

Meridian Healthcare Limited

Greatwood House

Inspection report

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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



Overall summary

This was an unannounced inspection to this location. We visited this location because we had received some concerns about the cleanliness of the building and staffing levels. This inspection took place on 25 and 26 June 2015 and the first day was unannounced.

When we visited there was no 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.

A home manager had been in place for four weeks and an application to become registered with the Care Quality Commission had been submitted to us.

Greatwood House is registered to provide care and accommodation for up to 60 people. The home is situated in the Haughton Green area of Denton in

Summary of findings

Tameside Greater Manchester. The home is a purpose built single storey building. There were 60 bedrooms which were single occupancy and 37 rooms had en suite toilet facilities. The home is split into four units named Elderberry, Rose Cottage, Green End and Shrewsbury. These units provided separate communal and dining areas that supported people spending time together. There was a paved garden/ courtyard to the rear of the property and a small car park.

The home was fully occupied and 60 people were living at Greatwood House at the time of our visit.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We saw there were insufficient staff on duty to meet people's needs. However the manager was actively recruiting to various positions in the home, some staff were able to work additional hours and additional ancillary staff had been brought into the home to help increase the number of staff on duty.

We looked at a sample of staff records which showed they had all received an induction when they started work at the service to help them understand their roles and responsibilities, as well as the values and philosophy of the home.

There was a notice in the reception area of the home that displayed group activities available for people who used the service. We saw that an activity took place during our visit to the service. However people told us that activities were limited.

Not all of the care plans seen showed that people had received a care needs assessment before they moved into the home to help make sure that care would be delivered in response to their individual needs.

We found written care instructions were not written to help make sure that care would be delivered consistently and safely by staff. People's risk assessments did not state how potential risks should be managed.

On both inspection days we saw that the home was being cleaned however, we were aware of offensive odours in the home. We saw that some furniture was dirty and not fit for purpose. We also saw that some parts of the home lacked investment.

Medicines including controlled drugs (CD's) were stored safely. However we found gaps on some medication administration records (MAR) had not been signed to show that medicines had been given. We also found there were more CD's counted for one person than was stated in the CD register. We saw records that showed some staff needed refresher training in medicines management.

We saw there a safeguarding procedure in place. The new manager knew about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

DoLS authorisation was not in place for people who lacked capacity to make a decision.

People and their relatives were unclear about how to make a complaint and but said they felt confident to approach any member of the staff team if they required.

The results of an annual customer satisfaction survey were published in 2014. Therefore up to date feedback about the quality of the service from people who use the service and their relatives was not available.

We saw good relationships between individual staff and people who used the service and we saw that care was provided with kindness. Staff employed at the home had received some training to help them provide care to people that would help to meet people's needs.

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 not safe.

There were insufficient staff on duty which meant that people's changing needs might not be fully met.

People's risk assessments did not properly identify how risks would be managed and reviewed. This meant that the risk of people receiving unsafe or inappropriate care was not reduced

Medicines including controlled drugs (CD's) were stored safely. However we found gaps on some medication administration records (MAR) had not been signed to show that medicines had been given. We also found that the number of tablets noted for one person in the controlled drugs (CD) register did not correspond with the number of tablets held in the CD cabinet.

Requires improvement



Is the service effective?

The service was not effective.

Staff supervision was infrequent and future supervision dates had not been planned to make sure staff were regularly supported in their work.

Whilst some staff had undertaken relevant training to help make sure they were skilled to meet people's needs some staff needed refresher training in specific areas such as medicines management and dementia awareness.

Safeguarding procedures were in place however Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) authorisation was not in place for people who lacked capacity to make a decision.

Requires improvement



Is the service caring?

The service was caring.

The provider used the 'Six Steps' programme for people nearing end of life and staff were aware of the resources available to people, such as district nurses and General Practitioner's (GP's) when they might require such care.

Staff showed warmth and friendship to people using the service and they spoke to them in a kind, comforting and sensitive manner. This helped to make sure people's wellbeing was promoted.

Good



Is the service responsive?

The service was not responsive.

Some people had not received a care needs assessment before they moved into the home to help make sure that care would be delivered in response to their individual needs.

Requires improvement



Summary of findings

Information contained in people's care plans were not person centred and did not identify people's individual needs.

A complaints procedure was in place and was available to people who used the service and their relatives. However relatives spoken with were unclear about how they should make a formal complaint about the service.

