

Worcester Garden Limited

Greenacres Care Home

Inspection report

Fieldside
Crowle
Scunthorpe
Lincolnshire
DN17 4HL

Tel: 01724711661

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31 January 2017

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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 ●

Summary of findings

Overall summary

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.

At the last inspection on 21 October 2014 the service was rated Good. This inspection took place on 31 January 2017.

There was a registered manager in place. 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.'

People were protected from abuse. Staff had training in how to safeguard people from abuse and knew how to raise concerns. The building was well maintained and equipment was serviced. Effective medicine management and infection control was in place to help maintain people's safety.

Staff were recruited safely and in sufficient numbers to ensure that people's needs were met.

People had their needs assessed and care plans and risk assessments were developed. People's care was personalised in line with their preferences and needs and their nutritional needs were met. Staff contacted health care professionals for advice and guidance to maintain people's wellbeing.

Staff supported people to have maximum choice and control of their life and supported them in the least restrictive way possible. The policies and systems in place promoted this practice. Risks to people's wellbeing were identified and staff promoted people's independence, even if there were some risks attached to this.

We observed the staff were caring, people using the service and their relatives confirmed this with us. People's privacy and dignity was respected and their personal records were held securely to maintain confidentiality.

Staff were provided with training, supervision and appraisals. This allowed the registered manager and staff the chance to discuss any performance issues or further training needs.

An effective quality assurance system was in place which helped to identify any shortfalls so they could be addressed. The registered provider and registered manager used this system to improve the service.

There was a complaints procedure in place. People who used the service and their relatives were aware of

this. Issues raised were investigated and resolved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Greenacres Care Home

Detailed findings

Background to this inspection

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

This comprehensive inspection was undertaken by one adult social care inspector on 30 January 2017.

Before our inspection we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received and reviewed all the intelligence CQC held to help inform us about the level of risk for this service. We reviewed all of this information to help us to make a judgement.

During our inspection we undertook a tour of the building. We used observation to see how people were cared for whilst they were in the communal areas of the service. We watched lunch being served in one dining room and observed a member of staff giving out medicine. We looked at a variety of records; this included three people's care records, risk assessments and medicine administration records, (MARs). We looked at records relating to the management of the service, policies and procedures, maintenance, quality assurance documentation and complaints. We also looked at staff rotas, three staff's training, supervision and appraisal records, as well as staff recruitment.

We spoke with the registered manager, three staff and the cook, with five people living at the service, five visitors and three health care professional to gain their views.

A number of people were unable to communicate with us, due to the complexity of their conditions. For this reason we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We were able to observe how staff interacted with people and the support they received at key times, for example, lunchtime.

Is the service safe?

Our findings

People we spoke with told us they felt safe at the service. One person said, "There are enough staff. My medicines are given by the staff on time. I feel safe here." Another person said, "I am safe, I am looked after here. There is adequate staff; they [the staff] look after us well."

Relatives told us they felt the service was safe. A relative told us, "Safety is the main concern. I can relax, I feel mum is safe here." Another relative said, "It is all about mum's safety. Mum is safe and well cared for."

The service had 'zero tolerance' regarding abuse. Staff were provided with training about safeguarding vulnerable adults. The registered manager had effective policies and procedures in place to help to protecting people from abuse. The local authority was contacted to report potential abuse which helped to keep people safe from harm. Staff understood what action they must take to protect people. A member of staff said, "I would report any safeguarding issue straight away."

Potential risks to people's health or safety were recorded. For example; risk assessments were in place for the risk of falls, choking and prevention of skin damage due to immobility. These risks were regularly reviewed to help keep people safe. Staff understood the risks present for each person in their care and told us about action they would take to reduce these risks.

