

Anchor Trust

Greenacres

Inspection report

The Horseshoe
Banstead
Surrey
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Website: www.anchor.org.uk

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Greenacres is a residential service which provides care and accommodation for up to 62 older people some who have physical needs and some people who are living with dementia. People have varied communication needs and abilities. The service is set over two floors, and is divided into different living units; each unit has their own lounge and dining area. On the day of our inspection there were 59 people living in the home.

This inspection took place on 20 December 2016 and was unannounced.

At the previous inspection in March 2015 we found one breach in the regulations. During this inspection we identified that improvements had been made in this area.

A registered manager was in post. 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.

People did not always receive care and treatment that was appropriate to their individual needs and were at the risk of receiving unsafe care or treatment.

The registered manager had completed some audits of the service such as people's weight and activities but not for other aspects of the service such as care plan audits and as a result actions were not always implemented to improve the quality of service people received. The registered manager acknowledged further work was required in this area. We have made a recommendation about this in our report.

Greenacres was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm.

The registered manager and staff did not always understand their responsibilities in relation to capacity and decision making. This was not always in line with the Mental Capacity Act (2005) Code of Practice.

Care was not always provided to people according to their agreed care plan. People had their needs assessed before being admitted to the home and care plans were drawn up from the information obtained from these assessments, input from people and their relatives.

People were well cared for and the atmosphere in the home was relaxed. People told they were treated well by staff who were kind and caring. People's privacy and dignity was maintained and we saw staff knocked on people's doors before they entered.

Staff had undertaken training regarding safeguarding adults and were aware of what procedures to follow if they suspected abuse was taking place. There was a copy of Surrey's multi-agency safeguarding procedures available in the home for information. We saw staff were trained to carry out their roles and keep the people they supported safe from abuse.

People's health care needs were being met. People were registered with a local GP and also had visits from other health care professionals. Regular health checks were undertaken and appropriate referrals made when required.

People were provided with a choice of freshly cooked meals each day and facilities were available for staff to make or offer people snacks at any time during the day or night. Specialist diets to meet medical, religious or cultural needs were provided where necessary.

People received their medicines when they needed them and medicines were managed safely. There were systems in place to ensure that medicines had been stored, administered, and reviewed appropriately.

There were enough staff working in the home on the day of our inspection to meet people's needs. Staff recruitment procedures were safe and the employment files contained all the relevant checks to help ensure only the appropriate people were employed to work in the home.

People were engaged in some activities on individual units for parts of the day. People told us they were not always happy with the activities and would like to be supported to be more independent. The registered manager provided us with details of all the activities that were offered to people.

People had been provided with a complaints procedure and were confident that any complaints would be handled appropriately.

People were protected from unforeseen events and the provider had contingency plans in place. Each person had an individualised plan to support them in the event of an emergency such as fire or flood occurring.

During the inspection we found two 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.

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 always safe

People were not always protected from unsafe care or treatment through lack of appropriate risk management.

There were processes in place to help ensure people were protected from the risk of abuse and staff were aware of the safeguarding procedures. However staff and management had not always reported concerns to the appropriate agencies.

The provider had ensured there were always enough staff deployed to meet the needs of people.

People received their medicines in a safe way. Medicines were stored securely.

Staff were recruited safely. Appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to eat and drink to maintain good health.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Requires Improvement ●

Is the service caring?

The service was caring.

People were cared for a staff team who were caring and kind.

Good ●

People were involved in decision making whenever possible.

People were treated with dignity and respect. Staff spoke with people in a polite and kind way.

Is the service responsive?

Good ●

The service was responsive.

People did not always receive personalised care that was responsive to their needs.

People told us that there were not any meaningful activities for them in the service.

People's concerns and complaints were not always responded to according to the complaints procedure in place.

Is the service well-led?

Requires Improvement ●

The service was not always well led

Information of concern was not always passed to the appropriate people.

The registered manager regularly checked the quality of the service. However they had not identified areas of concerns contained within the report and acted on making improvements.

The staff were supported by the registered manager.

People who lived in the service and their relatives were asked for their opinions of the service however their comments were not always acted on.