Is the service well-led?

The service was not well-led

Care plan audits were not carried out regularly to help make sure that written instructions about people's health and wellbeing were accurate and effective.

The results of an annual customer satisfaction survey were published in 2014. Therefore up to date feedback about the quality of the service from people who use the service and their relatives was not available.

There was a system for recording compliments and complaints. People told us they felt able to approach the staff if they had a problem or concern and felt their concern would be taken seriously and dealt with appropriately.

Requires improvement



Greatwood House

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. The service met the regulations we inspected at our last inspection in October 2013.

This inspection took place on 25 and 26 June 2015 and the first day was unannounced.

The inspection was carried out over two days by four inspectors. Before we visited the home we checked information that we held about the service and the service provider about the care provided in the home. No concerns had been raised by other authorities since we completed our last inspection.

Some of the people living at the home were unable to give their verbal opinion about the care and support they received therefore we used a short observational framework for inspection (SOFI). This is a tool used by CQC inspectors to capture the experiences of people who use services who may not be able to express this for themselves. During the inspection we saw how the staff interacted with people using the service. We also observed care and support being provided in communal areas.

We spoke with six people who used the service, two relatives, the cook, four senior health care assistants (SHCA's) the manager, the operations manager, the office administrator and two health care assistants (HCA's). We walked around the home and looked in a sample of bedrooms. We looked in all of the communal areas, the kitchen, shared toilets and bathrooms. We reviewed a range of records about people's care which included the care plans for five people, the medicine records, the training and supervision records for six staff employed at the home, and records relating to how the home was run.

Is the service safe?

Our findings

People we spoke with told us they felt safe and had no complaints or concerns about the care provided. One person told us that the staff had put an alarm on their bedroom door to prevent people from wandering into her room at night. When we asked another person if they felt safe living at Greatwood House they said, “that is why I’m here. I know I’m being looked after”. Other residents reiterated this, and a relative also told us that he felt his mother was in a safe place.

There was a recruitment and selection procedure in place. We looked at four staff recruitment files and found that whilst all of the staff files contained a current disclosure and barring service (DBS) check two files did not contain a completed application form or two references from previous employers. Pre-employment checks help to protect people from the risk of unsuitable staff being employed. This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a safeguarding procedure in place which was in line with the local authority ‘safeguarding adults at risk multi agency policy’ and staff spoken with knew how to access the policy. We looked at records that showed the provider had procedures in place that helped to ensure any concerns about a person’s safety was reported to the appropriate authorities. This included any staff disciplinary action that was taking place. However the manager had identified that concerns about people’s safety had not been recorded and where identified, safeguarding alerts had not been made to the appropriate authorities by the previous management team.

Three staff spoken with had a broad understanding of the safeguarding procedure, and were able to describe different forms of abuse, they also had an understanding of the need to be vigilant about the possibility of poor practice by their colleagues through the use of the homes whistleblowing policy. They told us they would report their concerns to the home manager or deputy manager. However it was apparent staff were unclear about how to report their concerns to an external agency such as the Care Quality Commission. This meant that people might be at risk of receiving unsafe or inappropriate care because any concerns might not be shared with external authorities.

This was in breach of regulation 13(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment

We saw that the records of accidents and incidents were not readily available for us to examine during this inspection because the manager was in the process of reviewing and reorganising documentation to ensure greater efficiency. However we found evidence within CQC records that the provider had notified CQC of events and incidents such as falls as required.

Discussions with staff about risks showed they understood how to keep people safe. However, from the five care files we looked at we saw that not all individual risks to people’s safety had been properly reviewed and some risk assessments did not identify how risks would be managed. The lack of detailed information in people’s risk assessment may put people at risk from unsafe care practices.

We found breaches of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment

The home had a medicines policy and procedure. Medicines were stored safely and records were kept for medicines received and disposed of; this included controlled drugs (CD’s). We observed part of an afternoon medicines round and saw that medicines were administered by a senior health care assistant (SHCA). We saw that the member of staff left the medicine trolley unattended with the doors open and the keys in the lock whilst taking the medicines to people. Whilst the trolley was left unattended for between one and two minutes and the SHCA was not out of sight of the trolley people using the service were not protected from the risks associated with the unsafe management of medicines in the home. When we asked if the medicines trolley was always left unattended and unlocked during a medicine round the SHCA said, “no, but nobody is walking about, they’re [residents] all sat down”.

