February 2023). There were 3 breaches of the regulations in relation to safe care, safeguarding and good governance, the service was placed in special measures. We imposed positive conditions, and the provider was required to send us a monthly report to show what they would do, and by when, to improve.

At this inspection we found significant improvements had been made and the service is no longer in breach of the regulations. The rating has improved to requires improvement, and the service is no longer in special measures.

Why we inspected

We undertook this inspection to monitor progress on the breaches of regulations.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenlands View Care Home 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 program. 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 Health and Social Care Act 2008.

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

This inspection was carried out by 1 inspector.

Service and service type

Greenlands View is a care home without nursing. 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection a registered manager was in post.

Notice of inspection

Our first inspection visit on 12 October 2023 was unannounced. We let the provider know we would be returning to the service on 16 October 2023 to continue with the inspection.

What we did before the inspection

We reviewed the information we had received about the service since our last inspection. We gathered feedback from local authority commissioners 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 of this information to plan our inspection.

During the inspection

We spent time with all 3 people and observed the care and support they received in communal areas. We spoke with 7 members of staff including 2 team leaders, 2 support workers, registered manager, new incoming manager and the provider representative.

We reviewed a range of records which included 3 people's care records and their medication records. We reviewed the recruitment records for 2 staff members to make sure they had been recruited safely and we looked at a range of checks the management team completed to assure themselves people received a safe, good quality service. After our visit to the service we spoke with 2 relatives and 3 professionals involved with people who used the service, and we continued to look at procedures, care records and staff training 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 inadequate. 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.

At our last inspection the provider had failed to ensure people's care and treatment was always provided safely. This was a breach of regulation 12 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 this regulation.

- The management of risks associated with people's care and support had improved since our last inspection.
- Significant improvements had been made to the recording, reporting and oversight of incidents and accidents. Ongoing work was taking place with the staff team to ensure the reporting systems were fully embedded. A few records we saw required further information regarding the details of the incident, for example duration of the incident and clarity regarding some injuries. This is essential to ensuring effective learning from incidents.
- People's care records contained information to help staff manage and mitigate risks to people, for example, risks associated with people's health conditions, eating and drinking and mobility. Protocols were in place for constipation and these were being followed.
- People had support plans in place which detailed what could trigger distress and how best to support the person. Staff described how they provided safe care and followed people's care plans and risk assessments. A staff member told us, " We know people really well. I know how to distract [person's name] and I feel confident supporting, [person's name]."
- People were protected from risks in their environment and regular health and safety checks took place. The provider had identified some further work to fire doors and this work was in progress.

At our last inspection the provider had failed to implement robust procedures to protect people from abuse. This was a breach of regulation 13 (Safeguarding from abuse and improper treatment) Health and Social Care Act 2008 (Regulated Activities).

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

Systems and processes to safeguard people from the risk of abuse

- At our last inspection we found systems in place to safeguard people were not robust. At this inspection improvements had been made.

- The registered manager showed good oversight of safeguarding processes and knew how to raise concerns with the local authority, and CQC.
- Relatives told us their family members were well cared for.
- Staff had received training on safeguarding and knew the different types of abuse that could take place.
- Staff told us they were confident any concerns raised with the management team, would be acted on. A staff member told us, " There is a very clear message about what is expected at the service, and I feel any concerns would be dealt with appropriately by the managers."

Using medicines safely

- People were supported to receive their medicines safely.
- At our last inspection we found some protocol's for medication taken on an as required basis lacked detail, these were now in place.
- Staff had completed medicine management training and their competency to administer safely was assessed.
- The registered manager was aware of the 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.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- At our last inspection the provider was experiencing staff recruitment and retention difficulties and agency staff were regularly used. Relatives told us they were concerned about the number of staff changes.
- Improvements had been made and vacant posts had been appointed to. Agency staff usage was infrequent. Relatives still had some concerns about the number of management changes.
- People were relaxed and happy when engaging with staff members. Staff had a good knowledge of the people they supported and were able to tell us about people's individual needs.
- Staffing levels were maintained at the assessed level to support people safely, and there were sufficient staff on shift. The registered manager told us staffing levels were kept under review, and minimum levels were always maintained.
- Staff were recruited safely. The provider followed safe recruitment procedures to ensure their staff were suitable. This included completing Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- People were able to receive visitors in line with best practice guidance.
- Feedback confirmed no visiting restrictions were in place.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Inspection findings evidenced some lessons had been learned since our inspection in 2022.
- Minutes of staff meetings showed detailed discussions took place with the staff team regarding lessons learnt and improving outcomes for people.

