

Greenroyd Residential Home Limited

Greenroyd Residential Home

Inspection report

27 Hest Bank Lane
Hest Bank
Lancaster
Lancashire
LA2 6DG

Tel: 01524824050

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23 February 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 21 and 23 February 2018.

Greenroyd Residential Home is a care home in Hest Bank. It is registered to care for up to twenty-three people living with dementia assessed as needing residential care. The home has three floors. There are three lounges and two dining rooms on the ground floor. Access to upper floors is by way of a passenger lift and stair lift to the first floor. All bedrooms are for single occupancy and have en-suite facilities. At the time of the inspection visit sixteen people were receiving care and support at the home.

Greenroyd Residential Home 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.

Greenroyd Residential Home was inspected in March 2017 and was rated as inadequate. We re-inspected the service in September 2017 to check what improvements had been made and found some but not all improvements had been made. At the inspection visit in September 2017 the registered provider continued to fail to meet all the fundamental standards. Breaches were identified of the Health and Social Care Act (2008) Regulated Activities 2014. These related to person centred care, dignity and respect, safe care and treatment, safeguarding people from abuse, premises and equipment, good governance and staffing. The service therefore remained rated as inadequate and in special measures.

We used this inspection visit carried out in February 2018 to check to see if the required improvements had been made.

During this inspection in February 2018, we found some but not all improvements to meet the fundamental standards had been made. As a result the service has been taken out of special measures. The service will be expected to sustain the improvements and this will be considered in the future inspections.

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. The registered manager was supported at the home by a manager. The manager had responsibilities for the day to day running of the home.

Following the inspection visit carried out in September 2017, the registered provider had worked to improve systems and processes to ensure the fundamental standards were achieved. Although we found improvements had been made, during this inspection visit we identified a breach to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered provider had failed to ensure medicines administration was in line with current guidance. Systems were not in place for ensuring medicines were appropriately and safely administered.

The manager had developed a training plan and had identified external trainers to provide training to staff. However, training had not yet been fully provided to staff to enable them to have all the required skills to complete their role appropriately. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as staff had not been provided with the appropriate skills to carry out their role.

The registered provider had started to make improvements to make the home more dementia friendly but work had not been completed at the time of the inspection. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the premises were not suitably maintained for people who were living with dementia.

Some improvements had been made to improve the quality of paperwork and documentation at the home. Although some improvements had been made we found paperwork was not always accurate and complete. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The manager had reviewed the auditing systems at the home and made improvements to the auditing system. Although some improvements had been made, we found the audits had not been firmly embedded to ensure all concerns were identified. In addition, we found systems to ensure good governance at the home were not always complete. Advice and guidance provided at the last inspection visit and by other professionals had not been acted upon. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as systems to ensure good governance were not established.

Staffing levels had been reviewed and work had begun to review the staff dependency calculator. We saw staff were not rushed and had time to meet people's needs in a timely manner. Oversight within lounges had improved to promote the safety of people who lived at the home. We have made a recommendation about deployment of staffing.

We looked at how people's dietary needs were being met by the registered provider. Improvements had been made to ensure staff were suitably deployed at meal times. People were offered choices of meals. We have made a recommendation in regards to providing suitably nutritious meals which promote health and well-being at all times.

Relatives we spoke with told us they had no complaints about the service provided. They said the manager was approachable.

We reviewed how information was provided to people who lived at the home. We found information was not always accessible. We have made a recommendation about this.

At this inspection visit carried out in February 2018, the manager had reviewed safeguarding processes to promote people's safety and well-being. New systems had been introduced to reduce the risk of people being harmed from abuse.

Systems had been reviewed to ensure risk was suitably managed and risk was lessened. This meant falls risks and risk associated with the usage of bed rails were suitably managed.

The manager had reviewed systems to ensure person centred care was delivered and achieved. This included reviewing people's care records to ensure they clearly documented people's needs and preferences. We observed person centred care being delivered throughout the inspection visits. Improvements had been made to ensure required documentation was completed in a timely manner when care and treatment had been delivered.

Improvements had been made to promote infection control processes at the home. The manager had taken on the role of infection prevention champion and had reviewed systems and processes to make sure they were in line with good practice.

People who lived at the home and relatives praised the caring and helpful nature of staff. From observations we saw staff were patient and respectful with people. People's needs were met in a timely manner.

The manager had reviewed activities for people who lived at the home to ensure activities provided were appropriate for people living with dementia. We observed activities taking place. People responded positively to activities being offered.

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

Feedback from staff who worked at the home was positive. We observed staff carrying out their duties responsibly and in a caring manner.

End of life care had been discussed with some people and their relatives. Provisions were in place to promote a dignified and pain free death.

Feedback was routinely sought from relatives. We saw relatives had been consulted with through relatives meetings and through formal questionnaires.

This is the first time the service has been rated Requires Improvement. Although this service had improved since the last inspection we still need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

You can see what action we have taken at the back of the full report.

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 sometimes safe.

People who lived at the home and relatives told us people were safe.

Arrangements for managing medicines did not reflect good practice guidelines.

