

Community Integrated Care

Green Heys Care Home

Inspection report

Park Road
Waterloo
Liverpool
Merseyside
L22 3XG

Tel: 01519490828
Website: www.c-i-c.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Green Heys Care Home is registered to provide nursing and personal care for up to 39 people. At the time of the inspection there were 28 people living at the service. Green Heys is a purpose-built single-story building. The service consists of two units and provides care to older people living with dementia.

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

At the last inspection, we found the service to be in breach of 'Good governance,' which was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities Regulations) 2014. This was because audits did not identify all of the concerns highlighted during our inspection.

At this inspection we checked to see if improvements had been made. Although improvements had been made, not enough had been done to meet the breach.

Although regular checks and audits were carried out to determine the quality and safety of the environment and the care being provided, they had not always identified and actioned our concerns.

High numbers of accidents and incidents were recorded and it was not always evident what action had been taken to address this and minimise risk to people.

People's care plans did not always contain current information.

We have made a recommendation about updating care records to reflect people's current needs.

There weren't always enough activities developed and facilitated for people. Although some activities were offered, we observed a significant amount of people's time was spent sat in various lounges with the radio or TV on.

Staff provided support to people where required whilst also maintaining their independence.

People and their relatives had confidence in the staff who took care of them. People received care from staff who were caring and had developed positive relationships with the people they were caring for. Staff were kind and compassionate and knew people's individual needs, routines and preferences well.

People were supported in such a way that allowed them 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.

Staff were supported in their role with appropriate training and supervision. Most staff had received additional training to meet the specific needs of the people they were caring for.

Feedback about the management of the home from people, their relatives and staff was positive. The registered manager and registered provider had met their legal requirements with the Care Quality Commission (CQC). For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At our last inspection, the service was rated "Requires improvement" (Report published September 2018) and there was a breach of regulation. The registered provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, although we found some improvement had been made, the provider remained in breach of regulation.

Why we inspected

The inspection was prompted in part due to concerns received about high numbers of incidents concerning people. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

Follow up

We will request an action plan for 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Green Heys Care Home

Detailed findings

Background to this inspection

The inspection

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the 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.

Inspection team

The inspection was completed by two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Green Heys is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us 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 of this information to plan our inspection.

During the inspection

We weren't always able to speak directly with people because of their communication and understanding

difficulties. To gain an insight into people's experience of the care and support provided, we made observations and spoke to twelve relatives. We spoke with four members of staff, the clinical lead nurse and the registered manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. 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. We looked at additional information the provider sent to us in response to the concerns raised at the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. 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.

Learning lessons when things go wrong

- There was little evidence that the service used information about accidents and incidents to learn from and prevent a similar accident or incident from occurring in the future. This meant risk to people was not always mitigated.

We recommend the provider analyses accidents and incidents more effectively and put measures in place to mitigate risk to people and help prevent reoccurrence.

Assessing risk, safety monitoring and management

- Risks to people was not always appropriately managed. Records evidenced a high number of accidents and incidents.
- Although the number of incidents had reduced in the last month, it was not evident what action had been taken prior to this to reduce incidents and improve people's safety. This meant that people were at risk of harm.
- Individual risk assessments were carried out for each person and included health, safety and environmental risks. Control measures were in place providing staff with guidance on how to mitigate any identified risks to people.
- During our inspection we observed that a cupboard marked 'Fire door, keep shut' was left ajar throughout the day. The combination lock wasn't working and a bolt at the top of the door was unused by staff. We spoke with the registered manager about this.

Staffing and recruitment

- Although people and their relatives felt the care provided was safe, they felt there wasn't always enough numbers of staff to provide people with consistent care and support. Comments from relatives included, "I am 100% happy that [person] is safe. I have no concerns," "The residents are secure and safe here, there could be more staff though," "There are not enough staff to monitor people" and "Yes, they keep [person] safe here but there's not enough staff."
- Although there were sufficient numbers of staff on duty, many were engaged with one to one care. We observed some people who were not mobile and had limited capacity to verbalise their needs left in a small lounge with only minimal support and stimulation. We spoke with the registered manager about this.
- Full pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people. Although we did have difficulty checking the validity of people's references, this information was supplied to us after the inspection.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and had access to a whistleblowing policy. Staff understood how to safeguard people from abuse and how to report any safeguarding concerns. One told us, "I would not hesitate to whistle blow."
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk of harm.