Staffing levels provided at the service were monitored by the registered manager. We spoke with staff about the staffing levels provided. Two staff told us they felt there were enough staff provided, however, a third said, "It is a good place to work. I am the only senior on this afternoon. The registered manager helps, but she goes home about 5pm, this leaves me, the senior with two lots of medicines to do." This was discussed with the registered manager who told us they were recruiting more senior staff and would ensure the staffing levels provided would continue to be closely monitored and two senior staff would be placed on duty when possible.

The medicine systems were robust. Staff had undertaken training in how to administer medicines safely. We saw staff checked people's identity and stayed with them until their medicine was taken. Checks were carried out to ensure medicines were stored correctly, including the controlled medicines at the service.

During our inspection we undertook a tour of the premises. We saw staff were provided with personal protective equipment, for example; gloves and aprons, which helped to maintain infection control. The registered manager described how they sought advice from relevant infection control specialists, when necessary, to help to protect people's wellbeing. We discussed with the registered manager that gloves were available in communal bathrooms on the dementia unit and that this may pose a hazard to people if they swallowed them. The registered manager addressed this by storing the gloves securely to help to prevent this risk from occurring.

Is the service effective?

Our findings

People we spoke with said the staff were effective at looking after them and knew what they were doing. One person said, "They [the staff] know my preferences. They are skilled so they are able to care for me." Another person said, "The staff look after you very well. The food is lovely."

Relatives commented; "It gives me peace of mind mum is here. She has a good quality of life and is well fed," and "The staff follow our guidance and ask for advice. They are open and honest with us and us with them."

Training was provided for staff to help maintain and develop their skills. New staff undertook a period of induction where they worked with senior care staff and their skills were assessed and developed using the Care Certificate, (A nationally recognised training programme). A member of staff said, "Training is kept up to date. I am doing fire training in February."

Staff received regular supervision and had a yearly appraisal which allowed the registered manager and staff to discuss any performance issues or further training needs.

People were encouraged and supported to make their own decisions about their care and support. People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people lacked the capacity to make their own decisions care was provided in their best interests following discussions the person's relatives and relevant health care professionals. This helped to protect people's rights. A member of staff told us, "Regarding consent, we look at care records and follow these to meet people's needs. If people cannot speak we look for their body language, and DoLS and best interest information is in place."

People had their nutritional needs met. Information about people's dietary needs, preferences, allergies or special diets were recorded. Drinks and snacks were offered at any time. Food served looked appetising and nutritious. Staff encouraged people to eat and drink with patients and kindness. Adapted crockery and beakers were provided to help maintain people's independence with eating and drinking. Staff monitored people's diet and fluid intake. People's GP's or dieticians were consulted if there were concerns to make sure people had enough to eat and drink.

People's wellbeing was monitored by staff who sought advice as people's needs changed. A health care professional told us staff were present when they needed them and they knew what they were doing to maintain people's wellbeing.

There was level access into the service. Communal areas were clean and spacious. People's bedrooms were set out to make sure staff had enough room to use special equipment, for example hoists to meet people's needs. Pictorial signage was provided to help people find toilets and bathrooms. Bedroom doors were

numbered and some people had photographs on their door to help them locate their room. There were pictures displayed which helped people reminisce about the local area.

Is the service caring?

Our findings

People we spoke with and their relatives told us the staff were caring. We received the following comments; "The staff are patient, kind and caring," "Nothing is too much trouble for the staff," and, "I cannot praise the staff enough. They give me peace of mind and quality of life." We observed staff treated people with compassion.

Staff were attentive to people and offered help and assistance when required. Staff took their time to gain eye contact with people by bending to listen to what people said. People who could not speak were checked regularly to make sure they were comfortable. Staff used gentle appropriate touch to reassure people and let them know they were there. This helped people to feel cared for. Staff said they treated people like their extended family. Staff we spoke with said, "I love working here, everyone [people living at the service] are so lovely," and "I love the residents, there is a family atmosphere with good care and teamwork."

People were asked to consent to the care and support provided, where this was not possible staff acted in people's best interests and followed the information recorded in people's care records. This helped to make sure people received the care and support they wanted to receive. Staff asked people what they would like to do and where they would like to eat.