Greenacres

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 inspection took place on the 20 December 2016 and was unannounced.

The inspection was carried out by three inspectors who had experience in working with older people. We were supported by and 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.

We reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also made contact with the Local Authority and reviewed information they held on the service. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the PIR to inform our judgment process.

We reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

During the inspection we spoke with 22 people, six care staff, three relatives, the registered manager, the district manager, and three health care professionals. We observed care and support in communal areas and looked around the service which included the six different living areas.

We reviewed a variety of documents which included 16 people's care plans, six staff files, training programmes, medicine records, four weeks of duty rotas, maintenance records, all health and safety records, menus and quality assurance records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit,

which they did.

Is the service safe?

Our findings

People told us they felt safe. One person said "I have a buzzer round my neck in case I need anything or if I have a stumble. I feel quite safe here, I can lock my door from the inside but I never do." Another person told us "I'm quite content with the level of safety here."

However external professionals we spoke to raised concerns about the level of falls and injuries people sustained in the service. They said that communication and staff knowledge of how things had happened was not always apparent. They told us "We don't get a why, how and when. No one can give a straight forward answer." We were told by the registered manager on the PIR that 'Providing a transparent & open system of communication in the home for all residents/families & colleagues' was how they supported people staying safe. However from the evidence obtained we found this not to always be the case.

Incidents and accidents were not always reviewed on an individual basis and actions were not always taken to reduce risks to people. Staff had not always completed accident and incident monitoring forms when an injury had occurred to someone. One member of staff said "Bruises we don't complete an accident form. Document on body map but not on accident or any other report." For example one person's falls risk assessment scored 1 (low risk), however did not reflect the accurate number of falls the person had experienced or the increased risk to their safety.

Another person's falls prevention plan was in place but had not been completed apart from ticks to say 'has medical issues that might increase risk of falls', the action recorded as 'ongoing'. However the 'post fall/accident observation tool' form had not been completed, so therefore staff and the registered manager could not assess the risks to the person and had not implemented action to reduce the person's continual risk of falling.

We looked separately at a further six peoples accident and incidents that were documented in their care plans and identified out of 21 incidents, 10 of them had not been reported by staff to the registered manager. This meant that risks remained to those people.

The lack of risk management of people's needs is a breach of regulation 12 of the Health and Social care Act (Regulated Activities) Regulations 2014.

We spoke with the registered manager and the district manager about the lack of risk management and immediately an action plan was implemented. This included staff meetings and staff re training. Management oversight of all falls and referrals to external professionals for any deterioration in their health and/or mobility were completed. This action reduced the risk to people within the service.

Staff could explain people's risks and how to manage risks such as choking and use of thickeners in their drinks. One staff member spoke to us about a persons specific needs they said "X is a very lovely person. They need two care assistants, as they can't walk, uses a wheelchair but helps us. X is capable of standing up." Another staff member told they would provide safe care and describe actions they had taken; "X can

walk with assistance but with two staff. The person is at risk of falls, had a lot recently. We changed the person's bed as result, can be raised to floor. At night they have a magic eye (an electronic sensor to detect movement) this has to be on. This activates alarm to movement" This helped ensure people stayed safe.

Other risks to people such as those with diabetes or risk of skin breakdown were managed well with appropriate plans of care in place. For example guidance was given to staff on how to support a person with diabetes. This included offering sweeteners and high protein snacks' and staff ensuring only sweetener was used when making tea or coffee. Staff looked for signs of hypoglycaemia i.e. low blood sugar which might result in faintness and guided staff what to do if this noted. A risk assessment was also in place to advise staff of what to observe for if the person became ill such as fainting, dizziness, excessive thirst, profuse sweating, and unconsciousness.

Staff confirmed that they had received safeguarding training and were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. One member of staff said "I would inform my manager, I can call CQC or police. I have to do this." "There is physical, financial and verbal abuse. I would go to a team leader or manager. Or go elsewhere, such as CQC." Safeguarding notifications were being made for incidents identified.