Using medicines safely

- Medicines were stored and managed safely. Medication was administered by staff who were trained to do so.

Preventing and controlling infection

- Staff received training in infection prevention and control and followed good practice guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Each person had their own room and were able to personalise their room to their own taste.
- At the last inspection, we found that the environment required adaptation to better meet the needs of people living with dementia. At this inspection, although we found some improvements had been made, such as the introduction of personalised bedroom doors and wall murals, parts of the service appeared tired and better signage was required to help orientate people to shared rooms such as bathrooms.

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

- People's needs, and choices were assessed, and they received care and support in line with standards, guidance and the law.
- Care records evidenced the involvement of people and relevant others such as relatives.
- Records contained details of people's preferred routines and preferences.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to perform their roles. The service supported staff through inductions, supervisions and appraisals.
- Most staff had undergone additional training to help meet the specific needs of people. Staff were encouraged to complete formal qualifications such as diplomas in health and social care.
- The service used agency staff to support people on a 'one to one' basis. This meant that people were not always supported by people who they were familiar with, although the service did take care to try and request the same staff from the agency.

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

- People appeared to enjoy the food. The service used an external catering company. People had a say in what they wanted and so enjoyed nutritious foods which were familiar to them. A relative told us, "[Person] seems to enjoy the food – eats plenty, I think."

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

- People received the care and support they needed. The service referred people to external healthcare professionals where appropriate. Comments from relatives included, "[Person] has had a few infections and one night the home called an ambulance. They always ring me whenever there are any health issues" and "The home has an arrangement regarding residents being seen by a local doctor. [Person] is well looked after it seems."

- Staff supported people to attend external appointments where required, this was important for people who wanted an advocate to act on their behalf.

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 Act 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).

- Staff had received training in mental capacity and assumed people had the capacity to make decisions, unless assessed otherwise.
- Staff ensured people were involved in decisions about their care and support. We found recorded evidence of people's consent to care documented in their support files. Staff asked and explained to people before giving care and support.

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

Respecting and promoting people's privacy, dignity and independence

- During our inspection we observed a person's dignity was compromised due to a bathroom door left unlocked when receiving care. We spoke with the registered manager about this and the issue was immediately resolved.
- During our lunch time observations, although most people were well supported, we observed that one person was in need of further support. We drew the registered manager's attention to this and support was provided for the person.
- Staff encouraged people to be as independent as possible. Where assistance was required, staff were considerate and offered assistance in a discreet and dignified manner. Staff explained what they were about to do before any intervention.

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

- Staff were motivated about ensuring people were well treated and supported. Staff knew people's needs and routines well. A member of staff told us, "I treat [the people] like they are my mum and dad." Relatives told us, "They know [person] very well, even the agency staff", "They encourage him and stimulate [person]" and "The staff do very well with the resources." Relatives also told us, "They always make visitors very welcome."
- Feedback about the quality of care and support people received was mostly positive. For relatives who were unhappy, any issues had been noted and actioned by the registered manager.
- During our inspection, we observed warm and positive interactions between people and staff. We observed staff talking gently to people and maintaining eye contact.

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

- People were involved in their care and support from whether they wanted a bath or shower to what gender of staff they preferred to deliver their care.
- People and their relatives were given the opportunity to express their views and opinions through meetings.
- For people who had no family or friends to speak on their behalf, the service had details of an independent advocacy service. An advocate helps to ensure that the views and wishes of the person are conveyed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- Care records contained a 'snapshot support plans' but they did not always highlight important information such as allergies.
- People's care records had not always been amended to reflect their current health care requirements. For example, advice from external healthcare professionals had not always been incorporated into the main care plan and people's care records did not always record consistent information. Although it was evident on speaking with staff they were aware of people's requirements. The care records we looked at were actioned the day after our inspection.

We recommend the registered provider updates people's care records to reflect their current needs.