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 requires improvement. At this inspection the rating has changed to 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 were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- At previous inspections we found care plans were not implemented effectively or kept up to date. At this inspection improvements had been made. Care plans were updated, and reviews of people's care had taken place.
- Relatives told us they were consulted about their family member's care.
- There had been no new admissions since our last inspection. However, the provider had an admission process and this involved completing an assessment prior to admission, this included protected characteristics under the Equalities Act 2010 such as, culture, religion and ethnicity.

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 make 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 remained compliant with MCA.
- People were supported to have as much choice and control of their lives as possible.
- People's capacity had been assessed when required to determine if they were able to consent to specific aspects of their care. Best interest decisions had been made when needed which demonstrated people's rights were upheld.
- To keep people safe authorisations to deprive people of their liberty had been submitted in line with legislation.

- Staff completed training to help them understand the principles of the Act. Staff demonstrated a reasonable understanding of MCA.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- A stable and consistent staff team was being established. It was especially important for people with a learning disability or autistic people to have continuity of staff to enable them to build trusting relationships.
- Staff had received training, so they had the relevant skills and knowledge to support people safely. Staff had also received training specific to the needs of the people they supported and this had been effective. Training had included the following, learning disability, autism, dysphagia, epilepsy and mental health. The provider was aware of the government requirements regarding Oliver Mc Gowan training and were in discussion with their training department about how this will be implemented.
- A staff member spoke very positively about their induction and the support they received from staff and managers to settle into their role.
- There were systems in place to observe staff practice and assess staff competency. This ensured staff had the relevant skills or experience to support people safely.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People's dietary needs were catered for, and staff provided the support people needed to eat and drink.
- Specialist advice had been sought and was followed by staff. Staff knew what people liked to eat and drink and understood their preferred mealtime routines.

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

- The provider ensured the service worked effectively within and across organisations and ensure people were supported to access healthcare services and support.
- Records confirmed people had access to a range of health professionals including their GP.
- Staff worked in partnership with health professionals such as district nurses to achieve positive outcomes for people.

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

- People's individual needs were met by the adaption, design and decoration of the premises.
- Greenlands View is a purpose-built care home. Since our last inspection significant work had taken place to improve the facilities for people including providing a range of sensory facilities and equipment suitable for the needs of the people living there.
- There was a safe, secure outside space which was wheelchair accessible.
- People's bedrooms were personalised. Steps had been taken to address the previously reported problems in relation to temperature controls in specific areas. Some ongoing improvements were taking place.
- Work was well under way to make communal areas homelier and comfortable for people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported.
- We observed staff throughout our inspection engaging with people. Staff spoke with people in a respectful and positive manner and at a pace that suited people's needs.
- Staff told us how the improvements at the home had impacted positively on people. They told us people were doing more things they enjoyed and their communication skills were developing.
- Relatives we spoke with told they were happy with their family members care.
- Staff knew people's needs well. People's care records included details of life histories, wishes and preferences, spiritual and cultural needs and wishes. This provided staff with the information they needed to ensure they supported people with a personalised care approach.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions about their care.
- People, and those important to them, took part in making decisions and planning their care. Relatives told us they were consulted about their family members care.
- People were given a choice about how they were supported with their care including what time they got up, and how they spent their time and what they wanted to eat and drink.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- We observed staff treating people with dignity and respect. One staff member told us, " I always ensure I ask [person's name] for their consent and explain what I am doing when helping them with personal care."
- There were some opportunities for people to help with day-to-day tasks in the home. For example, some people helped with food preparation and cleaning tasks. However, there was scope to build on these skills and opportunities.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection this key question was rated good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans had been improved since our last inspection, particularly in relation to how personal care needs should be met. However, care plans did not always capture consistently how people were supported to achieve their personal goals and aspirations. Where people's goals were documented, the records were not always clear, or updated, to show what progress had been made. Information regarding how people were supported to develop their everyday skills and promotion of independence was also limited.
- A professional told us they were really pleased with the care the person they support received. However, they told us there was scope to promote the persons independence and living skills in a more planned way.
- People were supported to take part in a range of activities and opportunities, but further improvements were needed. The registered manager told us there was ongoing work to improve opportunities for people at home and in the community.
- During our inspection people enjoyed home based activities of their choosing including card game, listening to music, and going out in the local community.
- People were supported to maintain relationships and staff recognised the importance of these relationships. Relatives we spoke with told us they had regular contact with the service and their loved ones.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the Accessible Information Standard and people had care plans in place which reflected their communication needs and preferences.
- Staff understood people's communication needs and we saw staff interacting effectively with people and interpreting the needs and wishes of people who had limited communication.
- We saw a variety of communication tools including an iPad with a communication program and photographs which were used to aid communication and further work was underway to improve and enhance people's communication.