People and staff told us that there were, on the whole enough staff on duty to support people at the times they wanted or needed assistance. One person said "I think so; I've never had a problem with it." The registered manager told us that there should be two staff on each unit. She said "Today we have two staff on each unit and one to one for a new resident on respite. We offer this for new people as it helps with the move." We checked a copy of the staff rotas for a four week period and saw the staffing level remained consistent and this is what we observed on the day. The service also had team leaders that 'floated' throughout the day and undertook tasks such as supporting people to have their medicines. The service also had a compliment of ancillary staff, administration staff and activities staff.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff members confirmed they had to provide two references and had a DBS check done before starting work.

People received their medicines safely and when they needed them. One person said "Yes they are very good with all of that, everything is done properly." Medicine was stored in a designated medicine room and in medicine trollies which were allocated to each unit. Only staff who had the appropriate training and competencies gave people their medicines.

Staff administered medicines safely, following the provider's medicines procedures, ensuring they explained to the person why they had a medicine. We observed people receiving their medicines on two of the units. The member of staff offered PRN (when required medicine) pain relief, double checked the person understood what they were asking of them. The staff member got on their knees to ensure eye contact and spoke near to them as other people were in the lounge which maintained their privacy and dignity. The staff member told us "You have to double check and look for others signs of pain, for example if they are eating well." When putting eye drops in the member of staff brought a resident out of the lounge and did this in a quiet part of the hallway. They put the tablets in the persons hand also and gave them a drink so they could take the medicines themselves.

The service had sufficient arrangements in place to provide safe and appropriate care through all reasonable foreseeable emergencies. For example staff had undertaken emergency first aid training and fire safety and were aware of the procedures to follow if required. Protocols were in place for staff to follow in the event of utility failure, adverse weather conditions and an outbreak of infection.

Is the service effective?

Our findings

People told us they made decisions about their own care. One person explained "I've got a floor bed that lowers right down so I can sit down and swing my legs round. I buzz when I'm ready to go to bed but I can get myself ready. I say when I'd like to be woken up and that becomes fixed." Another person said "I'm quite alright with decision-making. That's never been an issue, I'm quite independent really."

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

The registered manager did not fully understand the process or what may constitute a deprivation of liberty safeguarding or they were unsure about people's next of kin having the right to make decisions about a person care needs unless they hold the correct legal powers. For example; one person had medication care plan in place that confirmed the GP decided in the person's best interest to give medicines covertly. In addition there was a document titled 'record of decision to administer medicines covertly' confirmed the prescriber had performed an assessment of capacity in line with the MCA.

However the form also stated that relatives had the legal power to consent on behalf of the person. We checked this and found no evidence of this legal authority available. Relatives had also signed a consent form signed by them in relation to the media. There was other evidence that showed relatives had made decisions about a person's care regarding issues such as weight loss, living at the service without holding the appropriate legal power or best interest meetings being undertaken.

This is a breach of regulation 11 of the Health and Social care act 2008 (Regulated Activities) Regulations 2014. Care and treatment of service users must only be provided with the consent of the relevant person.

Although these processes were not always robust staff did have an understanding of supporting people on a day to day basis to make choices. We observed staff offering fresh fruit and biscuits mid-morning and a range of cakes and snacks throughout the day. We saw staff ask people for their consent prior to them providing any care. One person said "Yes if they didn't ask I would be kicking up a fuss. I just wouldn't have it."

Staff understood what consent and the MCA meant for people. Staff received training in the MCA and this was updated every year. Staff understood people had capacity to make decisions and said they would make sure people could understand what was being asked. Staff told us "People have capacity unless proven otherwise. If they lack capacity we would get the family involved." One of the team leaders told us "Most lack capacity to make any choices and retain information. Meals we show them too and they show what they

like." Staff and training records we looked at confirmed that staff had received training in mental capacity. The registered manager sent us information after the inspection to state that information regarding mental capacity and next of kin was cascaded to staff.

People had mixed views about the quality of food they received at Greenacres. One person said "I find the food very good, there's always a choice. Some things I don't like but you can let them know. If I look at the evening menu I can always ask for something different if it doesn't suit me." Another person said "It's not bad, it varies. But it seems pretty good most of the time"

At the last inspection people also told us they had concerns that the food was cold. This related to one of the food serving trolleys being faulty. The registered manager confirmed this had now been replaced.