We looked at the medication administration records (MAR) kept in the home and found that PRN (as needed) medicines for five people had not been signed as given or coded to indicate the reason why medicines had not been given. We checked a sample of CD’s and found that the number of Zopiclon tablets held for a person in the

Is the service safe?

controlled drugs (CD) register did not correspond with the number of tablets held in the CD cabinet. The SHCA was unable to tell us how this had occurred and said, “sometimes it’s the night staff who don’t sign the CD register”. We asked the SHCA who was responsible for carrying out a medicines audit at the home and they told us that as far as they knew, the senior on duty at the time the medicines were delivered to the home was responsible for checking the medicines received and to ensure the CD’s were accurate. We shared our findings with the home manager who told us this would be addressed as part of the homes action and improvement plan.

This was in breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 The proper and safe management of medicines

The home manager told us that staffing levels were insufficient to meet the changing needs of the people who used the service. However the manager was actively recruiting to various positions in the home and some staff were able to work additional hours. We also saw that additional ancillary staff had been brought into the home to help increase the number of staff on duty. When asked about the staffing levels at Greatwood House a HCA said, “We’ve always had this many staff [six HCA’s and one senior] on each shift in the 10 years I’ve worked in this home”. We looked at the staff rota which confirmed the staffing deployment described by the manager which was insufficient.

One person said about the number of staff on duty, “I don’t think the staff have the time to see to the residents’ needs; I can ask for the toilet and be waiting for half an hour. It’s not their fault, they are busy and can’t get to you”. The person went on to explain how the delay in going to the toilet had a negative impact on her physical wellbeing and caused them some discomfort. The person confirmed that this situation occurred at night time too.

A relative spoken with told us told us that the staff were always busy, and thought that they may not have time for him.

This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst we saw staff wearing uniforms, aprons and gloves to prevent the risk of cross infection when carrying out their care duties, we found that faeces stained bed sheets had

not been placed in the appropriate laundry bag to prevent the risk of cross infection. The Community Infection Prevention and Control Guidance for Health and Social Care 2015 advised that it is the responsibility of the person handling the linen to ensure it is segregated appropriately. In this case the use of an appropriate laundry bag would have identified soiled and contaminated laundry and help to reduce the risk of cross infection during the laundering process. This had not been done. We also noted that the same bed sheets had been placed amongst people’s clothing in a laundry basket and were waiting to be laundered without being sluiced [pre rinsed in a specific area of the home]. And we saw that clean clothing was being kept in the laundry room where soiled laundry was being kept.

This was in breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment

A HCA spoken to said, “this wouldn’t normally happen but the laundry assistant is on annual leave; we just haven’t had time to sort this out”. We spoke with the home manager about the risk of cross infection and showed her the laundry room. The home manager made immediate arrangements for an outside laundry to address the backlog of laundry including the contaminated bed sheets.

We saw that there was one domestic employed for 20 hours each week at the home. We asked the domestic how she managed her workload and she replied, “I’m doing my best, I come in an hour early to check the loos and empty the bins”. During our inspection the home manager deployed an additional cleaner from another home in the Meridian group to assist in cleaning Greatwood House to help maintain an adequate level of cleanliness at the home. We saw that the main kitchen was clean and hygienic.

Whilst most of the entrances and exits to the home were kept clear and secure we found that access to a fire exit on the Green End unit had been restricted because a safety gate had been fixed to the fire exit door frame. We saw that the safety gate restricted people’s movements and risk assessments records around the safety gate were not available during the inspection. We also saw that a magnetic door holder was loose and was not fitted securely to the Rose Cottage unit lounge ceiling. Following

Is the service safe?

the inspection the home manager contacted us and told us that they had carried out a risk assessment to mitigate any risks to people in relation to the safety gate and followed this up by sending us a copy of the risk assessment.

The home manager told us that a new system from the 1 June 2015 had been implemented for the reporting of maintenance and service checks due to the change in ownership of Greatwood House. We found that the maintenance records showed there had been annual,

monthly and weekly service checks as required and that generally repairs and maintenance had taken place as and when necessary. We found that there was a safety check for the gas appliances which was satisfactory.

From our observations made using the SOFI we saw staff assisting people to use their mobility aids, safely. We also observed staff carrying out their care duties in a respectful manner. We saw people who preferred to spend time in their room were checked on to make sure they were safe. A person spoken with confirmed that staff checked on them regularly and they felt safe.

