

## Greenways Care Home

# Greenways Care Home

## Inspection report

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Date of inspection visit: 10th November 2014  
Date of publication: 18/02/2015

### 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 

### Overall summary

This inspection took place on 10th November 2014 and was unannounced. Improvements had been made in record keeping from the previous inspection that took place in November 2013.

Greenways Care Home is registered to provide personal care and accommodation for up to 15 older people. On the day of our inspection there were 12 people using the service who had physical and psychological support needs such as mobility issues and sensory impairment.

The home had a registered manager. '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'. At the time of our inspection the registered manager was not present. We spoke with the deputy manager who was on duty and responsible for managing the service on that day.

Greenways Care Home was last inspected on 1st November 2013 with action required in relation to records. The provider had met these actions regarding improvements in record keeping.

People told us they felt safe at the home. During the inspection we saw the service had enough skilled and experienced staff to ensure people were safe and cared for.

# Summary of findings

The experiences of people were very positive. People told us they felt safe living at the home, staff were kind and compassionate and the care they received was good. We observed people at lunchtime and through the day and found people to be in a positive mood with warm and supportive staff interactions.

Staff supported people to eat and they were given the time to eat at their own pace. The home met people's nutritional needs and people reported that they had a good choice of food. Staff were patient and polite, supported people to maintain their dignity and were respectful of their right to privacy. People had access to and could choose suitable educational, leisure and social activities in line with their individual interests and hobbies. These included trips to local shops, singing, painting and bingo.

People's needs were assessed and personalised, care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment. Links with

healthcare professionals were developed and maintained; healthcare professionals stated the staff followed their advice and delivered care according to their instructions.

The service considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

Staff felt fully supported by management to undertake their roles. Staff were given regular training updates, supervision and development opportunities. For example staff were offered to undertake a qualification in health and social care as part of ongoing support and development, which some had done.

Resident and staff meetings regularly took place which provided an opportunity for staff and people to feedback on the quality of the service. Staff and people told us they liked having regular meetings and felt them to be beneficial. Feedback was sought from the manager via surveys which were sent to people at the home, staff, relatives and visiting health care professionals. Surveys results were positive and reviewed and acted on.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Staff understood the importance of protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and managed for.

Medicines were managed and administered safely.

The provider used safe recruitment practices and had skilled and experienced staff to ensure people were safe and cared for.

Good



### Is the service effective?

The service was effective. People received support from staff who understood their needs and preferences well.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People's rights were protected in relation to making decisions about their care and treatment.

People were supported to maintain good health. Staff sought advice from health care professionals to meet people's needs effectively.

Good



### Is the service caring?

The service was caring. People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices.

People's privacy and dignity were respected and their independence was promoted.

Good



### Is the service responsive?

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities within and away from the home. People were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that any complaints would be listened to and acted on.

Good



### Is the service well-led?

The service was well-led. There was a positive and open working atmosphere at the home. People, staff, relatives and professionals found the management team approachable and professional.

The registered manager carried out regular audits to monitor the quality of the service and plan improvements.

Good



# Summary of findings

Learning also took place following incidents. Where a shortfall was highlighted, action was taken promptly to improve the quality of care for people.

# Greenways Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 10th November 2014 and was unannounced. The inspection team consisted of one adult social care inspector an inspection manager and an expert by experience in relatives in care homes. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager regarding incidents and events that had occurred at the home. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with eight people who lived at Greenways Care Home, three relatives, two care assistants, one senior carer a senior carer/admin assistant and the deputy manager. We observed care and support in the communal lounge during the day. We spoke with people in their rooms. We also spent time observing the lunchtime experience people had and a medication round with a member of staff. Some people who lived at the home were unable to tell us about their experience because they had difficulty with verbal communication. We used our Short Observational Framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the home was managed. These included the care records for five people, medical administration record (MAR) sheets, four staff training, support and employment records, quality assurance audits and incident reports.

After the inspection we spoke with two health care professionals who visited the home on a regular basis to gain their feedback on the home.

# Is the service safe?

## Our findings

People told us they felt safe at the home. One person told us “It so safe, warm and lovely here”. Each person told us they could speak with someone to get help if they felt unsafe or had any concerns. One relative said, “Staff understand and meet my father’s needs and I know that he is safe”.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and we confirmed this from the staff training records. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns.

There were enough skilled and experienced staff to ensure people were safe and cared for. Staff rotas showed staffing levels were consistent over time. Staff confirmed that there were enough staff to meet people’s needs. One person said “If I need help or assistance and press my buzzer. I often get two carers arrive, they are so helpful”.

