Greenacres Care Home Limited

Greenacres Care Home

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 16 March 2017 and was unannounced.

The home provides residential and nursing care for up to 28 people. There were 28 residents living at Greenacres on the day of our inspection. There were two shared rooms.

There was a registered manager for the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

We have made a recommendation about pureed diets.

Most risks had been identified and care planned to keep people safe. However, care plans did not contain the information staff needed to provide effective care to people living with diabetes, if their blood sugars were unstable. In addition some of the windows did not have restrictors in place.

There was a suite of audits in place to monitor the quality of care people received and the registered manager routinely took action to improve the care they provided. However, the audits had not identified the concerns relating to diabetic risk and window restrictors. In addition the registered manager had failed to notify us about issues they were required to tell us about by law.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. We found the registered manager had taken appropriate action to comply with the requirements of the MCA and therefore people's rights were protected.

Staff were kind and caring and there were enough staff available to provide person centred support for the people living at the home. Staff skills were continually developed through on-going training and support including how to recognise and keep people safe from abuse. Medicines were safely administered and accurate records were kept.

People were supported to maintain a healthy weight and were offered a choice of food. People were also supported to make choices about their everyday lives and had been involved in planning the care they needed.

Care plans contained information on how people liked to receive their care and staff were aware of people's individual preferences. People were offered a range of activities some of which supported them to engage with the local community.

People has been supported to express their views on the care they received through surveys and residents' meetings. The registered manager listened to their concerns and took action to resolve any issues they raised.

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 consistently safe.

Most risks had been identified and care was in place to keep people safe. However, risks relating to people with diabetes having abnormal blood sugars had not been included in the care plans and window restrictors had not been fitted in every room.

There were enough staff to keep people safe and appropriate checks had been completed to ensure that staff were safe to work with vulnerable people.

Medicines were safely managed and administered.

Staff knew how to recognise abuse and how to keep people safe from abuse

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed to provide safe care.

Staff understood people's right under the mental capacity act and supported people to make decisions about their lives.

People's nutritional needs were assessed and they were supported to eat safely and maintain a healthy weight.

People were supported to access healthcare advice and treatment when needed.

Is the service caring?

Good

The service was caring.

Staff were friendly and caring and supported people to live a fulfilled life.

People were offered choices about their daily lives.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People and their families had been involved in planning the care they needed.

Care plans reflected the person centred care people needed.

People were supported to access activities in the home and in the local community.

People knew how to complain and were confident that the registered manager would resolve their concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The registered manager had failed to notify us about Deprivation of liberty safeguards and some safeguarding concerns.

There was a suite of audits in place to monitor the quality of the care people received, however they had not identified the concerns we found.

People's views on the care they received had been gathered and analysed and the registered manager had taken action to improve any areas of concern.

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 was planned to check 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 home, and to provide a rating for the home under the Care Act 2014.

This inspection took place on 16 March 2017 and was unannounced. The inspection team consisted of an inspector and an expert 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 home.

Before the inspection we reviewed the information we held about the home. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the home. We also reviewed information sent to us by the local authority who commission care for some people living at the home. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

During the inspection we spoke with seven people who lived at the home and spent time observing care. We spoke with two senior care workers, a care worker, the activity coordinator, the deputy manager and the registered manager.

We looked at four care plans and other records which recorded the care people received. In addition, we examined records relating to how the home was run including staffing, training and quality assurance.

Requires Improvement

Is the service safe?

Our findings

Most risks had been identified. However, we saw that risks relating to some long term conditions had not been covered in people's care plans. For example, we saw where people were people had diabetes; care plans did not support staff to take consistent action when people had high or low blood sugars. In addition, we saw that environmental risks to people had not been fully identified. Window restrictors were not in use at every window. This meant that people with a DoLS in place were not fully protected from the risks of being able to leave the home unobserved or from falling out of a window. We discussed these concerns with the registered manager who told us they would take immediate action to keep people safe.