Is the service effective?

Our findings

People spoken with told us they felt the staff were skilled enough to meet people's needs. People spoken with made positive comments about the meals served such as, "yes, the food is plentiful" and "enjoyable". People also told us that they received the support they required when needed to see their GP, district nurse or health care professional.

Greatwood House is a purpose built single storey building. There are 60 bedrooms which are all single occupancy. Of these 37 rooms had an en suite toilet. The home provided several communal and dining areas that supported people spending time together. There was a paved garden/courtyard to the rear of the property to maintain people's independence. There was a small car park to the rear of the building. During our inspection we noted that some garden maintenance was being carried out to help make sure the area was safe for people to use.

We walked around the home and looked at a sample of bedrooms and communal areas. During the two day inspection we were aware of offensive odours throughout the home. We saw furnishings such as a mattress and an armchair were stained with faeces and hadn't been cleaned properly. Some wheelchairs, walking frames, bedside protectors and pressure relieving equipment required cleaning to maintain a safe standard of hygiene and promote people's health and wellbeing.

This was in breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment

We found that the bed linen was extremely thin and threadbare. We also saw a mattress cover, sheet and pillow case on a bed that was stained and that a mattress cover and one of the duvets had a hole in each of them.

The dining room in the 'Green End' section of the home was particularly grubby and there was a strong odour of stale urine. We saw that people were being served food in the dining room. Some arm chairs and dining furniture were dirty and chair arms and headrests were blackened with stains. Throughout the home carpets and flooring required a thorough and deep clean. We saw the kitchenette cupboard shelves storing crockery needed a thorough clean and a fridge in the kitchenette on Rose Cottage unit contained rotting food. .

On the first day of the inspection the radiators were hot and together with it being a very warm day the bedrooms were extremely hot and uncomfortable. We found that in Rose Cottage unit none of the radiators could be individually controlled. We were told that to turn the radiators down would mean removing the radiator guards which were screwed to the wall, turn the radiators off and then re-fixing the guards to the wall. The process would then be gone through again to turn the radiators on when the temperature dropped. The only other alternative was to switch the boiler off but this then affected the hot water which could present a hazard with regard to maintaining correct water temperatures in the prevention of legionella. We discussed the central heating system with the home manager and showed her the dirty furniture.

This was in breach of regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

In the staff files we looked at there was no evidence that staff had undertaken training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). However the staff training matrix showed that 10 staff had undertaken this training in 2012. There were no dates planned for future staff training in both topic areas. A SHCA spoken with had some basic knowledge of the MCA and told us that she didn't think anyone had a DoLS in place but was unable to explain why DoLS were important and wasn't clear of their duties when these restrictions were in place. No other people who used the service were protected by a DoLS despite there being a large number of people who were unable to give their verbal opinion and consent about the care and support they received.

The MCA and DoLS are safeguards that protect the interests of vulnerable people and help to make sure people are given the care they need in the least restrictive way. At the time of our inspection only one MCA assessment had been carried out for a person who used the service.

The CQC is required by law to monitor the operation of the DoLS and to report on what we find.

This was in breach of regulation 13(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

There was a staff supervision plan in place however from the six staff records we looked at we saw that supervision

Is the service effective?

sessions were infrequent and future supervision dates had not been planned to make sure staff were regularly supported in their work. We saw records that showed supervisory updates on mandatory topics such as, person-centred care, team development, first impressions and involvement in the community. However there was no record of whether staff had understood what had been discussed but the files contained a brief summary of the key points about safeguarding which had been signed by the staff member and supervisor.

From looking at the staff files we found certificates of training with the provider logo had been completed for health and safety at work; moving people safely; basic food hygiene; fire safety and evacuation and safeguarding. In some files there were sheets which included questions to test staff's knowledge of a particular subject.

The staff learning and development (LD) plan did not show that staff had received regular up to date training in medicines handling and awareness. When we asked two SHCA about their last medicines training refresher course

both of them confirmed that they had not received any up to date refresher training following the initial training undertaken in 2003. This meant that people may be at risk of medicine errors because staff competencies in the administration of medication were not checked regularly or kept under review.