Recruitment procedures were carried out to assess the suitability of staff.

Infection prevention and control systems had been embedded at the home to improve standards of hygiene.

Improvements had been made to ensure staff were aware of their responsibilities in reporting and responding to abuse.

Systems had been implemented to ensure appropriate numbers of suitably qualified staff were deployed to meet the needs of people who lived at the home.

Improvements had been made to ensure risk was addressed and suitably managed within the home.

Is the service effective?

Requires Improvement ●

The service was sometimes effective.

Training had been reviewed and a training plan had been developed to ensure staff received the appropriate training. However, this had not been fully implemented.

Improvements to make the home more accessible to people living with dementia had started but the work had not been fully completed.

Meals provided at the home did not always reflect good practice guidance.

People's health needs were monitored and advice was sought from other health professionals in a timely manner.

The manager had an understanding of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and was working with professionals to ensure care and treatment was provided in line with the guidance.

Is the service caring?

Good ●

The service was caring.

Improvements had been made to promote person centred care within the home.

People and relatives told us staff were kind and caring.

People were treated with patience, dignity and respect.

Is the service responsive?

Requires Improvement ●

The service was sometimes responsive.

The service had a complaints system. However the system did not seek ways to capture complaints and concerns of people who lived at the home.

Improvements had been made to care planning documentation. New care plans incorporated people's preferred needs and wishes.

Activities available at the home had been reviewed to ensure they were person centred and reflective of people's wishes and abilities. These were positively welcomed by people who lived at the home.

End of life care was sometimes discussed with people and relatives. Processes were in place to promote a dignified and pain free death.

Is the service well-led?

Requires Improvement ●

The service was sometimes well led.

Some improvements had been made to ensure paperwork and records were reflective of people's needs, accurate and

complete. Auditing systems had been reviewed to ensure consistency within care. However these were not yet consistently embedded.

Some improvements had been made to ensure concerns identified at the last inspection visit had been actioned. However, we found communication between the registered manager and manager sometimes failed. This meant not all required improvements discussed at the last inspection had been fully implemented.

Processes at the home had been strengthened so staff were aware of their roles and responsibilities. Improvements had been made to ensure notifications were provided in a timely manner.

Greenroyd Residential 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 service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 21 and 23 February 2018. Both inspection dates were unannounced.

Greenroyd Residential Home is a detached property situated in Hest Bank, near Lancaster. The home is registered to care for up to twenty three people who are assessed as requiring residential care. Accommodation is located over three floors. There is a passenger lift and a stair lift for people to use if required. The home has three communal lounges and two dining rooms. All rooms are single occupancy and have an ensuite.

Following the inspection visit carried out in March 2017, the registered provider had been supported by the Local Authority quality and improvement team, and the infection prevention control team to make the required changes. Prior to this inspection visit we spoke with these parties to check whether or not any improvements had been made. We received positive feedback from both teams in regards to the improvements made at the home. In addition, we reviewed information held upon our database in regards to the service. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. We also reviewed other feedback upon our database which had been provided to us from relatives of people who lived at the home. We used this information provided to inform our inspection plan.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the

service does well and improvements they plan to make. We used this information to help us plan our inspection visit.

On the first day of the inspection visit, the inspection team consisted of two adult social care inspectors. One adult social care inspector returned alone on the second day to complete the inspection process.

Throughout the inspection visits we gathered information from a number of sources. We spoke with three people who lived at the home and four relatives to seek their views on how the service was managed. We found not all of those who lived at Greenroyd Residential Home were able to communicate fully with us. Therefore, during our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with the registered manager, the manager, the care manager, three members of staff responsible for providing direct care and the cook. In addition, we spoke with a health care professional who was visiting the home during our inspection visit.

To gather information, we looked at a variety of records. This included care plan files related to five people who lived at the home and medicines administration records for people who lived at the home. We also looked at other information related to the management of the service. This included health and safety certification, auditing schedules, training records, team meeting minutes, policies and procedures, accidents and incidents records and maintenance schedules. We also viewed recruitment files and Disclosure and Barring Service (DBS) certificates relating to two staff members who had been employed since the last inspection visit.

In addition we walked around the building to carry out a visual check. We did this to ensure required improvements had been made; and to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at the home and relatives told us people were safe living at Greenroyd Residential Home. Feedback included, "Yes, I am safe here." And, "I think [my relative] is safe here. I have not experienced anything here which would make me feel any differently." Also, "My relative is safe here, there is always someone here at all times."

Although we were assured people were safe at the home, we found this was not always the case.

At the inspection visit carried out in September 2017, we made a recommendation the registered provider reviewed good practice guidelines and implemented systems to ensure the safe management of medicines. We used this inspection process carried out in February 2018 to check improvements had been made. We found no action had been taken to ensure processes at the home were in line with good practice guidance and safe.

During a walk around the home we found creams and ointments were routinely stored in people's wardrobes and were not stored securely. In addition, creams and ointments were not stored in their original packaging. Two of the three creams we viewed had no name or directions upon them. This meant the registered provider could not be assured the creams were prescribed as directed for the correct person.

