

Worcester Garden Limited

Greenacres Care Home

Inspection report

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Date of inspection visit: 21 October 2014
Date of publication: 29/12/2014

Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection took place 12 October 2014 and was unannounced.

Greenacres Care Home is registered with the Care Quality Commission (CQC) to provide care and accommodation for a maximum of 39 older people who may be living with dementia. It is situated in a small village and is on bus routes to major nearby towns. The local village facilities and amenities are within walking distance.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were able to describe how they would keep people safe from harm and how to recognise abuse; they had received training in this area. Risk assessments had been completed which helped staff keep people safe by identifying areas they needed support with. This meant people who used the service were protected, as far as possible, for risk of harm.

Summary of findings

People were protected by the registered provider's recruitment procedure which ensured, as far as practicable, they were not exposed to staff who had been barred from working with vulnerable adults. This also checked staff had the right experience and qualifications to undertake the job. People were cared for by staff who were provided in enough numbers to meet their needs. We saw that medicines were handled safely and staff had received training

People were cared for by staff who had received training which was relevant to their role; this was updated annually or as required. Staff also received support and supervision from the registered manager to help them gain further qualifications and experience. This ensured people were cared for by staff who had the right training and experience.

People were supported to make informed choices and decisions which were in their best interest. Systems were in place to make sure people were protected and did not take any unnecessary risks. Staff had a good understanding of the principles of the Mental Capacity Act 2005 and the use of Deprivation of Liberty Safeguards.

People who used the service were provided with a wholesome and nutritious diet; people's likes and dislikes

were recorded so staff were aware of these. Staff monitored people's weight and diet; involving health care professionals when required. This made sure people were receiving a balanced varied diet which was of their choosing and were supported to eat healthily.

People who used the service were supported by staff who were kind and caring. We saw positive relationships with the staff had been developed; staff understood their needs and how these should be met. People's health needs were monitored and health care professionals were consulted with when required. This ensured people received the care and attention they needed.

People were involved in their care and staff respected their right to make choices. Staff could describe to us how they would maintain people's dignity. People could make complaints and these were resolved as far as possible to complainant's satisfaction.

People could have a say about how the service was run and the registered manager involved people in any changes. The registered manager undertook reviews of the service to make sure it was safe and up to date policies and procedures were in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Good



Staff understood and had received training about how to recognise abuse and how to keep people safe from harm.

Risk assessments were in place which guided staff in how to keep people safe and how to support people.

The registered provider's recruitment procedures made sure people who used the service were not exposed to staff who had been barred from working with vulnerable adults. The registered provider also made sure there were enough staff on duty to meet people's needs.

The building was well maintained and risk assessed to ensure people lived in a safe environment.

Staff handled and administered people's medicines safely.

Is the service effective?

The service was effective.

Good



Staff received training and support which equipped them to meet the needs of the people who used the service, this included training in dementia.

Systems were in place which supported people who had difficulty and needed support in making an informed choice or decision.

People were provided with a wholesome and nutritional diet.

Is the service caring?

The service was caring.

Good



Staff were kind and caring when they supported people and they understood their needs.

Records were kept which monitored people's wellbeing.

Staff respected people's dignity.

Other health services were involved in people's care when needed.

Is the service responsive?

The service was responsive.

Good



People who used the service were involved in their care.

Summary of findings

People's choices were respected and staff supported people with activities.

People knew who to complain to and these were investigated to people's satisfaction.

Is the service well-led?

The service was well led.

People who used the service and other stakeholders could have a say about how the service was run.

The registered manager undertook audits of the service to ensure people received high quality care and made improvements when needed.

The registered manager developed an open culture where people who used the service and staff felt supported.

Good



Greenacres Care Home

Detailed findings

Background to this inspection

This inspection took place 12 October 2014 and was unannounced. The inspection was undertaken by an adult social care inspector.

The service was last inspected December 2013 and was compliant with the regulations at that time.

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 registered provider was 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.

Prior to the inspection the registered provider completed a Provider Information Return (PIR). The PIR is a document completed by the registered provider about the performance of the service, what the service does well and

improvements they plan to make. The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had investigated any concerns. We also looked at the information we hold about the registered provider.

During our inspection we observed how the staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI) in the lounge. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with six people who used the service, three relatives and eight care staff. We also spoke with the registered manager and the registered provider.

We looked at four care files which belonged to people who used the service, three staff recruitment files and documentation pertaining to the management and running of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe; they told us they could trust the staff. Comments included, “Yes I do feel safe here”, “We can trust the staff, they are good to us” and “We can talk to the staff any time they are always here for us.” A visitor told us they felt their relative was safe at the service, they said, “I do trust the staff. I feel my wife’s in safe hands here; the staff are very kind to her.”