People were supported to receive their medicines safely. Policies and procedures had been drawn up by the provider to ensure medication was managed and administered safely. Medicines were safely administered by the senior carer on duty. All medicines were stored securely in a locked medicine room and appropriate arrangements were in place in relation to administering and recording of

prescribed medicine. A senior carer described how they completed the medication administration records (MAR) and we witnessed this during the medicines round. Medicines were stored in a locked trolley which was not left unattended when open. The member of staff was polite and sensitive to people’s needs whilst administering their medicines. For example the member of staff asked if they would like their medication and explained what the medication was for. Once administered staff completed the MAR sheets correctly. This ensured people received their medication safely.

There was a system in place to identify risks and protect people from harm. Risk assessments were in place in people’s care plans for areas such as moving and handling, nutrition and pressure area care. Where risks were identified, care plans were put in place for staff to follow. These provided information on how to keep people safe. One person enjoyed going out into the garden and an assessment was in place on how it could be made safe and easy for them to go out on their own.

Staff took appropriate action following accidents and incidents to ensure people’s safety and this was recorded in the accident and incident book and reflected in people’s care plans.

Recruitment procedures were in place to ensure staff were suitable for the role. This included the required checks of criminal records, work history and references to assess their suitability for the role. A new member of staff confirmed this was the process they had undertaken before working at the home. This ensured safe recruitment procedures were in place to safeguard people.

# Is the service effective?

## Our findings

People spoke positively about food choices and one person told us “We are given three choices with the food every day; I can ask for something else if I don’t like what is on offer”. Another person told us “We have very good nourishing food and it is always fresh”. We saw detailed records of people’s dietary needs.

People and their relatives spoke positively about the care and support at the home. For example one relative told us “My wife is treated very well and they meet her needs, they ring to tell me if there are any changes”. People said staff listened to them and respected their choices. One person told us “I choose when I go to bed and what I want to eat when I want”. A health professional also told us the home provided effective care and met people’s needs.

During the lunchtime period staff encouraged people to eat their dinner, giving praise when needed. Some people required assistance to eat and staff attended to their needs. Staff ensured that the people were given time to eat their meals at their own pace, often asking them if they were finished or wanted more. Staff gave people choices regarding their meals and people were given options that were not on the set menu for that day. There were positive interactions between staff and people a pleasant atmosphere.

Care staff had knowledge and understanding of the Mental Capacity Act (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for. People’s capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions, the service involved their family or other healthcare professionals as required to make a decision in their ‘best interest’ as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS, we found that the

manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Staff records showed they were up to date with their essential training in topics such as moving and handling and fire safety. The training plan documented when training had been completed and when it would expire. Staff were knowledgeable and skilled in their role and meant people were cared for from skilled staff who met their care needs. The provider offered a vocational qualification in care to its entire staff. Staff were currently working on the qualification or had just enrolled and found it to be beneficial.

Staff had regular supervisions throughout the year and an annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff met regularly with their manager to receive support and guidance about their work and to discuss training and development needs. One member of staff said “This is a great place to work, I am fully supported in my role and my manager is so helpful, I love it here”. This showed staff were supported and encouraged in their role.

The home had two communal areas a lounge/dining room and a conservatory/quiet room. The majority of people chose to be in the lounge/dining room on the day we visited. Staff were observed attending to people’s needs and spending time with them. Staff responded to people when they asked for help and were available for people throughout the observation.

People were supported to maintain good health and have on going healthcare support. People could see a doctor or nurse when they felt they needed to. On the day of our inspection a chiropodist was providing foot care to people. We saw visits from healthcare professionals were recorded in the person’s care plan along with any information needed for staff. Care plans showed people’s current health needs and care records were reviewed and updated to ensure people’s most up-to-date care needs were met. For example when a person’s needs had changed, the care plan detailed this. It also detailed how much assistance the carers needed to offer the person as well as information about the daily tasks they were able to undertake

# Is the service caring?

## Our findings

One person told us “The staff are hardworking and caring” another person said “All staff are nice and care, any problems I can talk to them”. Relatives we spoke with all said the home was caring and the staff worked hard. One relative said “I love the staff they are wonderful” another said “It is very good here. They care and look after my wife very well”.

There was a warm and friendly atmosphere at the home. Staff interactions between people and staff were caring and professional. For example, one member of staff talking to people on what they would like for lunch offering various choices and writing this down. The staff member was patient and displayed a very caring manner with people.

People were actively involved in making decisions relating to care. Regular resident meetings took place and requests were actioned. There was evidence that the staff listened to people and recently gained feedback from a quality survey. One person told us “Everything is first class, I wouldn’t live anywhere else”.

People told were aware of their care plans and had input into them. Care and support plans were personalised to the individual to facilitate an individualised care. Care plans contained clear information about people’s likes and dislikes and what was important to them.