We saw some medicines had been handwritten on the Medicines Administration Record (MAR.) These had not been countersigned by another staff member to show they had been correctly recorded and checked. When people had been prescribed variable dose medication, no records were maintained to show how much of the medicine had been given. Also, while the registered provider had identified some people as having allergies this information was not consistently displayed upon the persons MAR record. This placed the person at risk of receiving medicines to which they could be allergic to.

We looked at medicines which were to be given at a specific time. We saw directions were not consistently followed. One person required medicines to be given on an empty stomach. We noted staff gave the medicine after the person had just eaten which conflicted with the information on the MAR. Not giving time specific medicines as stated can reduce the effectiveness of the medicine given. We highlighted this to the staff member administering the medicines. They said this information was not on the original box to which they had referred to. No-one had identified the differing information as a concern. This demonstrated systems to ensure people received the appropriate medicines, as directed, were not effective.

We looked at stocks of medicines in use and randomly spot checked three people's medicines. We did this by cross referencing information held upon the medicines MAR and by counting the total number of medicines in stock. We found stock did not always balance with records maintained. One person's paracetamol stock was over that recorded on the MAR record. We looked at the MAR record to see how stock was recorded and carried over and found stock was not always carried forward on the MAR record. This demonstrated medicines at the home could not be fully accounted for and we could not be assured people had received their medicines as stated.

The above matters show the provider was not meeting legal requirements in relating to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they had failed to ensure the safe management of medicines.

At the inspection in September 2017, we found risks were not suitably managed by the registered provider. We identified risk in relation to management of accidents, incidents and falls, safe use of bed rails, moving and handling, maintenance of equipment and fire safety.

We used this inspection visit carried out in February 2018, to see if improvements had been made. Since the last inspection visit the manager had reviewed and organised all care records so information was accessible and risks could be easily identified. When risks had been identified and systems put in place to manage the risk we found these were sometimes carried out. For example, we observed positioning charts had been maintained by staff to promote skin integrity when people were at risk of developing pressure sores.

Although work had been completed to identify and manage risk, we found not all risks had been addressed and documented by the registered provider. For example, risks associated with diabetes and constipation were not always considered within care records. This meant associated risks and how to effectively manage the risk was not consistently documented for staff to act upon. In addition, two people who lived at the home were being transferred in wheelchairs without footplates. We questioned this practice with the senior on duty. They told us they felt people were more at risk of harm from having footplates on the wheelchairs. There was no evidence this had been reviewed with trained professionals and risks appropriately assessed.

The manager had taken action to ensure moving and handling assessments for people were carried out and met people's assessed needs. Information about people's mobility needs were clearly documented within the care record. Although people had been assessed, there was no documentary evidence of assessments within the care record. We spoke to the manager about the importance of having a documented assessment in place.

We reviewed four care records related to people who were deemed at risk of falling. We found falls were consistently recorded within the falls diary and all information was also included on a monthly audit which was undertaken by the manager. In addition, the manager had made referrals to the health team responsible for promoting effective management of falls. We reviewed accidents and incidents and saw there had been a reduction in accidents and incidents since the last inspection. The manager told us they believed the reduction was due to staff have increasing knowledge of how to manage falls and also because staff were more appropriately deployed to supervise people. They said, "We now get help early and look at why the person is falling."

Information in regards to falls management had been included within care records to offer staff direction as to how to be more proactive when managing the risk of falls. For example, staff were instructed to check that people were wearing appropriate footwear. Although this was documented we saw this was not always carried out. We observed one person wearing a pair of slippers that were too big. This presented as a slip, trip and fall hazard. In this instance staff had not followed the care plan and identified the risk.

The manager had implemented a daily handover prompt sheet to ensure appropriate checks of bed rails took place daily. This task was allocated to the senior member of staff on duty and was overseen by the manager. In addition to the daily checks the manager carried out monthly audits of bed rails. We spoke with staff about procedures to manage the bed rails and staff were able to tell us what to check for when assessing bed rails.

Evacuation equipment had been purchased to assist staff in the event of an emergency and repairs had been made to ensure a fire door closed in the event of a fire alarm being sounded. Staff told us they had been provided with guidance as to how to use the evacuation equipment and felt confident they could use it in an emergency. Although improvements had been made, on both inspection visits we noted two doors near the communal entrance were routinely wedged open. We shared this information with the fire and rescue service.

At the inspection carried out in September 2017, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because infection prevention and control procedures had not been consistently carried out.

At this inspection visit we found the required improvements had been made. Cleaning schedules were in place. Personal protective equipment was readily available for staff and systems had been implemented to avoid cross contamination in the laundry. The manager had taken on the role as infection prevention and control champion to ensure the service provided reflected good practice. Champions are individuals who take on additional training to promote effective working practices. Good practice information is then shared with other staff at the home so that good practices can be implemented. The manager told us they were working to remove the odours within the lounge. They said there were plans in the near future to replace seating in order to remove the present odour. One relative commented on the standard of hygiene at the home. They said they had seen a noted improvement since the last inspection visit.

