

Greenlane (Cumbria) Limited

# Greenlane House

## Inspection report

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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

### About the service

Greenlane House is a residential care home providing personal care for up to 28 people. The service provides support to mainly older people some of whom are living with dementia-related conditions. At the time of our inspection there were 22 people using the service.

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

People and relatives praised the friendly atmosphere in the home and described staff as helpful and kind. The home had a warm and welcoming culture. Staff were engaging with people.

People received individualised support that matched their personal preferences. There was a good range of activities and engagement in the local community to support people's social inclusion.

There were enough staff to assist people. People's needs were assessed to make sure their care could be provided by this service. Staff were very knowledgeable about each person and how they wanted to be supported.

People said the meals were nice and they got enough to eat and drink. People had good input from other care services to support their health needs. Staff provided sensitive and compassionate care to people when they reached the end stages of their lives.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

The home was clean and comfortable. The provider had sufficient equipment and screening to reduce the spread of COVID-19.

Relatives said staff had kept them well-informed throughout the pandemic and during a recent outbreak. The home had good working relationships with local health and social care agencies to support the needs and well-being of the people who live there.

The provider carried out checks of the quality and safety of the service. We have made a recommendation about monitoring any identified actions until they are addressed.

The provider and management team were open and approachable. The provider was committed to improvement and a refurbishment programme was taking place.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 11 June 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 6 September 2018.

#### Why we inspected

This was a planned inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was 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?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Greenlane House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one 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 service.

#### Service and service type

Greenlane House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Greenlane House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post who had recently gone on a period of planned leave. An interim manager was intending to also apply for registration during this period.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since it registered on 11 June 2020. We sought feedback from the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with five people who used the service and eight relatives. We spoke with eight staff including the interim manager, operations manager, deputy manager, two senior staff, two care staff and a maintenance staff. We contacted 13 other staff by email for their views.

We reviewed a range of records. This included five people's care records and multiple medicine records. We looked at three staff files in relation to recruitment. We also viewed a variety of records relating to the management of the service, including audits, policies and procedures.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place to protect the people who lived at the home.
- Staff understood their responsibilities to report any concerns and had training in safeguarding people.
- People said they had no concerns about their safety at the home. One person commented, "I have lived here for a while and I feel very safe here." Relatives said their family members were "safe" and "confident" in their environment and with staff.

Assessing risk, safety monitoring and management

- The provider assessed and monitored potential risks to people's safety.
- People's care records included information about their individual risks, such as pressure care and mobility. These were kept under review and actions were taken to minimise risks to people's health.
- The provider employed maintenance staff to carry out routine health and safety checks and external contractors to service equipment. Health and safety certificates were up to date. Checks had identified new safety valves were needed for hot water outlets and these were to be replaced.

Staffing and recruitment

- The provider had systems for the safe recruitment of staff. Sufficient checks were carried out prior to appointments to make sure staff were suitable to work with vulnerable people.
- There were sufficient, appropriately trained staff on duty to make sure people received the support they needed.
- People and relatives said there were enough staff to support people in a safe way. Relatives had mixed views about the time it took to answer call bells.

Using medicines safely

- People's medicines were safely administered. The service used an electronic recording system which alerted staff to the time and dosage of any medicines. It was good practice that people who were able to continue to manage their own medicines were encouraged and supported to do so.
- Staff received training in medicines management, and they had regular assessments of their competency.
- Protocols for the use of 'as required' medicines were in place but needed more detail to ensure consistent support. The provider immediately addressed this.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were somewhat assured that the provider was using PPE effectively and safely. On the first day of the inspection a small number of staff were not replacing facemasks after eating. The provider addressed this immediately and we saw improved practices at the next visit.

#### Visiting in care homes

The home was facilitating visits in line with the current government guidance at the time of the inspection visit. People and relatives were satisfied with the visiting arrangements.

#### Learning lessons when things go wrong

- The provider had a system to record accidents and incidents which were reviewed by the provider and registered manager to identify trends.
- The manager carried out monthly analysis of falls and incidents to show the people at most risk. Actions were taken to reduce the risk of recurrence, for example, by providing bed sensors and door sensors to alert staff to someone mobilising without support.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Each person's needs were assessed before they came to the service to make sure the right care could be provided.
- Information about people's abilities, preferences and needs was used to develop very personalised individual plans of care.

Staff support: induction, training, skills and experience

- The provider used a national training programme to make sure staff received essential training in health and safety. New staff completed comprehensive induction training before and after they started work at the home.
- People and relatives said staff were "well-organised" and understood people's specific needs. One person commented, "They seem to know what they're doing."
- Staff said they were well-supported by the provider and registered manager. They received supervision to support them in their role.

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

- People were complimentary about the quality of food. They told us, "The food is very good, it's nicely cooked and there's plenty of it. I'm always offered more" and "It's all home-made." People had written menus to make informed choices and were offered alternatives.
- People's nutritional needs, as well as preferences, were clearly recorded in care plans. Staff dined alongside people so they could provide support, encouragement and offer additional choices if necessary.
- People's nutritional well-being was monitored and the service liaised with dietitians and GPs where necessary.