Improving care quality in response to complaints or concerns

- The providers complaints procedure was on display and people confirmed they knew how to complain.

- Relatives knew who to complain to if they had any concerns.
- No complaints had been received since our last inspection.

End of life care and support

- There was no-one receiving end of life care during the inspection.
- People were asked to share their wishes for the future and where this has been provided it was recorded in their care plans.

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 inadequate. At this inspection the key question has improved to requires improvement. This meant whilst improvements had been made to the leadership and management of the service, further work was required, so improvements were fully embedded into practice.

At our last inspection the provider's systems and processes had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst the provider was now compliant with Regulation 17, there was still more work to be completed to ensure that the systems and processes are embedded into the culture of the service.

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

- At our last inspection the providers quality monitoring systems were not effective in identifying areas for improvement. At this inspection we found improvements had been made. The audits and checks in place were now effective. Where issues were identified, action plans were in place to address the issues.
- People's care records had improved. However, some further work was needed to demonstrate how people were supported to reach their goals, aspirations, and everyday living skills.
- Significant improvements had been made to incident recording, reporting and the analysis of these. Some further embedding of the system were now needed.
- Systems were in place to oversee medicine management. However, we saw a few occasions where the providers policy on 2 staff signing for a specific medicine, with associated risks, had not always been followed. Immediate action was taken when this was brought to the registered manager's attention.
- Following our last inspection, the provider was required to send us monthly updates on improvements they had made at the service. We received this information on time, and we were able to substantiate their findings during this inspection. We saw improvements across all aspects of the service.

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

- The registered manager instilled a culture where people and staff were valued. They were visible in the service and led by example.
- Staff spoke very positively about their role, they told us they were well supported, received the training they needed and were enthusiastic about the ongoing improvements at the service. A staff member told us, "I really enjoy my job, and look forward to coming into work. It's a good environment to work in. We all want the best for the people living here." Another staff member told us, "The managers are so supportive, we have loads of ideas and things we want to support people with, and this is listened to and supported by the

managers."

- Relatives spoke positively about the care their family member received. A relative told us, " [Person's name] is happy and settled."
- A professional told us they were happy with the care provided and had noticed improvements at the service in the last 12 months.
- Staff had opportunities to attend group and 1-1 meetings with their managers to share ideas and reflect on their practice.
- The provider was in the process of seeking feedback from people, their friends and relatives and professionals. They told us the findings would be analysed and used to drive improvements.

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 registered manager understood the need to be open and honest when things went wrong in line with their responsibilities under the duty of candour.

Working in partnership with others

- The provider worked in partnership with social workers, health and social care professionals and relatives in order to support people's needs.
- Professionals told us things had improved at the service.