Staff were able to describe the registered provider’s policy and procedure for reporting any abuse they may witness or become aware of. They could describe how they would ensure the person was safe and pass any information to the registered manager. They told us they felt the registered manager would deal with the information appropriately; they were also aware they could approach other agencies and make direct referrals if they felt this was appropriate. Staff told us they had received training about how to keep people safe and this was updated regularly; we saw records which confirmed this. This meant people who used the service were cared for by staff who understood how to keep them safe from harm or abuse.

The registered manager showed us records they kept of all investigations and allegations and the outcomes. The record showed the registered manager had investigated the allegations following consultation with the local authority safeguarding team or had cooperated with them and followed their advice

People’s care plans contained risk assessments which instructed staff in how to keep people safe from harm. These included risk of falls, pressure area care, mobility and nutrition. Staff were aware of how they should support people to keep them safe and understood the need to ensure people’s independence was not compromised while keeping them safe. For example, one of the people who used the service understood they were safe within the service but needed staff support to access the community.

The registered manager undertook safety audits of the premises. We saw evidence of work being undertaken so the premises were safe; this ensured people lived in safe, well maintained environment.

We saw people’s care plans contained instruction for the staff to follow if there was an emergency and how to support people to keep them safe. These were individualised and reflected people’s needs, for example

people’s level of mobility. The registered manager had developed emergency plans for events which might affect the delivery of service, for example floods and disconnection of services like gas and electric.

Staff told us they were aware of the registered provider’s whistle blowing policy and how this should protect them if they raised any concerns. They told us they felt the registered manager was approachable and would deal with any information confidentially; they felt protected by this. This meant people were protected, to some extent, by the open culture of the service and the way concerns were dealt with.

The registered manager told us they assessed the level of staff required taking into account the needs of the people who used the service. Staff told us they never felt they were rushed or did not have time for the people who used the service and there was always enough staff on duty to enable them to spend time with people. During our observations we saw staff spending time with people, one member of staff was entertaining people in the lounge by playing music, dancing, generally chatting about their day and how they were feeling. This was spontaneous and people enjoyed the interaction. We saw rotas which confirmed the amount of staff on duty both during the day and at night.

The files of recently recruited staff were inspected. We found these contained evidence of a check being undertaken with the Disclosure and Barring service (DBS); references were taken from previous employers were possible. There was an application form, job description which the employee had signed and a health check This ensured, as far as practicable, people who used the service were not exposed to staff who had been barred from caring for vulnerable adults and possessed the required skills and qualifications to undertake the role required of them.

Medication was stored and dispensed safely. The service stored people’s medication safely and followed best practice guidelines when administering medication. Staff had also received training in the safe handling and administration of medication; this was updated annually. The pharmacy which supplied the service with their medication undertook audits as did the registered manager as part of their ongoing auditing of the service. The temperature of the room where the medication was

Is the service safe?

stored was recorded as was the temperature of the fridge used for storage. Any medication returned to the pharmacist was recorded and the pharmacist signed to indicate they had received it.

Is the service effective?

Our findings

People told us they felt the staff were well trained and could meet their needs effectively. Comments included, “They seem to know what they are doing; they look after me well”, “They are very good they know what I like and what I want, which is important to me”, “The staff seem well trained they are always learning about new things and telling me about it” and “The girls are really good and kind.” A visiting family member told us, “The staff are excellent, they are kind and caring; they seem to get plenty of training, which is good.” People we spoke with told us they enjoyed the food, one person said, “We get fish and chips every Friday, that’s my favourite.” Other people said, “I love the food it’s fantastic, you couldn’t ask for better” and “The cook is marvellous, she’s a proper home cook.”

The registered manager told us they undertook regular supervision and annual appraisals with the staff and during these their training and development was discussed. Staff confirmed this when we spoke with them, they told us, “The manager asks us what training we want and we get it, I’ve recently done training about dementia and the Mental Capacity Act, that was really interesting”, “We have to do regular mandatory training each year in health and safety, lifting and handling and other things, but we can ask for more in depth training if we want it” and “The training we receive is excellent someone comes into the home to deliver it, I prefer that way of learning.”

The registered manager had a system in place which helped them monitor what training the staff had undertaken and when it was due for renewal, they then ensured the staff received this and it was recorded. The registered manager told us there had been no new recruitments since the last inspection, however, we saw the last newly recruited member of staff had received induction training based on current good practice guidelines and had their competency assessed to ensure they had the right skills to care for people who used the service and meet their needs effectively.