At the last inspection visit carried out in September 2017, identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Systems to respond to abuse were weak and inconsistent.

At this inspection visit we found improvements had been made to protect people from risk of abuse. The manager had developed their own knowledge by becoming a safeguarding champion. They had reviewed the home's safeguarding policy and had adopted one which was in line with the Local Authority's safeguarding procedure. We looked at safeguarding incidents that had occurred at the home and noted safeguarding assessments and investigations reflected instruction set out in the policy. When asked, staff were able to talk us through safeguarding processes and their responsibilities in responding to abuse.

At the inspection visit carried out in September 2017, we identified a breach to Regulation 18 of the Health and Social Care Act 2008, (Regulated Activities) 2014 this was because staffing levels did not meet the needs of people who lived at the home.

We used this inspection visit to check improvements had been made. People and relatives we spoke with at this inspection visit told us they were happy with staffing levels. One relative said, "There is always someone about if you need them."

Since the last inspection visit there had been a decrease in numbers of people at the home. Despite the decrease in numbers the registered provider had not reduced the number of staffing. Four staff were on duty on each morning of the inspection. This matched with information held upon the staff rota.

We observed staff going about their duties and noted they had sufficient time to meet people's needs. Requests for support were provided in a timely manner. Staff communicated regularly to inform other members of staff their whereabouts. This allowed other staff to be deployed more effectively within communal areas.

The manager had reviewed and amended the staff dependency tool. We looked at the document which had been implemented in January 2018 and noted the amount of staff required on each shift as dictated within the staffing calculator did not match. For example, the calculator stated three staff were required each night but only two staff were scheduled to work. The manager said the dependency tool was work in progress and needed reviewing. They said they were confident the staffing levels currently met the needs of people who lived at the home. We discussed with the manager the importance of having tools to evidence staffing levels had been reviewed in accordance with people's needs. The manager gave us assurances they would review staffing levels should they be able to start admitting people to the home once more.

People who lived at the home and their relatives told us people were safe whilst living at Greenroyd Residential Home. Feedback included, "I feel safe here." And, "[Relative] is safer here than they were at home."

As part of the inspection process we looked to see how the registered provider learned and made improvements based upon past experiences. The manager told us that since the last inspection visit they had listened to guidance from other professionals and had reviewed all care documentation in response to advice. They said staff had now begun to understand the importance of providing person centred care and the need to move away from task focussed support. This demonstrated the registered provider was able to act upon lessons learned.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. We found suitable processes were in place. The registered provider sought references for candidates, checked personal identification and reviewed their employment history prior to offering employment. We looked at processes to ensure staff were not able to work without a valid Disclosure and Barring Service check (DBS). A valid DBS check is a statutory requirement for staff providing a personal care service supporting people who may be vulnerable.

We carried out a visual inspection of the home. We saw windows had restrictors on them and radiators were covered to minimise the risk of burns. Taps had controls upon them to ensure water temperature was restricted to prevent scalds. This reflected good practice guidance as set out in 'Health and Safety in Care Homes.' Whilst reviewing the environment we spoke to the manager about the importance of carrying out wardrobe audits. The manager was unaware of the need to check wardrobes were stable and did not present as a hazard. The manager agreed to review guidance and implement a system.

We also looked at documentation relating to the health and safety of the home. All required certification was up to date, regular maintenance checks took place and comprehensive records were maintained.

Is the service effective?

Our findings

At the inspection visit carried out in September 2017, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to ensure staff had received the appropriate training and professional development necessary for them to carry out their roles.

We used this inspection visit to check improvements had been made. Since the last inspection the manager had created a new training matrix and introduced a training development plan which identified the key training courses to be completed by all staff and the frequency in which they were to be completed. We reviewed the training matrix to see what improvements had been made. Information held upon the matrix showed that since the last inspection, all staff had been provided with infection prevention and control and manual handling training. Six staff had received dementia training and eight staff had received health and safety training.

Although some training had been provided, no staff had received any first aid training to enable them to carry out the role set out within the homes slips, trips and falls policy. We spoke with the manager about this. They informed us a one day first aid training was planned for the oncoming month. We spoke with the manager about feedback provided to the registered manager at the last inspection in regards to staff being trained to provide neurological observations. The manager told us they had not been made aware of this conversation. They thought the one day course would be suitable to meet the needs of staff and people who lived at the home. One day first aid courses only addresses core emergencies that occur within a work place and would not cover neurological assessments.

In addition, no staff had been provided with training and guidance in relation to the management of falls as set out as a requirement in the slips trips and falls policy. We asked the manager about future plans for this training. They told us they had been given some distance learning training for staff to complete. The booklets had not yet been given to staff for completion and no date had yet been set for them to be completed.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as staff had not been provided with the required training to enable them to suitably carry out their tasks.

At the inspection carried out in September 2017, we identified a breach of Regulation 15 of the Health and Social Care Act 2008 as no action had been taken to promote a dementia friendly environment at the home.