Where risks had been identified, care was planned to reduce the risk of people experiencing harm. For example, risk assessments had been completed around people's ability to move safely around the home. Appropriate equipment was in place to reduce the risk of occurrence. People told us that they had the equipment appropriate to their needs and that staff helped them in a safe manner. One person told us, "I get hoisted from bed to my armchair and they cope well." Another person said, "They move me gently when they turn or wash me. I've got a few sore places on my bottom and they keep my feet on these things (inflatable rest) to stop them getting sore."

Where needed people had equipment in place to help them maintain a healthy skin. For example, some people had pressure reliving mattresses and cushions. Staff understood that people's pressure cushions prescribed for them and not interchangeable and ensured that the moved with the person wherever they chose to sit. A visiting healthcare professional was confident in staff's ability to recognise risks and to provide effective pressure care.

However, risk assessments around people's ability to maintain a healthy skin were confused. This was because two different risk assessments for pressure care were being used and they identified different levels of risk for each person. We discussed this with the registered manager and they agreed that it would be better to use a single assessment to ensure clarity in the risks people faced.

Record showed all incidents were recorded and action taken to keep people safe. For example, we saw one person had had fallen a number of times. They had a false prevention and management plan in place and staff were to check the person regularly them to make sure that they always had their walking frames available.

The people had emergency evacuation plans in place to ensure that emergency services knew what assistance so if need to leave the building in case an emergency. In addition, there was a business continuity plan in place to hand ensure that people were cared for in if they were unable to remain at the home.

Most people told us that they felt staffing levels were satisfactory. One person told us, "Mostly the levels are okay. They use bank [staff] for any gaps due to sickness or holidays." Another person told us, "There's usually someone around to ask things." People told us that call bells were usually responded to in a timely manner. One person said, "They come in just minutes usually. I ring for a midnight sandwich sometimes."

Another person said, "I use mine when I'm ready for my legs to be creamed in the evening. Sometimes they're quick coming, and I've had no long waits."

Staff told us that they always had the right number of staff on shift and if anybody was sick their shift was always covered. The registered manager had investigated using the local authority staffing tool but felt that it didn't provide the right level of staff needed to care for people given the layout of the home. They had therefore started to monitor people's dependency against staffing levels and make any changes if needed. We saw the rosters for three weeks and saw that the home had been fully staffed in line with the identified needs.

The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the home. For example, we saw people had completed application forms and the registered manager had completed structured interviews. The required checks had been completed to ensure that staff were safe to work with people who live at the home.

People told us that medication was well administered and supervised. One person told us, "They like to see us take our tablets." Another person said, "I can still swallow and they wait with me to help pick up the pills."

Staff had completed training in the safe administration of medicines. Records showed and staff told us that the registered manager completed regular checks to ensure that staff remained competent to administer medicines.

We observed the medicine round and saw that it was completed safely. Medicine administration records were fully completed. The member of staff checked with people if they needed any of their medicines prescribed to be taken as required. Where people were unable to make a decision regarding as required medicine there were clear guidelines in place to support staff to make consistent decisions about when it should be given. In addition, there were guidelines in place for when homely remedies such as cough medicines should be given.

However, we saw that one person who had their pain relief delivered through a patch which should be changed had not had it changed on the correct day. This meant they may have been in more pain as it was changed a day late. However, staff had not contacted a healthcare professional for advice regarding their error. In addition, staff were not using a patch recording sheet. We raised this as a concern with the registered manager who took immediate action and contacted the GP. In addition, they started an investigation into why the error occurred.

People told us that they felt safe and secure living in the home. One person said, "It is safe, you can have your door open or closed and its secure here." Another person told us, "It is 100% safe, there are some lovely people around me and it's manned all night by two ladies. An exceptionally good home."

Staff had received training in how to keep recognise when people may be at risk of abuse and what actions they needed to take to help people stay safe. Staff were clear on how to raise concerns about abuse both to the registered manager and to relevant external agencies.

Good

Is the service effective?

Our findings

People told us they found staff were capable in their work role. We observed staff interacting well with residents and handling equipment in an appropriate way. One person told us, "The staff are good. It is an excellent home." Another person said, "I feel confident in them."

There was a structured induction in place for staff when they started to work at the home. This consisted of shift where they shadowed an experienced member of staff and training to ensure staff had all the skills needed to care for people safely. Staff told us the training included information on how to move people safely and had to keep people safe and that the risk of cross infection. Before staff completed their probationary period the registered manager completed observations of them supporting people to ensure they were competent.