This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing

We saw people's dietary requirements, likes and dislikes had been noted and copies of special diets were seen on the kitchen noticeboard. We saw that people had been offered a choice from the lunchtime menu in the morning. There was a choice of two main courses and two puddings. At lunch time, dining room tables had been set and cold drinks were placed in front of the residents who were told there was a drink of juice for them and assisted to drink where necessary to maintain their hydration. People who required a softened meal were assisted by staff to maintain their nutrition.

Is the service caring?

Our findings

When we asked people if they felt the staff were caring towards them they made positive comments such as, ‘I fell after I slipped off a chair and hurt myself. The staff were very good with me; they came and picked me up. I had a cut leg and they bobbed a plaster on it and that was that, but I wasn’t harmed and I don’t like fuss’, ‘I never feel rushed and I am not made to do anything I don’t want to do. I am not regulated by hours and can have a lie in or stay up late if I want to. I can dress myself but the staff assist when I can’t manage’, ‘my room is ok; I have tried to brighten it up and staff have encouraged me to bring my own belongings’, ‘the staff are very nice, they help me when necessary but I like to do things for myself; the staff encourage me to remain independent’ and ‘the staff work hard, but like everyone else they get their hair off but I wouldn’t say anything against the staff they have always been alright with me. One or two are a bit off but I put it down to being busy’.

Two relatives spoken with said, ‘I come in every day’, ‘the staff are ok and friendly; we take care of our mum most of the time because the staff are always very busy’, ‘The staff are ok; they work hard’.

From our observations made using SOFI we saw staff caringly respecting people around the home and we saw two members of staff making sure people in the unit were comfortable. Staff were vigilant to people’s needs and responded to difficult requests with patience for example, a person wanted to eat lunch in a lounge chair, so a place was set accordingly. Then the person changed their mind and decided they wanted to eat at a table. They changed their mind several times but the HCA remained calm and supportive and assisted the person to eat their lunch. We

saw staff showing warmth and friendship to people and they spoke to them in a kind, comforting and sensitive manner. This helped to make sure people’s wellbeing was promoted.

Further observations and using a SOFI we saw staff demonstrating good practice while trying to respond to people’s needs. For example we saw that a person had become irritable at lunch time. Initially they refused their meal and wanted to go to bed. We saw that a HCA had asked them to wait until after she had finished helping with lunch, then she would help them back to bed. The person swore at her and requested a cup of tea. The HCA remained patient, calm and responsive, and allowed the person to quieten down and they accepted a cup of tea. Shortly afterwards the HCA offered the person an ice cream which was accepted. Once the atmosphere had calmed the HCA took the person back to their room.

We saw staff updating people’s care notes in an office or a quiet space in one of the communal spaces. We saw that staff made sure any written records or discussions about people were carried out in a discrete manner to protect people’s privacy. It is good practice to make sure that people are treated with respect and dignity at all times while they are receiving care.

There was a company policy and procedure about end of life care for people nearing end of life. The purpose of the policy was to consider how the needs of people using the service and their relatives can be met and appropriate support given when approaching a person’s end of life. The home manager had not yet determined the number of staff who were trained in delivering end of life care and the staff LD plan showed that no staff had received this training. However two health care assistants described the processes and professionals that would be involved, such as a district nurse and general practitioner, to help to make sure people could live and be cared for at the end of their life in the place and the manner of their choosing.

Is the service responsive?

Our findings

One person said about their life at Greatwood House, “they will go the extra mile sometimes to get things I like, for example they went out to get me a piece of fish when I didn’t want what they were offering for my meal, and they give me a lot of personal choice, like tomatoes on toast. They know I don’t like gravy and they take time to know what people like and dislike”. Another person said, “I am very happy with the care at the home and have no complaints. The carers are very good and caring, that they are always attentive and talk to me and never lose their patience with some of the ‘difficult’ people. I enjoy the food, but we don’t always get a choice. I am free to come and go, and I enjoy the freedom to move between rooms”.

Some people commented on the lack of activities available to them in the home for example one person said “there is not a lot going on; I wish there was. I used to run a little club where were played games and things. I wish I could do it here.” They told us that occasionally they had quizzes or bingo, and people enjoyed those activities and said, “when there is nothing happening it seems like a long, long day. I get bored but I can move around and find something to do”

A SHCA told us that people were supported to be part of the local community (this had been specifically stated as a key policy in one of the supervision documents) and included examples of people being taken out by their relatives and a Christmas meal in a local restaurant. Other examples provided were of people coming into the home which included the local vicar and local schools. The SHCA said that some people enjoyed talking with young people especially looking at new technology; “residents like to hear about iPads” they explained that a lot of activities in the home catered around food and drink such as cheese and wine, afternoon tea and hot dogs with onions. Activities also included, play your cards right and craft activities “We help out, and get roped into bingo”. There was no mention of individual preferences for certain activities that one person enjoyed and these were not noted on the persons care plan. The activities were undertaken by the activity coordinator over four days.

