

Sunrise Rehabilitation Centre and Trading Associates Ltd

Greenfield Care Home

Inspection report

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Mitcham
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15 June 2021

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28 July 2021

Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Summary of findings

Overall summary

About the service

Greenfield Care Home is a residential care home registered to support up to nine adults with a learning disability. At the time of our inspection nine people were living at the service. The service is a large semi-detached building close to local shops and other amenities. People who use the service have their own bedrooms and had access to communal areas that include a lounge, sensory room and an enclosed private garden. The provider is also registered to provide personal care from Greenfield Care Home to people living in their own homes. At the time of the inspection, there was no one receiving personal care. We did not inspect this part of the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. At the time of our inspection, Greenfield Care Home had a new provider who had started renovations and further improvements to ensure the premises and services were designed and upgraded to ensure people who use the service can live as full a life as possible and achieve the best possible outcomes.

We have also signposted the provider to resources to develop their approach.

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

The provider of the service changed in May 2021. There was a detailed plan to change the operations at the service and these were being implemented. The changes included the introduction of new policies and procedures, refurbishment of premises, provision of more choices of activities and involvement of people using the service and their relatives.

People received care in a manner that managed risks to their health and well-being. Care plans were in place and reviewed regularly to mitigate risks in relation to how staff responded to people's needs. Staff knew how to raise concerns and report incidents or allegations of abuse. People and their relatives felt the provider showed interest in their well-being and acted on their concerns. The provider and registered manager had increased the involvement of people using the service, their family members and worked with other health and social professionals to discuss concerns to people's health and well-being.

We were assured staff followed infection prevention and control guidelines in relation to the COVID-19 pandemic. People received support that minimised the risk of acquiring infections. Staff had received infection prevention and control training and that associated with COVID-19. Staff followed guidance to

respond to COVID-19 and other infection outbreaks effectively. Staff told us they had access to sufficient Personal Protective Equipment. Visitors and healthcare professionals completed a pre-visit questionnaire and underwent COVID-19 screening checks on arriving to reduce the risk of spreading of infection.

Why we inspected

We undertook this targeted inspection to follow up on specific concerns about the service in relation to the safety, dignity and respect of people using the service.

The Care Quality Commission (CQC) have introduced targeted inspections to check specific concerns. A decision was made for us to inspect and examine those risks.

This Greenfield Care Home Inspection report does not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

The last rating for the service under the previous provider was Good, published on 17 August 2018.

Follow up

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Details are in our safe findings below.

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Greenfield Care Home

Detailed findings

Background to this inspection

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

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

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Greenfield Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection visit took place on 15 June 2021 and was unannounced.

What we did before the inspection

We received concerning information about the service since the last inspection. We reviewed information we held about the service, including details about incidents the provider must notify us about, such as abuse or when a person injures themselves or others. We contacted relevant agencies such as the local authority and safeguarding teams. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make.

During the inspection

We spoke with three members of staff including the nominated individual, deputy manager, two support workers and the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also observed the way staff interacted and supported people to help us understand their experience of living at the care home.

In addition, we reviewed a range of records. This included five care plans and risk assessments.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at maintenance reports and plans for refurbishment of the service. We spoke with five relatives of people using the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. This meant people were kept safe and protected from avoidable harm.

We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check those specific concerns. This included information we received about a person not receiving safe care.

Assessing risk, safety monitoring and management

- Risks to people's health were assessed, managed and updated when needed. This ensured people received care in a safe manner.
- Staff knew how to identify and report abuse to minimise the risk of avoidable harm to people. They told us, "Safeguarding is protecting people from harm and abuse, we would report to the manager or social services. We have to complete an incident form and document everything" and "Bruises or mood changes are tell-tale signs. They may not be happy for one person to support them, they may feel withdrawn."
- Staff told us the new provider was hands on and was proactive in making improvements to reduce the risk of harm to people who use the service. They had got a nurse with a learning disability background to look at and review the care plans and risk assessments.
- The provider had reviewed and updated safeguarding processes to ensure risks to people's health and well-being were identified and managed.
- The provider and registered manager investigated safeguarding issues that had been raised. The registered manager maintained a record of issues that required investigations.
- People were supported by a staff team that knew them well and understood their needs. Staff treated people with compassion and kindness. People were comfortable with staff and responded well to them.
- During this inspection we found the provider had been refurbishing the premises to make them more welcoming and pleasant for people using the service.
- Relatives told us the provider had contacted them and they wanted to hear about their views on how to develop the service. Staff told us, "They (new management) have introduced themselves to the relatives, it's been a positive change" and "At the moment, they are doing a lot of improvement work on the building."
- People undertook gardening activities such as planting and maintaining their vegetables in a safe environment. The garden had been made secure and was well maintained. Staff told us people got involved with gardening. There was a vegetable patch with cabbages that people had helped to plant and watered every day.
- The rooms were being redecorated and repainted. The provider told us their priority was to provide safe care in an enabling environment. The registered manager and staff told us the repairs and refurbishment of

premises had a positive impact on people as the facilities were improved. In addition, the provider had a programme of action to refurbish the premises, including double glazing of windows.

Preventing and controlling infection

- We were assured staff were following safe infection prevention and control (IPC) procedures. Staff attended training and received updates in IPC including those associated with COVID-19. The provider ensured staff had sufficient supplies of Personal Protective Equipment (PPE) such as gloves, masks and aprons and hand gel. Staff followed processes of good hygienic practices to minimise the risk of people catching or spreading infection. Staff told us and records showed the registered manager carried out daily walkabouts, spot checks and held regular meetings with them to increase compliance in the ways of minimising the spread of infection.
- People were supported to receive visitors in line with national guidance. Essential visitors and healthcare professionals underwent screening checks before they were allowed access to the care home. Staff and people who lived at the home took part in a regular testing programme for COVID-19.
- We observed staff wore and used appropriate PPE in accordance with current guidance. The provider ensured staff had received current internal and external training in relation to COVID-19, IPC and putting on and taking off PPE.
- The provider had policies and procedures to ensure people who use the service who were required to isolate had access to a consistent staff team. Staff working with people required to isolate considered their social needs and need to engage in stimulating activities. People received one-to-one time with a member of staff when they were in isolation. People were supported to maintain contact with their loved ones by telephone and video calls, visits in the garden with access via a separate entrance, so visitors did not have to move through the building.
- Staff followed extra cleaning schedules which included frequent cleaning of high touch points, such as door handles, handrails and light switches.
- The registered manager told us they had received good support from the provider organisation, the local authority and the Clinical Commissioning Group. People and staff received additional emotional and practical assistance to support them through the effects of the COVID-19 pandemic.

Learning lessons when things go wrong

- Incidents and accidents were recorded as well as any action taken to reduce risks. The registered manager reviewed this information for trends to look for ways to reduce the risk of reoccurrence.
- The registered manager had regular contact and communication with staff and provided opportunities for them to service to learn from incidents. Staff commented, "The registered manager is good, he is very polite. He is willing to help. We have regular management meetings" and "He is a good manager, a good listener, he listens. You can go to him. He is hands on, and he knows the residents." Measures were put in place to ensure people's safety.
- The provider undertook investigations about allegations of poor practice to ensure learning occurred when things went wrong. An external consultant carried out investigations and there were ongoing changes to how the service was managed to minimise the risk of a reoccurrence. The provider had commissioned improvements and made changes in relation to care planning, risk management, involvement of people using the service and their relatives, increased involvement with external agencies and healthcare professionals.