We used this inspection visit to check what improvements had been made. We found some, but not all action had been taken to ensure the home environment reflected good practice guidelines. During the inspection visit we observed one person had had an accident and needed to change their clothes. Staff instructed the person to go to the bathroom so they could support them to change their clothes. The person was overheard, anxious and upset stating he did not know where to go as the bathroom door was not easily identifiable. This confusion increased the anxiety and the person became more vocal.

Three communal bathrooms had been fitted with contrasting toilet seats. Research demonstrates colour and contrast can be used to help people living with dementia to identify key features within rooms. The registered manager said they were unsure about the benefits of the contrasting seats and would introduce them into bedrooms should they see advantages to them in the downstairs bathrooms. In addition, the registered provider had worked with relatives and people who lived at the home to develop individual photographs and signs to place upon people's bedrooms doors. These were put in place (with consent) to act as a physical prompt so people could recognise their own bedroom.

We noted that displays had been developed around the home for people to enjoy. We found no consideration had been taken to ensure the displays were well lit and at eye level. Research has shown that people living with dementia increasingly respond to information which is placed at eye level.

We spoke with the registered manager and manager about their progress in promoting a dementia friendly environment; the manager said work had not yet been completed on this. They advised they were still looking for signage to go around the home and had been unable to carry out all the required works due to restrictions within their financial budget.

This was a breach of Regulation 15 of the Health and Social Care Act 2008, (Regulated Activities) 2014 as the registered provider had failed to ensure premises and equipment were suitably maintained and intended for purpose.

As part of this inspection visit carried out in February 2018, we looked to see how people's dietary needs were met by the registered provider. People who lived at the home and relatives we spoke with told us they were satisfied with the quality and availability of food. Comments included, "The food is alright. You never go hungry here." And, "I had fish and chips today. If I am hungry I would tell them and they would bring me something else."

We carried out observations at lunchtime to review interactions between people who lived at the home and staff. We did this to ensure staff were appropriately deployed to meet people's needs at meal times. We found staff were available in dining areas to offer both emotional and physical assistance when needed. We saw people were offered a choice of main meal. However only one choice of dessert was offered.

As part of the inspection process we reviewed the food menus and the kitchen diary which showed what food was planned and what was actually prepared. The cook told us they sometimes prepared different meals to what was planned on the fixed menu. We saw that main meals served at lunch times were nutritious and included vegetables. However the lighter meals served in the evening did not always reflect a nutritious and balanced diet. For example, people were offered a tea cake and a crumpet for one evening meal. We viewed some written feedback provided to the registered manager from a relative. They too had expressed concerns about the appropriateness of the nutritional value of some of the evening meals. We spoke to the manager about this. They told us the registered manager was currently reviewing menus.

People were offered drinks twice during the day. We observed people being provided with extra drinks if they requested them. Sugary snacks were provided alongside drinks. As part of our inspection process we spoke with the manager about the need to ensure optimum health was promoted through diet and nutrition. We discussed the 'eat well guide' and the need to introduce more fruit and vegetables into people's diet. The manager agreed to look at the guidance and look at ways of improving the foods offered to people.

We recommend the registered provider consults with good practice guidelines and reviews the menus at the

home to ensure all meals are nutritionally balanced to promote good health.

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.

Since the last inspection visit the care manager had reviewed all care documentation and introduced new care plans which detailed what support people required. Written consent had not been considered within the care plans. We spoke to the manager about this and the importance for ensuring consent was achieved. They told us the care plans were still under review. They said a staff meeting was planned to discuss each care plan. Once they received assurances from staff about the accuracy of each care plan they would be shared with the person or the individual who had allocated responsibility to make decisions on behalf of the person.

We found care records lacked decision specific mental capacity assessments and lacked evidence to show best interests discussions had taken place. We spoke with the manager about the need to ensure capacity was assessed and best interest's discussions held for each decision made upon the person's behalf. The manager told us they were currently working with the Local Authority quality team to ensure these principles were implemented and carried out within the home.

We recommend the registered provider consults with good practice guidance to ensure the principles of the Mental Capacity Act is embedded within service delivery.

People who lack 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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Greenroyd Residential Home had a locked door policy to ensure people who lived at the home were safe. This meant people's liberty at times could be restricted. This restriction had been considered by the registered provider and DoLS applications had been made to the Local Authority to ensure all restrictions placed upon people were lawful. The manager routinely followed up all DoLS applications on a monthly basis to check on their progress. In addition, when new restrictions were identified these were communicated with the local authority.

We looked at how people's health care needs were met to ensure people received effective care. One relative told us there had been improvements in their family member's health since they moved into the home. They said, "Physically they look a lot better, they are more content."

People we spoke with told us they could see a doctor if they required one. One person said, "I was poorly before Christmas. They called a doctor and I had to go to hospital."

Relatives told us they were happy with how their family member's health needs were managed. One relative said, "[Relative] went through a phase of not eating. Staff worked through this. They got the dietitian to them." Relatives said they were kept informed if the health of their family member changed. Feedback included, "We are always kept informed." And, "[Relative's] needs change but staff keep an eye on them."

