

Greenfield Close Residential Home Limited

Greenfields Close

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service caring?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Greenfields Close is registered to provide accommodation and personal care for up to 30 people. The service is split across four residential buildings on one site: Greenfields, The Stables, Klosters and Aspen. There is also a building for activities, training and administration (The Lodge). There were 18 people living at the service at the time of our inspection. Greenfields Close is designed to meet the needs of people diagnosed with a learning disability and/or autistic people. Some people living at the service also receive care in relation to their physical disability.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture

Right Support

The service supported people to have the maximum possible choice, independence and control over their own lives. People were supported by staff to pursue their interests, take part in activities and be active in their local area. Relatives were happy with the care people received and felt they were safe and looked after well. Staff communicated with people in ways that met their needs and supported them to make decisions about how they wanted to live their lives.

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

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity and promoted equality and diversity in their support for people. They understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right culture

People received good quality care and support because staff could meet their needs and wishes. Staff knew

and understood people well and were responsive, supporting their aspirations to live the lives they wanted. Staff placed people's wishes and needs first. People and relatives were involved in planning their care.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 November 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 15 September 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the premises were clean and properly maintained, and systems in place to assess, monitor and improve the quality and safety of the service were effective.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. The inspection was also prompted in part due to concerns received about the quality of care for people. This report only covers our findings in relation to the Key Questions Safe, Caring and Well-led which contain those requirements.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Requires improvement. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, caring and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenfields Close on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Greenfields Close

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by an inspector, a specialist advisor 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. An inspection manager was also present to carry out a routine assessment of the inspection process.

Service and service type

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

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with 14 people who used the service and observed how care and support was given generally. We also made observations of people and how they expressed themselves through their facial expressions and body language. Not everyone living at the service was able to talk with us, and used different ways of communicating, including body language and signs. We got feedback from 2 relatives about their experience of the care provided to their family members.

We spoke with 8 members of staff including the registered manager and deputy manager. We reviewed a range of records. This included 5 people's care records and people's medication records. We looked at staff training and the provider's quality auditing system. During the inspection visit we asked the provider to give us additional evidence about how the service was managed, which they sent to us. We also received feedback from 2 health and social care professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had not ensured the environment of the service was sufficiently cleaned and maintained. This was a continued breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found evidence that improvements had been made and the provider was no longer in breach of this regulation.

- The service was clean and well-maintained in most areas. People and relatives commented positively about cleanliness. The management team and staff carried out regular checks to ensure the cleaning schedule for the home was effective.
- A small number of areas had damaged surfaces, which would prevent effective cleaning. The provider was aware of this, and refurbishment of those areas was planned.
- We were assured that the provider was preventing visitors from catching and spreading infections. The provider was admitting people safely to the service, and the provider was accessing testing for people using the service and staff. Staff used personal protective equipment effectively and had received training on this.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on people welcoming visitors to their home and the provider was following currently published visiting guidance by the Department of Health and Social Care.

Using medicines safely

- People received their prescribed medicines safely. Medicines were managed and stored safely. There was a system in place to ensure people were offered their medication as prescribed. Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed that overall, medicines were documented, administered and disposed of in accordance with current guidance and legislation.
- People received their "as and when" (PRN) medication when they needed it. There was guidance in place for people's PRN medicine which told staff when this medication was needed.
- Each person's medicines records had key information about allergies and how people liked to be given their medicines. The system for managing medicines ensured people were given the right dose at the right time.
- Where medicines audits identified any issues, these were dealt with quickly and used as an opportunity to learn lessons and improve.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and told us they felt safe living at Greenfields Close. People and relatives felt confident to raise concerns with staff or the registered manager.
- People demonstrated they felt safe in the presence of staff. We saw people being supported to do things they enjoyed, with staff actively taking part. People's communication whilst being supported by staff was relaxed, and showed they were happy and comfortable with the staff who worked with them.
- Staff understood how to recognise and report concerns or abuse. Staff received training in safeguarding and felt confident to raise concerns, both within their organisation and to external health and social care professionals.
- The registered manager reported any allegations of abuse to the local authority safeguarding team. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

Assessing risk, safety monitoring and management

- People's needs were assessed, and any risks associated with their personal care and environment documented. These were reviewed regularly and updated when required. Staff knew about risks associated with people's health conditions and understood how to provide care which kept people safe. The provider was in the process of reviewing everyone's risk assessments and associated care plans, as they had identified areas for improvement. People and staff were involved in this, and where appropriate, relatives were also included in the reviews.
- Risks associated with the service environment were assessed and mitigated. The provider had clear systems in place to ensure regular checks on all aspects of the environment. This included fire safety system checks and checks on all areas of the buildings and grounds. We looked at a sample of checks, and could see where good practice was noted, and where areas for improvement were identified.
- There were clear plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. For example, if there was a fire or power cut. The provider also had a business continuity plan in place, setting out how the service would continue to run well in the event of a major incident, such as a widespread infection outbreak.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People said staff gained their permission before offering personal care. Throughout the inspection, we heard staff ask people for their consent when offering care and support and encouraging people to make their own decisions about their daily lives. Staff understood the principles of the MCA, including how to support people to make their own decisions, and how to proceed if the person lacked capacity for a particular decision.
- The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for a number of people. Conditions associated with people's DoLS authorisations were met and reviewed regularly to ensure they met the principles of the MCA.

Staffing and recruitment

- There were enough staff to keep people safe. People and relatives told us they were happy with the number of staff available to meet people's needs. The registered manager reviewed staffing levels regularly, and, when necessary, increased staff numbers to ensure people's needs were met. Our observations during the inspection visit showed us that people were supported by enough staff. This included when people needed support or reassurance or wanted to participate in an activity.
- Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This included employment and character references and disclosure and barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. This all ensured staff were of good character and were fit to carry out their work.