The registered manager had ensured all staff had completed training in the awareness of the principles of the Mental Capacity Act 2005 (MCA) and the use of Deprivation of Liberty Safeguards (DoLS). The registered manager had made application to the local authority for the approval of a number of DoLS for some of the people who used the service; these were in process of being reviewed by the

local authority and awaiting a decision. The registered manager understood they had to inform the CQC of the outcome of the application and whether this had been authorised. Staff we spoke with were aware of the principles of the MCA and how these affected their work, they were also aware of the use of DoLS, their responsibilities and how these could impact on people’s daily lives. The registered manager explained that the use of DoLS was only considered following extensive consultation with the placing authority and an exploration of the least restrictive practice. We saw assessments of people’s capacity to make decisions had been undertaken and there was evidence of consultation with all those who had an interest in the person’s welfare. This went some way to ensuring any decision made on the person’s behalf was in their best interest.

We saw the food was well presented and looked wholesome and nutritious. People could choose where to eat their food and this was accommodated; however, the majority of people ate in the dining rooms. We saw these were social occasions and an opportunity for people to catch up with friends and have a chat. Staff were heard encouraging people to eat and asking people if they would like more to eat. Both dining rooms were clean and bright with plenty of room for people to sit at the table and eat comfortably. Staff provided assistance to those who needed it discreetly and sat next to people to support them. Food had been prepared to accommodate people’s needs and pureed diets were provided where needed. People’s food and fluid intake was recorded daily and they were weighed each week. If the staff identified any fluctuation in the person’s weight they made referrals to the appropriate health care professionals for advice and assessments; they also made referrals if someone experienced other difficulties such as swallowing. Records we looked at showed staff were recording the information required by the health care professionals so they could provide on-going support and assessments.

Staff monitored people’s health and welfare and made referrals to health care professionals where appropriate. People’s care files showed staff made a daily record of people’s wellbeing and what care had been provided. They also recorded when someone was not well and what they had done about it, for example contacted the GP to request

Is the service effective?

a visit. There was also evidence of hospital appointments attended and the outcome of these. Care plans had been amended following visits from GPs and where people's needs had changed following a hospital admission.

Is the service caring?

Our findings

People we spoke with told us they felt the staff were kind and caring, comments included, “They can’t do enough for you”, “They are ever so kind, they are saints” and “The girls are fantastic; always there were you need them.”. People told us they could request the GP when they wanted; one person said, “Yes they get the GP, I was feeling ill the other day and they got him out to see me straightaway.” Visiting relatives told us, “The staff seem to be kind and caring, they are always the same no matter what time I come to visit”, “They look after him well, I can go home with peace of mind” and “The staff are always friendly and welcome me.”

We saw staff were friendly with people and had good relationships. They were heard sharing a joke and asking people about their day and how they were getting on. They were talking to people about their families and if they had contact with them.

Staff were able to describe how they would respect someone’s dignity and uphold their rights. They told us they would ask people if they were happy with the way they

were being supported and if they understood what was happening; during our observation we heard staff doing this in the lounge, it was done discreetly and sensitively. They told us they knocked on people’s doors before they entered and waited to be asked to come in; they also told us they gave people time to complete any tasks they could undertake independently. One member of staff told us, “I always give people time, there is no rush and I would rather someone was keeping their independence.”

The registered provider had policies in place which reminded the staff of their obligation to respect people’s human rights and to respect people’s preferences and wishes. The staff told us they treated everybody differently, they said, “Everybody is different and it’s up to us to respect that” and “I try to respect everybody’s preferences, it’s not up to me to judge.”

The registered manager told us they had a good relationship with a local advocacy service and they had been used on occasions when needed. They told us they made this information available to people who used the service, but it was not being used at the present time.

Is the service responsive?

Our findings

People told us they had been involved with their reviews and developing their care plans. Comments included, “Yes we have meetings about any care and my son always attends with me”, “The girls always tell me how I’m getting on, they’re very good like that” and “We have meetings every now and again just to see how I’m doing and if there’s anything I need.” A visiting relative told us they were involved in their mother’s care; they said, “I come to my mother’s reviews so we can see what’s happening and how she’s being cared for”, “The manager is very open she invites us to all the meetings” and “They keep me well informed about my wife’s care, I’ve told them to ring me day or night if anything happens.”

People’s care plans we looked at contained information about the person and how they preferred to spend their days. The information instructed staff about people’s likes and dislikes and how these should be catered for, the care plans contained signatures which indicated the person, or their representative usually a close relative, had agreed to its content. Information about the person and their preferences was written in the first person, for example I like, I don’t like; this made the content more personal. There was detailed information about the person’s past life, this helped to paint a picture of the person and helped the staff understand the person more. There was information about what activities the person liked to do and how the staff were to support them.