Documentation viewed as part of the inspection showed that advice had been sought from professionals in a timely manner. We saw evidence of doctors, district nurses and dietitian input. Information provided by the professionals at each visit was documented within the care record. This meant there was written advice and guidance after each visit had taken place. On the second day of our inspection we spoke with a visiting health professional. They said they had no concerns about the care being delivered to people at the home at that time. This demonstrated the registered provider worked with other organisations to promote positive health outcomes for people who lived at Greenroyd Residential Home.

We spoke with a staff member recently employed to work at the home. They told us they were provided with an induction when they started work. They said they were happy with the process and had not been asked to do any tasks they did not feel comfortable with. We spoke with staff about supervision. Supervision is a one to one meeting between the staff member and a senior member of the staff team to discuss any concerns and training needs. Staff confirmed they received regular supervision. They said managers were approachable and they were not afraid to discuss any concerns they may have in between supervisions.

Is the service caring?

Our findings

At the inspection visit carried out in September 2017, we identified a breach of Regulation 10 of the Health and Social Care Act 2008, (Regulated Activities) 2014. This was because the registered provider had failed to ensure people were treated with dignity and respect at all times.

During this inspection visit carried out in February 2018 we found people were treated with dignity and respect. This was confirmed by speaking to people who lived at the home and relatives. One person said, "Staff always treat me respectfully. They always want to give me choices."

Staff had an understanding of protecting and respecting people's human rights. They were aware of the importance of respecting each person as an individual whilst promoting dignity and respect. On one occasion we observed a person leaving a bathroom with their dignity compromised. Staff swiftly responded and supported the person back into the bathroom to protect their dignity.

People and relatives told us people were happy living at the home. Feedback included, "This is a good place to live." And, "I am well looked after." Also, "[Relative] seems to be happy. They recognise staff and smile at them."

We saw staff were patient with people and did not rush. One person complained of feeling unwell and thought they were creating work for a staff member. The staff member reassured the person it was not a problem and said they wanted to help the person. The person then gracefully accepted the support and smiled.

At the inspection carried out in September 2017 we found the registered provider was not meeting legal requirements in relating to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure person centred care was consistently delivered.

At this inspection visit we checked to see action had been taken to ensure person centred care was delivered. The manager told us they had worked hard since the last inspection to develop person centred care within the home. This had included re-writing care plans.

We found recent improvements made within care planning documentation supported and promoted person centred care. Care records detailed people's preferences including the name by which they chose to be addressed. In addition, care plans had been developed to include people's individual morning and night time routines. Each of these were individual to each person. For example, one person's care plan documented the person liked to have a tin of sweets by their bed and liked to eat a sweet before bed. We saw the tin was in place by the person's bed. In addition, when asked staff were able to tell us about this person's bedtime routine.

The manager had developed a noticeboard to display photographs of people who lived at the home. We

saw one family had provided photographs of their relative throughout their life and had included information about each photograph. The manager said, "I want staff to see the person and what a wonderful life they have led."

During the inspection visit we found there was an improvement in interactions between staff and people who lived at the home. We saw there had been a shift from task based interactions to positive interactions. We observed staff asking questions to stimulate discussions with people. For example, one staff member was observed asking a person where they met their husband. They shared conversation about music and what they did when they were younger.

People who lived at the home spoke positively of staff and the relationships they shared. We overheard a conversation between the manager and a person who lived at the home. The person who lived at the home told the manager they loved them.

We observed staff knocked on doors before entering. They did this to seek permission to enter rooms whilst people were in their own private space. This showed us privacy was considered.

We looked to see how people who could not make decisions by themselves were supported to make choices. We saw pictures had been used to show what activities were on offer. The manager said they were going to develop photographs of meals to help people choose what they would like to eat.

We did not see any other evidence to show that information was accessible to assist people with their independence. We asked the manager about accessible information. They confirmed no information was available in any other formats. Accessible information promotes independence for people as it allows them to have information to make their own choices.

We recommend the registered manager reviews communication systems to ensure accessible information is available to people who lived at the home.

During the inspection visits we observed visitors at the home. Relatives were able to access communal areas and family member's bedrooms. They told us they were welcomed at the home and said they could visit at any time. One relative said, "The home is very welcoming."

Is the service responsive?

Our findings

At the inspection visit carried out in September 2017, we recommended the registered manager consulted with good practice and reviewed their complaints process to ensure all concerns and complaints were captured in an appropriate manner.

At this inspection visit we spoke with people who lived at the home and their relatives to see if they had any complaints. All but one person who lived at the home told us they had no complaints. One person told us they liked their food hot but it was sometimes lukewarm when it was served. They said they had not raised this concern with management. With the consent of this person we shared this complaint back to the manager on behalf of the person.

Relatives we spoke with said they had no experience of complaining and did not have any reason to complain at this time. Relatives told us the registered manager was less visible at the home these days but said they had built up positive relationships with the manager. They told us the manager was always available when required and said they listened and found solutions to any concerns. We spoke to the manager who confirmed no written complaints had been received since the last inspection visit.