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

- Staff made sure people had access to healthcare services when required. The service had good relationships with local healthcare professionals.
- People described regular input from their GP, and relatives said the service kept them well-informed with any updates about their health. For instance, one relative commented, "My family member has access to the GP and the dentist, and had their flu jab and everything else. Staff make sure they get what they need."
- The service had clear oral health care plans and these described when each person had been seen by a dentist and what daily support they needed with oral hygiene.

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

- The home was an older building that had been adapted where possible to support people's needs. There were signs around the home to help people identify their bedrooms, bathrooms and toilets. There was an assisted bath to support people with mobility needs.
- Some people had been provided with sensor mats so staff could be alerted to keep them safe if they rose from bed during the night.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood people's rights to make their own decisions and sought their consent. In the small number of cases where people lacked capacity, applications for DoLS had been made appropriately.
- Where relatives had Lasting Power of Attorneys (LPA), the service made sure they had copies of the relevant documentation. This meant decisions could be made in people's best interests.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said they were treated with care and kindness. They described staff as "friendly" and "helpful".
- Relatives spoke positively about the caring relationships staff had formed with people and with relatives. Their comments included, "Staff are very sweet. My family member has banter with them and they all enjoy it" and "Staff are very friendly with me when I phone. I always feel happy my family member is there."
- People and relatives said there was a happy atmosphere in the home. One relative told us, "When I'm sat with my family member, their face lights up when they see the staff. My family member knows them and they are kind to her."

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

- People were encouraged to make their own choices and decisions, and these were respected.
- Staff supported people in the way they wanted and respected their daily routines. One relative commented, "My family member does not like to leave her own room. Staff encourages them but respects their view."
- People's care records included clear information about each person's wishes and how they communicated their choices.

Respecting and promoting people's privacy, dignity and independence

- People's independence was fully promoted and supported by the service. For example, some people managed their own medicines. Some people bathed independently and helped to return dishes to the kitchen after dining.
- A couple of people had been able to go out to town independently before the pandemic but had lost a little confidence. Staff were supporting those people to regain that confidence.
- Relatives said people's personal grooming was respected and their self-esteem was supported. For example, a relative commented, "The staff are very accommodating and helpful. They paint my family member's nails, make sure they are always dressed well, and helped with their hair when there was no hairdresser."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a personalised service that met their individual abilities and needs. Staff were very familiar with each person's wishes, capabilities and their preferred way of being supported.
- The provider had introduced an electronic care planning system. People's care plans were person-centred, detailed and gave staff clear directions about how to meet people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard (AIS) tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was aware of the AIS and made information available in different formats to suit individual needs.
- The service was sensitive to people's visual, auditory and communication needs. Staff used an electronic care record system that could print support plans in different fonts, large print and easy-read text. The system could also convert spoken word to text to include people's views.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had good support to keep in touch with relatives and the wider community. People spoke positively about the enthusiastic activity co-ordinator who arranged various events, crafts and trips out.
- Relatives described how they were kept up to date with their family member's social care during the pandemic. One commented, "The activities co-ordinator does crafts, exercise, going out for walks. That's been really good. She sends pictures and involves me in what my family member does."
- Another relative commented the co-ordinator was good at helping their family member to keep up links with friends and was arranging trips out to visit them.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints procedure. People had a copy of this in the resident's information guide.
- People and relatives said they would feel comfortable about raising any concerns. People and relatives had a good relationship with the management team. One relative described how they had raised a couple of issues with the registered manager and she had followed them up appropriately.

- There had been no complaints about the service over the past year.

#### End of life care and support

- The service provided compassionate care to people who were at the end stages of their life.
- Care plans about people's preferred last wishes were very personalised and respectful. Staff had training and experience in supporting people with their palliative care needs.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The home had a registered manager who was on a planned period of leave. An interim manager was in place and they were going to apply for registration during this period. The provider had a senior management team, including an operations manager and quality and compliance manager, who supported the management of the service.
- The provider had systems to monitor the quality and safety of the service and set out actions where improvements could be made.
- During audits of the home two months prior to the inspection, the management team had twice noted some medicine records lacked detail and instruction for staff. We found the same issue during the inspection visit. This indicated that actions were identified but not always reviewed to ensure they had been completed.

We recommend the provider ensures that identified actions for improvement are kept under review until completed.

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

- The service promoted a positive, friendly and uplifting culture where people's individual lifestyles were at the heart of the service. People said, "It's a nice place to live" and "The girls (staff) are very obliging".
- Relatives praised the service for the way it was run. Their comments included, "They treat everyone as individuals and my family member is happy there" and "The care is really good, and I have recommended the home."

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

- People had opportunities to give their views at periodic residents' meetings and annual surveys. They were also involved in audits of bedrooms and the dining experience.
- Relatives said there was good communication with the home. Some relatives recalled occasional surveys but were not aware of the results. The operations manager described a proposed new way of involving relatives and seeking their views in the future using a private social media app.
- Staff had opportunities for providing their views at individual supervisions and group meetings. Staff commented that the management team were "very supportive and approachable" and felt they were

"always been listened to".

Continuous learning and improving care; 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 provider was committed to continuous improvement of the service for the people who lived there. For example, electronic care system had been put in place and a programme of refurbishment was being carried out.
- The provider was aware of the duty of candour and their legal responsibility to be open and honest.

Working in partnership with others

- The service worked alongside other health and social care professionals who were involved in people's care.
- The home had good links with the local community, and this helped people to be included as citizens of the local town.