The registered manager had a training plan in place for the year and had training booked to ensure that staff received update training on key skills. Staff told us they had completed appropriate training to provide safe care. They said that this training was updated at regular intervals to ensure their skills remained up to date and followed the latest good practice guidance. Staff told us and records showed that they receive regular supervision sessions every three months.

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 told us that staff usually asked for consent before carrying out a care task. One person said, "They ask me nicely each time I have help." Another person told us, "They ask my permission whenever I ask for help." People had their ability to make decisions assessed. Where people were unable to make decisions, decisions were made in their best interests. There was clear information in people's care plans on who they wanted to be including in making any best interest decisions. An example of this was one care plan which clearly indicated the person have capacity to make day to day decisions. However, any major decisions were to be discussed with their power of attorney.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Two people were subject to DoLS authorisations that had been approved. No one living at the home add any conditions on their DoLS.

People told us that they generally had freedom of choice on where to go or what to do day to day. While the front door was locked to keep people safe, this was not to keep people restricted to the building. One

person told us, "I can choose to be on my own in my room or mix if I want. I can use the front door as I know the code and can go for a walk to the garden or as far as the butcher on my own. I tell them I'm going out first."

People told us they were happy with the food offered. One person told us, "It's very nice food, very good. I can ask for something else instead like an omelette or salad. I often just eat in my room." Another person told us, "It's not bad food – the chef comes and asks me what I want. She knows I love fish and don't want meat, so will do me specials if I want. We don't get much fruit though and I'd prefer more vegetables, so I have to ask." However, we saw that people who required a soft diet had all the ingredients of their meals pureed together. This mean that people were not given the opportunity to choose what parts of the meal they wanted to eat.

We recommend that the service consider current guidance on providing pureed diets to people.

People's nutritional needs were assessed. People who were at risk of being unable to maintain a healthy weight had been identified and appropriate support from healthcare professionals had been sought. Where necessary people had been supported with prescribed high calorie supplements. When needed food and fluid charts were in place to monitor people's nutritional intake. People living with diabetes were offered a low sugar balanced diet.

People told us that they had plenty of drinks provided. One person told us, "We get a jug of orange squash fresh every day and the trolley comes round the bedrooms about three times a day, with biscuits and crisps too." Another person said, "Tea and lemon squash are my favourites, so that's what they bring me." We noticed a jug of squash was provided in each bedroom. Jugs of squash were also available in the lounge and activity room. The tea trolley made three rounds a day with a choice of hot and cold drinks and biscuits. However, we did not observe staff encouraging people to drink who needed support. We saw several residents living with dementia with untouched drinks beside them in the main lounge.

People were given the right adaptive equipment they needed at mealtimes in order to eat independently. For example, one person was given a plate guard to enable them to eat their meal independently. Where people needed to support to eat and drink care workers were encouraging and took their time to ensure the person had enough.

Access to healthcare was good, with people also being able to use their own practitioner if they preferred. One person told us, "I've had my psychiatric nurse visiting now and then. I go to the private dentist just down our road, as he's close by. I see the optician here once a year and the chiropodist comes about 6 weekly." Another person told us, "I have the Parkinson's nurse coming in and the doctor does checks. I didn't think much of the optician here. I have the chiropodist for my feet regularly."

Individual care plans included all the information needed to support people's day-to-day health needs. Additionally, we saw people had been supported to arrange and attend for eye tests and their prescriptions had been updated where necessary. Records showed other health professionals such as GP's and the community mental health team had been included in people's care when needed.

Good

Is the service caring?

Our findings

People told us that staff were friendly and caring. We observed staff interacting well with people and speaking in a kindly manner, sometimes sharing a joke and laughing. One person told us, "They're very friendly. We have quite a lot of new younger ones now." Another person told us, "They're ever so friendly and helpful. I've no complaints." We saw that staff provided care which helped people feel looked after and cared for. For example, people were offered wipes at the table to wipe their hands clean before eating and staff took the time to comment positively on people's clothes and appearance.