We noted that whilst relatives had the opportunity to raise concerns and complaints through relatives meetings; people who lived at the home were not provided with regular opportunities to come together and discuss any concerns they may have. For example, the registered provider did not facilitate residents meetings so people could give feedback on the service and raise any complaints.

We spoke with the manager about communicating with people who lived at the home regarding concerns and complaints. They said information as to how to raise a complaint was placed in each person's wardrobe. This was in a condensed written format. The manager told us people were asked at their care planning review if they had any concerns. We were advised care planning reviews were varied between every three months to a year. This meant systems were not timely in regards to dealing with concerns.

We recommend the registered provider reviews the complaints system within the home to make it more accessible to people who live at the home.

People who lived at Greenroyd Residential Home and their relatives told us staff who worked at the home knew peoples individual needs. Feedback included, "I am well looked after. They know what I like and what I don't like." And, "Staff know people's needs. [My relatives] needs are met." Another family member commented, "I can always ask staff about my [relative.] If they don't have the answer they will check it out and get back to you straight away."

When asked, staff were able to tell us about peoples preferences. For example, we were informed one person routinely refused their medicines so staff had to offer them on a number of occasions. They told us the person would always take them; they just needed to be patient with the person.

At the inspection visit carried out in September 2017, we recommended the registered provider reviewed activities to ensure they were person centred and reflective of people's needs. We used this inspection visit to see what improvements had been made.

The manager told us since the last inspection visit they had become a member of a local activities forum. The group met on a regular basis to share ideas about activities for people living in care homes. The manager said this group had helped them develop new activities within the home. We saw evidence they had supported people who lived at the home with various arts and crafts projects. In addition the manager had introduced activity tables in each lounge. Activities included items for drawing and sewing and twiddle-muffs. Twiddle muffs are double thickness hand muffs with 'bits and bobs' attached inside and out. It is designed to provide a stimulation activity for restless hands for people living with dementia. During the inspection visit we saw staff supporting people to use the items to keep people occupied. The manager had introduced doll therapy at the home. We observed two people interacting with the dolls, singing to them and soothing them. Both people looked comforted whilst caring for the dolls. Staff told us they had made a big difference to people's lives.

At the inspection in September 2017, the registered provider had started working on a new care plan template to improve care delivery by staff. At this inspection visit we found the manager had worked hard to fully implement the new care plans for each person who lived at the home. Staff told us they were happy with new care planning formats. They said they helped them to give better care. One staff member said, "The changes to the care plans are the best!"

We reviewed five new care plans and noted the new care plans were more organised and provided more person centred information for each person. Care plans addressed a number of topics including individual life history, personal care required in morning and night routines, moving and handling, mental and physical well-being and diet and nutrition needs. The manager said they were proud of the new format and how this had positively impacted upon the care provided. They said they hoped to further develop the care plans in future. As part of the inspection process we identified the care plans did not always cover all health needs. For example, they did not always address all physical health conditions. We fed this back to the manager who said they would use the feedback to develop the care records further.

Relatives told us they were consulted with during the care planning process. One relative said, "People have named carers. We have meetings with the carers to discuss care plans."

We reviewed systems for end of life care for people who lived at the home. Although care plans sometimes included peoples and relative's final wishes there was no documentation surrounding how people wished to be supported and cared for in the latter stages of their life. We spoke to the registered manager about this. They said they had tried to have conversations with some families but they did not wish to discuss this. This was not documented however. The registered manager said they supported people at the end of their life in partnership with the district nursing team to ensure end of life care needs were met. We looked at feedback provided to the registered provider. One family had commended staff on the end of life care provided to their family member. They commented, 'I know they received excellent end of life care for which I will always be grateful for.' This showed us the registered provider was supportive in ensuring people had a comfortable and dignified death.

We looked at the use of technology at the home. Technology was used to monitor people's mobility when people were at risk of falls. In addition, the registered provider had a call bell system which allowed staff to record when they had carried out checks during the night. This meant the management team could ensure staff had carried out their nightly checks in accordance with people's care plans and preferences. The

system also allowed the management team to review call bell response times to ensure call bells were answered in a timely manner.

Is the service well-led?

Our findings

At the inspection carried out in September 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance) as the registered provider had failed to ensure records maintained were accurate.

At this inspection carried out in February 2018, we found some but not all improvements had been made. The manager had provided advice and guidance to staff to ensure paperwork completed was more descriptive and accurate to reflect care provided. Improvements were noted to the accuracy of turn charts and other recorded monitoring systems at the home.

Although there was some improvement, we identified some continued concerns in regards to accuracy of paperwork. Care records did not always contain all the required information to manage associated risks of specific health conditions. For example, we found management of diabetes was not fully addressed within care records. Also, moving and handling assessments had taken place but there was no record maintained of these assessments to state when they had occurred, by whom and the outcome of the assessment.

Paperwork in relation to the administration of medicines was sometimes incomplete and information expected within good practice guidelines in relation to medicines was missing. For example, double signatures were not present when instructions for medicines were hand written. In addition, we were informed a relatives meeting had taken place but no minutes of the meeting were recorded. Also, in September 2017, the registered manager had started work upon completing environmental risk assessments as required by the Health and Safety Executive. This task had not been completed on the first day of our visit.