Another person who was unable to mobilise independently told us that once they were dressed the staff brought them into the lounge where they were supported by staff to

transfer into a lounge chair. She said, “unless I have visitors I stay in the same place for the whole day. The staff do not move me. Sometimes I have physiotherapy but that isn’t frequent”.

One relative spoken with raised concerns about the level of personal care being delivered and his mother’s general hygiene. He said, “they do not appear to be cutting her nails and she has had food stains down her clothes when I’ve visited. She [mother] is supposed to wear a tabard when eating but there was no evidence that this is happening. I understand she is given a bath, but I’m not sure how often because she is smelly”.

Whilst he felt he was informed by the home of his mother’s condition and if anything significant occurred, such as a hospital appointment they would phone him, they did not always seek to include him in any decisions relating to his mother’s care needs.

We saw there was a complaints procedure in place which was available to people who used the service and their relatives. From the records we looked at one formal complaint had been made about the service and the home manager was in the process of carrying out an investigation through the use of the service’s complaints procedure and timescale. The home manager was in regular contact with people who used the service and their relatives to address any complaints made to the home since taking up her role.

We looked at the care records that belonged to five people. All of the care files we looked at were consistent in that they had a generic format, were not person centred and did not identify people’s individual needs.

For example not all of the care plans seen showed that people had received a needs assessment before they moved into Greatwood House. We examined the needs assessment for two people who were receiving respite care at the home. Information contained in one assessment had been used on two separate occasions and had not been updated. We saw that it contained the same assessment information that had been used in September 2014, April 2015 and again in June 2015. No new information about the person had been included on the assessment form. A SHCA had signed the same assessment form each time the person had moved into the home. It was apparent that the person had not undergone a new assessment. This meant

Is the service responsive?

that the person was at risk of receiving unsafe and inappropriate treatment because an up to date care needs assessment had not been carried out and staff might not know what to do to meet the person's needs.

Another needs assessment for a person admitted six weeks earlier to receive respite care contained only two completed assessment record sheets. The rest of the assessment pack was incomplete. Some assessment forms did not indicate who had carried out the assessment. A needs assessment is important to assess if the home has the right resources to meet the person's needs.

We saw that care reviews were held but there was no evidence of involvement by the person or an advocate. There was a lack of dates, signatures and names on some documents including initial assessments. A life history was in place for one person but no reference to this was made in the care plan. It was clear from our evidence that the provider did not make sure each person received appropriate person centred care and treatment that was based on an assessment of their needs and preferences.

These examples illustrate breaches of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person centred care.

Is the service well-led?

Our findings

The service does not have a registered manager. There has been no registered manager at Greatwood House since April 2015. However, a home manager was in place and an application to become registered was submitted to CQC in May 2015. It is a condition of the provider's registration that a registered manager is in place.

People spoken with told us that overall they felt the home was well run, "staff are very nice" and "the girls are kind". We asked people living at the home if they had been involved in any meetings where they felt able to give their views and be consulted on the running of the home. Whilst none of the people spoken with told us they were involved in such meetings, they were complimentary about the way the home was being run.

We looked at a file that contained notes from unit staff meetings held in April 2015 prior to the new manager taking up her post. These were notes of policies that had been discussed and directives from the person leading the meeting. There was no indication of ideas, issues raised and or discussion about individuals or care issues. We asked some staff about their experience of working at Greatwood House. One SHCA said, "some people work better with some staff, if we had more time to listen to residents it would make a difference. At the moment it doesn't seem that staff are happy. I try to help as best I can to take the pressure off the staff".

We spoke with the home manager about the culture and management of the home. The manager was very positive about the future of Greatwood House and was clearly committed to driving improvements forward. She said, "I know there is a lot to do at Greatwood House to bring it back up to standard. At the moment I'm gathering as much information as possible to present to the provider so that we can start making some essential changes to the way in which Greatwood House operates.