People were happy that the staff listened to them and helped them if they were worried about anything. One person told us, "I feel like they're my friends now after all this time and they listen if I've got a problem." Another person told us, "I feel very comfortable with the girls." In addition, the home had connected with a befriending service at the local church. Volunteers with the service visited people and the home and spent time talking to them. This was important for some people who did not have regular family visits.

Care plans contained information about the people and their lives, for example, what their job had been and what family they had. This information supported staff to connect with people and was particularly useful when providing care for people living with dementia.

People told us that they were encouraged to remain independent within their means and ability. One person told us, "There's not much I can't do so I'm really encouraged to be independent and look after myself." Another person said, "Even though I can't do much being in bed, I help with what I can when they wash or shower me."

Staff told us how they offered choices to people throughout the day. For example, what they wanted for lunch or where they wanted to spend the day. They explained that some people were not able to make verbal choices but could communicate using different methods. Where people found it difficult to make a choice when presented with too many options staff explained how they showed people limited options to minimise confusion and support them with their choices.

People we spoke with told us that they were usually able to plan their bedtimes, activity participation, where to sit and make food and drink choices. One person told us, "I like to go to bed about 10pm then they wake me up about 7am with a cup of tea, then I have a lie in until I'm ready to get up. I decide what I do in the day and meals." Another person told us, "Everything is up to me to plan and do. I'm lucky."

People told us that they felt their privacy and dignity were respected. We observed staff knocking before entering bedrooms, even if the door was ajar. We saw staff adjusting some people's clothing once seated to maintain their dignity. One person told us, "I close my curtains when I'm washing. The girls knock first then peep round and will come back if I'm dressing." Another person said, "They always knock on my door. I say not to close my curtains as I'm so small, no-one can see. I like my door ajar at night so night staff can peep in easily."

The home had a new hairdresser's room since our last inspection. We saw that it was pleasantly decorated and increased people's dignity. People old us it was like the experience of going to the hairdressers instead of having their hair cut in the corridor. In addition, we saw there had been some improvements in the fittings and fixtures of the home. For example, there was more signage about the home to support people to move independently and toilet and shower room doors were painted red to be easily identifiable to people.

The provider had installed cameras in communal areas. This had been discussed with people living at the home and information was available on the notice board to let people know that these were in place. The recordings from these cameras were used to review actions taken by staff if concerns or complaints were raised.

Good

Is the service responsive?

Our findings

Most people living at the home told us that they relied on family members or their power of attorney to be involved in the care planning process and meetings with management. One person told us, "I've seen my care plan before. My son has power of attorney and comes in occasionally for meetings." Another person said, "It's my choice to be in here and I've had to sign a new care plan for April as a few things have changed. I want things noted for when I can't communicate any longer." Care plans had been signed by people receiving care or their representative to show they agreed with the contents.

People told us that they felt their care was usually as they wished it to be and felt it was personal to them. One person told us, "My care is okay as they do what I need and I can say if I'm not comfortable." When providing care staff were calm and provided appropriate support. For example, we saw a member of staff supporting a person to sit down. They gave clear guidance and encouragement to the person, supporting them to be in the right position before trying to sit.

People were able to call for staff whenever they needed. We saw one person who was unable to move around the home unsupported, preferred to spend time in the quiet lounge. They had a personal call bell on a necklace so that they could call for help whenever they needed to. We saw staff responded promptly to these calls. People told us that staff carried out regular checks on then if they were in their bedrooms. One person told us, "I hear them do their regular checks at night." Another person said, "They turn me regularly all through the day and night."

Care plans contained person centred information regarding people's personal care needs. For example, how often they would like a bath or a shower and what support they needed. People's night time care needs were recorded along with actions staff needed to take to ensure people were not restricted to their beds. For example, one care plan recorded that the person's frame needed to be accessible. There was a formal handover process at the end of each shift to ensure staff knew about any changes to people's care needs.

Where people had existing long term conditions they were supported to attend for care and screening that was offered. For example, one person had been for a diabetic eye screen. In addition, extra blood sugar monitoring was completed when needed to ensure the person was maintaining their blood sugars in a normal range. However, there was no information for staff on what actions to take if people's blood sugars were outside of safe ranges.