We also noted some discrepancies continued within records. For example, there was a twenty minute discrepancy between the time a recorded incident was noted and the time recorded on the electronic monitoring system. This was discussed with the registered manager. They gave a reasonable explanation but there was no documentation to show this had been identified and explored. Also there was a discrepancy in recording the amounts of medicine stock present at the home.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activity) 2014 as paperwork was not always complete and accurate.

At the last inspection visit carried out in September 2017, we identified a breach to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because there were shortfalls within the way the service was governed.

At this inspection visit we found some but not all improvements had been made. The manager had started to consult with and understand the importance of referring to good practice guidance and evidenced based research to improve the standards of care provided. In addition, they had started attending meetings with other providers and professionals to share good practice ideas.

Auditing systems had been reviewed and amended to include auditing shortfalls identified at the last inspection visit. For example, the introduction of a daily audit of bed rails. Although audits had been implemented they had not been fully embedded into the service. For example, an assessment to manage one person's weight stated the person was to be weighed weekly. We noted there had been three occasions since January 2018 when this had not occurred. This had not been picked up through three separate audits. In addition, the auditing systems had not identified concerns we found in relation to the safe management of medicines or the discrepancy within the accident report and the monitoring system.

We found advice provided at the last inspection visit had not always been acted upon to ensure good governance at the home. For example, no action had been taken to ensure medicines management reflected good practice guidelines. Concerns fed back to the registered manager at feedback had also not been fully acted upon. For example, no training had been provided to staff to ensure they had the skills to act in accordance with the slips, trips and falls policy. The infection prevention and control policy had not been reviewed to ensure it met good practice guidance. We discussed these concerns with the manager. They said they had not been part of the discussion at the last inspection visit and said this information had not been relayed to them by the registered manager. This showed us communication between the registered manager and manager was not always effective.

The above matters demonstrate a breach of Regulation 17 as systems and processes to ensure good governance of the service was inconsistent.

Relatives told us they considered the home to be well managed. We received consistent praise for the manager. Feedback included, "More often than not we speak with [manager.] They are approachable." Also, "The manager will always stop and speak with us." And, "The manager is very nice. If we have any concerns they will make time. They will listen and are always at the end of the phone if needed." In addition, one relative praised the improvements made at the home. They said, "I'm delighted with the improvements made in this home over the last year. It was already a good place for my [relative], but now it is even better. It is cleaner, safer and more on the ball than ever.

We spoke with staff who worked at the home. Staff were positive about the home and the working environment. We reviewed minutes of team meetings. We saw evidence team meetings occurred on a regular basis. Team meetings were used to highlight changes within service delivery and also to remind staff when improvements were required. The manager said they had a meeting with staff after the last inspection to discuss the concerns raised within the report. The manager said, "Staff have responded really well."

We spoke with the registered manager and the manager about the progress they had made since the last inspection visit. The manager said, "It was a minefield at first but I have enjoyed making the changes since. The drop in numbers of people at the home has given us time to get things right." The registered manager told us whilst some improvements had been made they were aware they had not completed all the required works. The manager said they were using the action plan devised in partnership with the Local Authority to ensure improvements continued.

Since the last inspection visit the manager had started to attend local forums where good practice guidelines were discussed and shared. We saw evidence information received within forums had been implemented within service delivery. For example, good practice guidelines were used for ensuring mattress audits were carried out correctly. This showed us the manager was committed to continuous learning and driving up standards.

Since the last inspection visit feedback had been sought from relatives of people who lived at the home. We

reviewed the information documented within questionnaires and noted this was mainly positive. Comments included, 'You have the most amazing staff, caring, hardworking and friendly.' And, 'Staff do an amazing job.' We noted two comments had been made as to how the service could improve. We spoke to the manager about action taken in response to the suggestions raised. They told us these were in the process of being reviewed by the registered manager.

As part of the inspection process we looked to ensure the registered provider had their performance assessment on view as set out in the 2008 Health and Social Care Act. We saw the performance assessment was on view as required.

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 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 Health & Social Care Act (2008) Regulated Activities 2014 The registered provider had failed to ensure suitable systems were in place for the safe management of medicines. 12 (1) (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Regulation 15 Health & Social Care Act (2008) Regulated Activities 2014 The registered provider had failed to ensure the environment was suitable for the purpose for which it was being used. 15 (1) (c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 Health & Social Care Act (2008) Regulated Activities 2014 Regulation 17 Health & Social Care Act (2008) Regulated Activities 2014 The registered manager had failed to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity. 17 (1) (2) (a)

The registered manager had failed to maintain an accurate, complete and contemporaneous record in respect to each person who lived at the home

17 (1) (2) (c)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Regulation 18 Health & Social Care Act (2008) Regulated Activities 2014.

The registered manager had failed to ensure persons employed by the service received appropriate training and qualifications to enable them to carry out the duties they perform.

18 (1) (a) (b)