- Daily notes were recorded by staff which detailed care and intervention carried out. However, some records contained gaps, meaning it was not clear if people had not received the care and support as per their support plans. For example, one person had not been receiving their daily target intake of fluids. For another, it was not clear that a wound assessment had taken place when due.
- Care records contained information about people's preferences in relation to their support. Staff used this knowledge to care and support people in the way they preferred. A relative told us, "Staff think of [person] as an individual."
- A re-assessment of people's needs was regularly undertaken to ensure that any changes in their needs and goals were identified and planned for. Relatives told us, "One of the nurses once asked me to come and update the care plan" and "I have power of attorney and I am involved in [person's] care plan."
- People were involved in making decisions and choices as far as possible. A relative told us, "It depends on [person's] mood, but staff do encourage them to do things for themselves."
- People's protected characteristics were recorded such as their religion, culture and sexual orientation.

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.

- Staff supported people who required assistance with reading or completing paperwork in relation to their care and support. Guidance on how best to communicate with the person was recorded in their care plan.
- Staff communicated meaningfully and appropriately with people living with dementia; for example, they

repeated and/or rephrased what they were saying, to try to ensure that the person understood.

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

- Although some activities were provided, there wasn't a full-time dedicated activities co-ordinator to facilitate activities for people which were individualised and meaningful to them.
- During our inspection, we did not observe people pursuing any hobbies or interests. Relatives told us, "The previous activities coordinator used to do an awful lot, but that's stopped" and "As far as I know, [person] is in bed all the time, so can't do any activities." A staff member commented, "I do feel there could be more activities for people."

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. People and their relatives told us they knew how to raise any concerns if needed. A relative told us, "I have confidence that if something is mentioned it will be addressed."
- The registered manager considered any complaints received and used them as opportunities to help improve the service.

End of life care

- At the time of the inspection, there was no one receiving end of life care.
- Some staff had received training in this area. The service worked in conjunction with external health care professionals to support people with dignified end of life care in line with their wishes.

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 as Requires improvement. At this inspection this key question has remained the same. 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.

At our last inspection we found systems to monitor the service were either not in place or fully embedded to demonstrate safety and quality was effectively managed.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider remained in breach of regulation 17.

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

- The service monitored the safety and quality of the service. However, although some care plan audits had identified the concerns we found during our inspection, it was not always evident what action had been taken to address the concerns.
- Some audits undertaken by the provider were incomplete, so it was not obvious what issues had been identified and if any action had been taken to address them.
- However, since the last inspection, it was recognised that the registered manager had worked hard to bring about improvements, and audits were more developed and effective at identifying concerns.
- Although a significantly high number of accidents and incidents were recorded, there had been a reduction in the in the last month. The registered manager told us this was because one to one care had been secured for people who were more at risk of harm.

We found no evidence that people had been significantly harmed however, systems were either not in place or robust enough to demonstrate the safety and quality of the service was effectively managed. This placed people at risk of harm. This was a continuing breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of our inspection, the service had a lower number than normal of people they supported. The service had voluntarily stopped accepting new admissions. This is because potential refurbishment had been planned in light of the service being sold.

Continuous learning and improving care

- The registered manager was enthusiastic about improving standards of care for people and improvements had been made since our last inspection. However, further action was required to manage and mitigate risk to people through accidents and incidents.

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

- The registered manager told us they regularly worked night shifts to develop a better understanding of people's needs during these hours, and to increase their visibility at the service.
- The registered manager promoted transparency in the running of the service and was respected by people, relatives and staff alike. They were described as being, 'approachable', 'visible' and having an 'open door policy.' A member of staff told us, "[Manager] is lovely, very fair but firm." Comments from relatives included, "The staff respect [manager], they are very hands on", "I've been very impressed with [manager]" and "[Manager] is great, very approachable."
- The prior inspection rating was displayed within the service's premises in accordance with regulatory requirements.

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

- Resident and relative meetings were held as an additional way of obtaining people's feedback.
- The registered manager had organised a dementia awareness session for the benefit of relatives, friends and neighbours in order to increase their knowledge and understanding of the condition.
- The registered manager held regular staff meetings. Staff told us they felt comfortable to raise any issues or suggestions they had at any time.

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 submitted any required notifications to CQC in a timely way and safeguarded incidents where appropriate.

Working in partnership with others

- The service worked in partnership with others such as commissioners, safeguarding teams, health and social care professionals and community groups. This helped to promote and develop best practice.

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 17 HSCA RA Regulations 2014 Good governance Audits were not always effective at identifying concerns. Systems and processes were not always effective at assessing and mitigating risks relating to the health, safety and welfare of service users.