People’s privacy and dignity was respected when staff provided personal care. They asked people beforehand for consent and doors were closed. A member of staff knocked on someone’s door before entering and asking if they could come into their room to speak to them. A member of staff explained to us the importance of maintaining privacy and dignity and said “I always ask a person if they are happy for me to do something and respect their wishes, it is important to give people privacy when needed”.

We observed staff took time explaining choices to people and responding to people’s questions. People told us they were encouraged to be as independent as possible. They were able to make choices about their day to day lives and staff respected their choices. We heard one person discussing they wanted to go shopping and a member of staff was arranging this for them.

The deputy manager spoke passionately about the home. She said “We are a small home but it has a great homely feel and the staff do really care, we have staff that have been working here for many years and really enjoy their job”. A member of staff said “I have worked here for over 15 years and everyone is happy and we all ensure that the people receive the best possible care they deserve”.



# Is the service responsive?

## Our findings

People had access to activities and could choose what they would like to do. For example, one person told us “Some people like to do knitting, but I wanted to make a card for my family so I chose that”. A range of activities was on offer throughout the week, conducted by both staff and external entertainers. People had recently had a singer, bingo, exercises and games. On the day of our inspection we observed people painting in the dining room with a volunteer. There was great rapport between people and the volunteer with laughter and enjoyment observed. One person said “I am enjoying myself we are painting poppies for Remembrance Sunday”. The volunteer also brought a pet dog which people enjoyed playing with and talking about.

People could chat with staff if they were not happy with something. They felt listened to and their concerns would be addressed. One health professional told us “The home and its manager are responsive to the people’s needs”.

The home had a complaints procedure and any complaints made were recorded and addressed in line with the policy. Relatives told us they had not had reason to complain but knew how to if necessary.

Staff enabled people to maintain relationships with family and friends. Arrangements were in place to assist people to access events and facilities outside of the service. One person told us “Sometimes I like to go for a walk and staff are happy to join me, I also go shopping when I need some things”.

The service was responsive to people’s needs and wishes. Staff, people and their relatives confirmed that as part of an initial assessment process, people visited the home so that they could determine whether the service understood and could meet their needs. Each person had a care plan which was personalised to them. Care plans included information on maintaining people’s health, their daily routines and how to support them. The care plans enabled people to say how they wanted to be supported. Staff were enabled to provide support in line with the individual’s wishes and preferences. One staff member said “I find the care plans are detailed and help us to ensure everyone receives the best care”.

One member of staff told had been working on improving the care plans to ensure they met the people’s needs and staff could see information about people easily. Daily notes were maintained for people and any changes to their routines noted. These provided evidence that staff had assisted with care in areas such as eating and drinking. Relatives were able to discuss with the staff of any people’s changing needs and action was taken so staff continued to meet their needs.

Relatives were able to make suggestions to staff on how to make improvements. One relative had recently suggested it would be a good idea to have pictures and the names of staff on a notice board in the entrance hall for people and their relatives to see. The home had responded to this idea and bought photo frames. They were planning to display photos of the staff in the entrance hall as suggested. The showed the provider listened to suggestions and ideas from people.

# Is the service well-led?

## Our findings

There was an open and transparent culture at the home that created an inclusive atmosphere. People and their relatives told us that the management team was very good. One person said “I see the manager all the time and they are always so kind”. Another person said “Anything I want to discuss with the manager, I can with no problems. She is very good at her job”.

People were supported to be involved in the running of the service through regular meetings. The minutes of recent meetings showed a range of issues had been discussed, such as planning Christmas and activities. The manager held staff meetings on a regular basis; this gave an opportunity for staff to raise any concerns and share ideas as a team. Recent minutes of staff meetings demonstrated that staff were involved in the new care plans and had shared ideas.

Staff felt able to raise concerns with the registered manager and they were confident concerns would be thoroughly investigated. One told us “Anyone of us can go to the manager with a concern and she is very supportive and helps out when needed”. Another staff member said “I feel supported in my role any problems I can talk them through with my manager”.

Health professionals told us they had seen an improvement in the home and they thought the management team was good.

Feedback was sought from the manager via surveys. Surveys were sent to people at the home, staff, relatives and visiting health care professionals. Comments from the survey sent within the last year included “Wonderful, kind and thoughtful staff” and “Staff display kindness and compassion”. This helped the provider to gain feedback from people and what they thought of the service on areas where improvement was needed.

The deputy manager demonstrated they were committed to the continuous improvement of the service. The home had been working on new care plans to ensure they were person centred and contained all the relevant information. They were also committed to ensuring their staff had the correct training and provided them an opportunity to undertake a qualification in health and social care. Regular audits were carried out by the manager to monitor the quality of the service and plan improvements. This included audits on equipment, medicines and support planning documents. We were shown a fire safety audit that had been completed recently and where improvements had been made. The audits and reviews benefited people as they resulted in improved practice.