The home manager showed us a home improvement action plan that she had developed which identified where resources and systems were needed to ensure compliance with the regulations. Within the action plan we saw that the home manager had already identified a number of breaches in the regulations and she was trying to put things right. This included making changes to the way in which staff training is delivered and the quality of the staff

training, re introducing regular staff supervision and appraisal sessions to monitor staff competencies, actively recruiting staff to make sure people's needs could be fully met through person centred care planning and addressing the issues around hygiene and cleanliness in the home.

We saw that there were corporate policies and procedures in place to support the daily running of the home and help to make sure that staff were clear about their duties when they were involved with all aspects of people's healthcare and wellbeing. Current and up to date policies and procedures are critical to the health and safety, legislation and regulatory requirements at the home and may place people at risk of receiving unsafe and inappropriate care if they are not used or followed in accordance with the regulations.

We saw that there was a system for recording compliments and complaints. People told us they felt able to approach the staff if they had a problem or concern if they had any, and felt their concern would be taken seriously and dealt with appropriately in a timely way. The home manager said that people's concerns or issues would always be addressed as priority, immediately and treated in a sensitive manner. We saw records that showed the manager had begun investigating incidents and had taken action to reduce the risk of some incidents reoccurring.

Staff spoken with confirmed their understanding about their responsibility to share any concerns about the care provided to people who used the service. They told us that the new management team acted immediately on any concerns they reported. They said that the home manager was very approachable and supportive and communication between the staff and home manager was "good". They told us that the values and philosophy of the home had been explained to them through the corporate code of practice which was provided to all staff.

The home manager told us that she was in the process of gathering feedback from the staff through staff handovers, having an 'open door' policy and being as visible as possible to people and staff at the home. This meant that she would be available for staff to discuss issues and make observations that related to people's care and welfare, staff duties and staffing levels.

Is the service well-led?

The system in place used to gather and record information about the quality of the service provided was last used in 2014 however up to date feedback from people using the service had not been sought.

We saw that a record of the local authority (LA) care homes performance report had been completed following a visit from the LA in April 2015 and was confident that the home was meeting the outcomes of people who used the service.

The home manager told us that gathering people's views and opinions about the home was also a priority and was listed on the home's improvement action plan as a way forward to identify risks. The current auditing systems and

processes were not being used effectively therefore this meant that any risks to people's health, safety and welfare were not mitigated and may put people at risk of unsafe and inappropriate care.

Seeking and acting on feedback from people who use the service, those acting on their behalf, staff and other stakeholders, would help to make sure the manager continually evaluates the service and drives improvement.

These examples illustrate breaches in regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>This was in breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person centred care.</p> <p>How the regulation was not being met:</p> <p>We found that the provider did not make sure that people's care needs assessments and care plans were not person centred and designed to meet people's immediate and future needs.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>This was in breach of regulation 12 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.</p> <p>How the regulation was not being met:</p> <p>We found that the provider had not protected people against the risks associated with keeping inaccurate medication administration records (MAR) because we found gaps on some MAR's which had not been signed to show that medicines had been given. We also found that the number of tablets noted for one person in the controlled drugs (CD) register did not correspond with the number of tablets held in the CD cabinet.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Action we have told the provider to take

This was in breach of regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

How the regulation was not being met:

We found that the provider had not protected people against the risks associated with the proper and safe management of medicines because some staff had not received up to date medicines training since 2003.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

This was in breach of regulation 13 (4)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding

How the regulation was not being met:

We found that the provider had not protected people against the risk of deprivation of liberty because the Mental Capacity Act 2005 and Deprivation of Liberty safeguards assessment had not been carried out for some people who used the service who lacked capacity.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

This was in breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment

How the regulation was not being met:

This section is primarily information for the provider

Action we have told the provider to take

We found that the provider had not protected people against the risk of cross infection and harm because some areas of the home were not clean and some equipment was not suitable for the purpose for which they were being used.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This was in breach of 17 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

How the regulation was not being met:

We found that the provider was not using the management systems and processes in place effectively to monitor and mitigate the risks relating the health, safety and welfare of people using the service and others.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

How the regulation was not being met:

We found that the provider had not deployed sufficient numbers of staff to make sure people's individual needs could be met which might prevent them from receiving unsafe and inappropriate care.

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

How the regulation was not being met:

We found that the provider had not ensured that staff received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.