There were notice boards that provided information to people, for example; previous inspection reports, local advocacy services and dates of resident and relatives meetings. People were provided with a 'service user guide' which told them what was available to them.

Staff treated people with respect and promoted their privacy and dignity. Care was provided in people's bedrooms and bathrooms behind closed doors to maintain their privacy.

From speaking with staff we could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

End of life care was provided. We saw there had been positive feedback received from relatives about this care. For example; 'Thank you for the care you gave dad over the last few months. Thank you all for your support, you have been so kind'.

Is the service responsive?

Our findings

People we spoke with told us the staff were responsive to their needs. We received the following comments; "They [staff] look after you very well," "When I had a fall I was checked over by the GP," and "The girls get me checked over if I say I am not feeling very well."

Relatives told us the staff were responsive and they confirmed they could raise complaints which would be dealt with. Relatives said, "I am involved in care plan reviews and I am kept informed of GP visits and any changes in mum's condition. I have no complaints, if I had a complaint I would say," and "I would raise issues with the manager who is very approachable, but I have never needed too."

People's care needs were assessed before they were offered a place at the service. This helped the staff to plan people's care so that it was personalised for them. People's likes, dislikes and preferences for their care and support were recorded. Care plans and risk assessments were detailed which enabled the staff to understand people's needs. As people's needs changed their care records were updated to reflect their full and current needs. People told us they received the support they needed.

There was a handover of information between staff at the start of each shift. Information about people's physical, psychological and emotional condition as well updates from visiting health care professionals was shared to inform staff. This ensured appropriate care was provided to people.

Health care professionals confirmed staff contacted them for help and advice. People were supported to visit the local hospital, or health care professionals. We saw if people were not well advice was sought and staff escorted people to hospital. People had 'hospital passports' in place to inform health care professionals about people's needs. This helped to ensure their needs could be met.

A programme of activities were provided along with spontaneous activities. Staff helped people to reminisce. Family and local community contact was encouraged at the service. This helped to keep people's minds active.

A complaints procedure was in place. People told us they would raise a complaint but had no complaints to make. We saw complaints were investigated and the outcome was recorded and shared with the complainant.

Is the service well-led?

Our findings

People we spoke with and their relatives told us the service was well-led. We received the following comments; "I am happy with how the manager run's the service", "I am asked for my views, I cannot fault them here", "I attended a resident and relatives meeting with the provider present and I could raise any issues." And "I would recommend this home to anyone."

The service had a registered manager in place. 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.

We spoke with the registered manager about the culture of the service. They told us the registered provider was supportive to them they visited to monitor the service and attend meetings. The registered manager said, "We provided a homely place for local people to stay. This is their home. We have developed good relationships with relatives and health care professionals; we want what is best for everyone." The registered manager said everyone worked as a team to support people living at the service, their relatives, visitors and staff.

The service had a positive ethos and an open culture. There were 'Thank you' cards that had been received, these were complimentary about the registered manager and staff and they helped to confirm the positive culture and individualised care provided was effective.

Staff told us there was effective team work and the service was well-run. Staff said the registered manager was approachable and worked alongside them to monitor the quality of service provided. They confirmed they gained good support from the registered manager. A member of staff said, "It's a family, a home from home. I enjoy working here, we all help each other."

There was a quality assurance system in place which consisted of audits and checks and seeking people's views via meetings and questionnaires. Meetings were held with people who used the service, their relatives and staff. There was also a suggestion box in place for people to use. We saw where issues were found action plans were produced and issues were addressed.

The registered manager had developed good working relationships with local health and social care professionals. Those we spoke with confirmed the service was well-led and staff were knowledgeable about people's needs and followed their guidance. One said, "The registered manager and staff are open and honest with us, we are with them. We have a very easy relationship and discuss things, there are no issues."