Learning lessons when things go wrong

- The provider managed incidents affecting people's safety well. Staff recognised and raised concerns, near-misses and incidents and reported them appropriately. There were systems and processes in place to monitor and assess accidents and incidents.
- Accidents and incidents were documented and analysed regularly to assess trends and patterns. This had helped to reduce incidents and make improvements to the care provided to people who used the service.
- Where the registered manager or provider's investigation identified care needed to improve, staff were told what was expected of them, and people's care plans were updated to reduce the risk of further incidents.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Requires improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives spoke positively about the staff team with regards to feeling cared for. One person said, "The best things here are the staff and the residents." This person also described how staff supported them to do things that were important to them and made sure they were happy. One relative said, "100%; we continually see wonderful care and attention from all the staff at Greenfields."
- Staff had time to spend with people socially in addition to doing practical care tasks. Whether this was chatting or doing something together, there was lots of laughter and good-humoured conversations between people and staff.
- The provider had a range of supporting policies and training in place, which staff were required to understand and demonstrate when providing personal care to people. This ensured staff met the standards the provider expected with regards to treating people with dignity and respect.

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

- People felt able to express their views on how they wanted to be supported. Relatives felt they were kept informed about their family member's care. Staff encouraged people to communicate in the ways they preferred, and regularly asked people for their views about their personal care and discussed if anything needed to improve or change.
- Information about advocacy services was displayed in the service and advocates had been involved in supporting people to make decisions about their care and life choices. This meant people were supported to understand their rights and have their views heard.
- Staff clearly understood people well, adopting appropriate styles to meet people's communication needs and making use of each person's likes, dislikes and needs to provide care to each person.
- People were supported to express their views about their care and daily lives and make their own decisions as far as possible. Staff involved people, their relatives and health and social care professionals to develop care plans that accurately reflected people's needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- People told us they were encouraged to do as much as they could for themselves, and they got support and encouragement to do this. People's care plans confirmed this, with information about what people could do for themselves, and where they needed support, what staff should do.
- People said staff always treated them with respect, and our observations confirmed this. This included respecting privacy by knocking on doors before entering, and ensuring intimate personal care was done with dignity. Staff had a good understanding of dignity in care and had training in this.

- Staff knew when people needed their space and privacy and respected this. Staff were clear that they understood when people had enough of something, be this an activity or wanting time on their own. We saw that staff respected people's wishes when they communicated they did not want to do something. This meant people had control over what they were doing and their choices were respected by the staff team.
- People were supported to spend private time with their friends and family if they wished to do so. Relatives told us they were able to visit whenever people wished, and there were no restrictions on visiting. Staff told us and records confirmed people were supported to maintain the relationships that were important to them. This included the use of technology to maintain contact between any face to face visits.
- Staff respected people's right to confidentiality. Staff understood when it was appropriate to share information about people's care. Staff did not discuss people's personal matters in front of others, and where necessary, had conversations about care in private. Records relating to people's care were stored securely.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had not ensured the systems in place to assess, monitor and improve the quality and safety of the service were effective. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. On this inspection we found evidence that improvements had been made and the provider was no longer in breach of this regulation.

- The provider and registered manager undertook regular audits of all aspects of the service to review the quality of care. These were effective in identifying areas where improvements were needed. This included checking that people's health was maintained, as well as ensuring the environment was safe for people to live in.
- There was an action plan arising from checks and audits to show what action was required to improve the quality of care and who was going to do it.
- Staff understood their roles and responsibilities, and felt it was clear what the provider expected of them in terms of quality of care. Staff said, and records confirmed they had regular training and meetings to discuss how to ensure care was provided in an open and transparent way. This included being honest about what was not working well and committing to improving people's quality of life.
- The registered manager, manager and provider's nominated individual were open with the inspection team about where improvements had been made, and where there was still further work to do.
- The provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.

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

- The management team worked to instil a culture of care in which staff valued and promoted people's individuality and protected their rights.
- Staff felt respected and supported by the management team who promoted a positive culture. One staff member said, "It's a shared vision; everyone wants to pull together to make sure people are safe and happy. They [management team] have a plan. They know what work needs to be done and staff know this too. Communication is good." Another staff member said, "[Registered manager] is really approachable and I really like that they are open to ideas, and us having initiative and leading on things. They are very open and

honest and has time for all the staff and people."

- Staff spoke positively about the support they got to carry out their roles. They felt the service was well-led, and that they were able to contribute to the development of the quality of care. Staff also spoke about the opportunities they had to develop their skills through training and development.
- Staff felt able to speak up about any concerns they may have regarding people's care without fear of what might happen as a result.

Continuous learning and improving care; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff and the management team recognised when people's needs changed. They made appropriate referrals and met with health and social care professionals promptly to address this. This ensured people received the care they needed.
- Feedback from health and social care professionals was positive regarding the quality of care people received. One described the positive differences the care and support had made for one person, stating they had seen, "A marked positive improvement in [person] and their verbal and non-verbal communication had improved significantly." Professionals felt the registered manager and staff team clearly understood people's needs and how to support them consistently, which helped to reduce any anxiety or distress related behaviour.
- Regular feedback was sought from people, relatives and staff about the quality of the service. Any issues raised were acted on promptly, and everyone was told what action was taken so they could see what had been improved. A relative described some issues they had identified with the quality of care, and said, "[Registered manager] has been very accessible, accommodating and open to any questions and queries from our family."