The service employed a dedicated activities co-ordinator who worked with people both in groups and on a one to one basis. We saw the activities co-ordinator undertaking a card game activity using giant cards so everyone could see them in the lounge with a group of people who were enjoying the interaction. The activity created a lot of laughter and conversation. The staff also undertook activities as we observed in the morning in the lounge were by a member of staff was dancing and singing with the people who used the service and a relative. Outside entertainers visited the service on occasions and people

told us they enjoyed this; one person said, “We had a singer come in and they were very good.” People were supported by staff to access the local community. Members of family were encouraged to visit and there were no restriction on visiting times; they told us, “I can come any time but I usually just come during the day” and “We usually visit during the day but they don’t mind when we come really as long as it’s at a reasonable hour.”

Care plans contained assessments which had been undertaken to establish the level of support people required in daily living; for example with personal care tasks. The care plans contained information about what the person could do for themselves and how the staff should support them to maintain their independence. These were updated as people’s needs changed, for instance following an illness or admission to hospital.

The registered provider had a complaint procedure in place; this was displayed in the entrance to the service. The registered manager showed us the system they had in place to record complaints; this detailed what the complaint was, how it had been investigated and what the outcome was. Information was provided to the complainant about who they could contact if they were not satisfied with the way the complaint had been investigated this included the Ombudsman, the local authority and the CQC. People we spoke with were aware they could make complaints, they told us, “I would go to the manager she’s very helpful”, “I don’t have any, but if I did I would talk to the staff” and “You can tell any of the staff they will sort it out for you.”

Relatives told us they knew who to complain to and found the manager approachable. Staff told us they knew how to deal with complaints and tried to resolve anything they could, like missing items of clothing, but would refer anything serious to the registered manager. Staff told us they could contact the registered manager at any time as they had access to an emergency number if they needed it. They also told us they could contact the registered provider if they needed them.

Is the service well-led?

Our findings

People we spoke with said they found the registered manager kind and caring, one person said, “She comes and asks how I’m doing and if there’s anything I want, she always seems to be here.” Relatives we spoke with told us they found the registered manager approachable and open to ideas. Staff we spoke with told us the registered manager was approachable, accessible, helpful and knowledgeable; they told us they could talk to her and she would listen to them and try to help them if she could. Staff told us they could approach the registered manager for any guidance or support if they were unsure about things and they felt she did not judge them, one member of staff said, “I don’t feel stupid going to the manager she’s really helpful.”

The registered manager told us they try and create an open culture at the service where staff were enabled to share their knowledge and experience and feel empowered to approach. This was achieved through regular staff meetings and staff supervision where their practice was discussed and issues which might be affecting the smooth running of the service. The meetings were also used as a time to celebrate achievements and good things about the service, for example what went well and any events which enhanced the quality of life for the people who used the service.

Staff we spoke with were aware of their responsibility, for example to protect people from harm and to report any abuse; they were also aware of procedures in place which guided them to undertake this effectively. Staff were aware of their responsibility to support people to be independent and to lead a life style of their choosing. Care staff were enthusiastic about and proud of the service they provided to people; they were also positive about the achievements people had made while at the service, for example, recovering from illnesses or regaining skills and interests.

The registered manager had systems in place which gathered the views of people who used the service, their relatives, staff and health care professionals who visited the service. These were mainly in the form of surveys and questionnaires. These were given out periodically and respondents were asked for their opinions on aspects of

the service provided. The results were analysed and a report made of the findings. If any issues were identified these were addressed using an action plan with time scales for achievement.

We saw that meetings were held with the people who used the service and their relatives; a record of these was kept. Topics discussed included entertainment, activities, food, outings and the general running of the service. Relatives we spoke with confirmed they had attended meetings and found them a useful forum for airing their views. This ensured, as far practicable, people who used the service and other stakeholders could have a say about how the service was run.

The registered manager had systems in place which evaluated the environment and helped to identify areas for improvement, it also monitored the level cleanliness of the service. At the time of the inspection the carpet in the entrance and some of the rooms had been identified as needing replacing. Samples had been delivered by the carpet supplier and the registered manager was in the process of discussion with people who used the service about what colour they would like in their rooms and which coloured carpet should be fitted in the entrance and hall way. This showed that people were included in the running of the service and any intended changes.

All accidents and incidents were recorded and an analysis of these was undertaken to identify any trends or patterns. The registered manager told us if they identified any trends or patterns and this involved staff practice they addressed this through the registered provider’s disciplinary process and provided re-training; if this was felt appropriate. They told us they would not tolerate poor practice and if this continued despite the re-training they would deal with it effectively. Staff confirmed they understood the disciplinary procedures and felt the registered manager managed them fairly but firmly.

The registered manager understood the need to notify the CQC of any safeguarding investigations or allegation. They have a duty under Regulation 18 of the Health and Social Care Act Regulations 2008 to inform the CQC of any incident which may affect people who use the service or the smooth running of the service.