Care plans recorded people's social needs for example one care plan recorded the person liked spend time in their room and to chat with the care staff. They contained information on people's routines and where they like to spend time and if they would decline to join in planned activities. One person told us, "I spend most of my day in the activity lounge as I like it here with friends."

Activities were provided on six days a week and a daily activity plan was on a noticeboard along with details of forthcoming visiting entertainers. A central lounge area was the designated activity area and we noticed that six people chose to spend much of the day in the room. In the morning we observed five people happily

playing a game of dominoes.

Some people on bed rest told us that the activity person had visited them for some one-to-one support. People who chose to stay in their rooms were also encouraged to go to the lounge and participate in activities if they wished. Feedback on the activities provided was positive, although some people chose not to take part in group activities. One person told us, "Much of the time I stay in my room or have a walk but I've played bingo and like the bean bag throwing games. The singer with the organ is nice too. A vicar comes every Friday morning and plays a guitar and sings, so it's not all hymns. There's communion if you want it. The local shop folk are very nice so we feel like we're in a community and the garden round the corner is nice and we have a barbecue sometimes." Another person said the activities person visited them for a chat or to play a game.

We saw there was a notice telling people how to complain in the main entrance. People told us they were happy to raise complaints with the registered manager or other staff. Staff told us that if a person complained to them they would raise the issue with the registered manager and record it in the person's daily notes. Only one person could recall having made a complaint and this had been resolved. Records showed there had been three complaints since our last inspection. The registered manager had fully investigated each complaint and had responded to the complainant in line with the provider's complaints policy.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had not notified us of all the incidents that they were required to tell us about by law. They had not notified us when people's liberty had been restricted under the Deprivation of Liberty Safeguards or if people had been referred to the local authority safeguarding team for minor concerns such as two people becoming distressed. We discussed this with the registered manager who had not fully understood what information they needed to tell us about. They told us they would ensure that all information was submitted in the future. We took this information into account when we rated this key question.

The registered manager had a suite of audits in place to monitor the quality of care people received. We saw the registered manager took appropriate action to rectify any issues identified. For example, record shows falls audits had been completed on a monthly basis. We saw there been a higher number falls at one stage in the year and we discussed this with the registered manager. They told us this was because one person's needs had increased. They had worked with the local authority to ensure the person moved to a nursing home where they could be monitored more effectively. However, the audits were not fully effective as they had failed to identify the concerns we found with the window restrictors and the lack of robust risk assessments for people living with diabetes.

People told us that the registered manager was often visible and was approachable. One person told us, "I may see her if I go along for lunch. She's quite easy to talk about problems with." Another person said, "The manager is very good. She looks in on me from time to time."

People had been asked for their views of the standard of care they received through questionnaires in June 2016. The registered manager had developed an action plan from this survey and made changes to improve the care people received. For example, they changed the menu and now offered choices at each main meal. We could see they had developed the menu to give people a choice of a modern meal such as quiche or a more traditional roast dinner. One person told us, "I did a survey a few weeks ago that they gave me, to ask how the care is and we usually have a monthly get together and they talk about menus and things like that, so they take notice of us." In addition, people told us they were able to discuss the care they received at residents' meetings and that their ideas had been well received. One person told us, "We've had meetings. At one, we suggested about having an alarm in the lounge so family or people could call for help if someone was in trouble. We also suggested the neck alarms too and now we've got both sorted."

When speaking with staff it was clear that they had a lot of respect for the registered manager and felt confident with them leading the home. One member of staff said if they had any concerns they would discuss them with the registered manager. They told us that they had a good relationship with the registered manager and that they listened to what was being said about people's care needs.

There was an open relaxed culture with the staff and they worked as a team to deliver high quality care. A member of staff told us how when they had first started working at the home their colleagues had been supportive and helpful. They told us how they had been able to approach them and ask them whatever

information they needed to know. Staff told us and records showed that they receive regular supervision sessions every three months. In addition, staff had regular staff meetings and if they had any concerns they were able to talk to senior staff. The home had a whistle blowing policy that staff were aware of and they knew that they could raise any concerns with the senior staff or the registered manager and were confident action would be taken.