At this inspection however people's concerns were the same. One person told us "The one complaint I have is about the vegetables, they are not particularly that good. I have stopped having fish and chips as the chips are stone cold. I've spoken to the chef and she's helped in various ways. The soup is more often not very hot either but they have a good variety of soups." Another person said "The temperature of the food which they haven't really don't anything about."

We spoke to 10 people and two relatives about the food. Most of the comments related to the food not being served hot enough. One person said "I don't particularly like the food here because it just comes to the table cold." Another person said "It's alright but it could be a lot better. Hot food like soup doesn't come piping hot like it's supposed to."

We spoke to the chef about this and they showed us the log of food temps being sent to the different areas. This was within the correct range. We discovered when we spoke to the staff on each unit they had decided to take the food out of the hot trolleys to cool down, as they told us "We worried it's too hot for people." We spoke straight away to the registered manager about this and she immediately spoke to staff on duty and communicated with all other staff to ensure the food was being served at the correct temperature.

People had a choice over what they ate. The chef said the main menus were provided twice a year from the head office. They told us they were consulted about what should be included in the menu. After one of the consultations with people, it was decided that the main meal should occur at 5.30pm and not at lunchtime and we saw this to be the case during our inspection. The chef said "Carers do sandwiches as it works better so people can have a choice." The chef told us they go to the residents meetings and make changes to the menu if and when required.

People had nutritional assessments to support them keep healthy. This included information about food textures as advised by a dietician. Malnutrition assessments were in place and people's weight was monitored at a frequency based on risks identified within the assessments. Staff told us they had received training in nutrition and supporting people to maintain a good diet.

We saw throughout the service foods and snack stations available for people to eat between meals and staff supported people with accessing these if they were hungry.

People told us staff were suitably skilled to meet their needs. One person said. They've got to be skilled, they do know what they're doing, the ones who've been here a while." Another person said "Some are very good; others are still on the learning curve. As long as they are learning that's what matters." A healthcare professional said "They need more training in how to manage turning people and moving and handling. They have more complex people now."

New staff undertook an induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. Those staff who had been recently recruited confirmed that they had been given appropriate support when they started work at the service, including the opportunity to shadow more experienced staff.

The registered manager told us that all staff undertook an induction both the care certificate and a provider induction before working unsupervised to ensure they had the right skills and knowledge to support people they were caring for. They said that had also supported five colleagues with further career development in Anchor under the new 'my future' programme. "We spoke to three staff who described their induction process. They explained how they had all spent time shadowing other more experienced staff and given time to understand the procedures within the service.

The registered manager had supported staff to learn other skills to meet people's individual needs. They said that this training had helped them understand and develop best practice when caring for people. One staff member said "I had no experience in care before and they gave me lots of training". They told us they had received training in administering medication, moving and handling, dementia awareness and first aid. Another staff member stated "I went to training last week I went to London for positive behaviour training. They are very good with the training. "Staff said that they received sufficient support to fulfil their roles and responsibilities. One staff member said they got "Loads of support from my manager and care manager". We saw during the inspection staff undertaking giving people medicines and using correct manual handling procedures.

People were supported to maintain good health and access some external healthcare support as necessary. Staff ensured people had access to other healthcare professionals and people had choice about the health care support that they received. People told us, "The GP comes once a week, I only see him when I need to. The chiropodist comes here, I see her regularly every six weeks."

Care records showed that some people had been appropriately referred to other health service including; palliative care teams, speech and language therapist and the community mental health team. We spoke with one healthcare professional who had regular involvement with the service. They told us "They (staff) work well with us and get in touch. "We haven't seen malpractice" and "They do listen, good rapport." The registered manager told us "All the health professionals have ample of opportunities to meet management/team on all visits/phone/email. Post joining the service, home manager visited all the registered surgeries to discuss/understand any trends or concerns."

Is the service caring?

Our findings

People told us that staff treated them well and praised the support they received. One person told us "I like the staff, so kind and helpful. I wouldn't want to move." A relative told us "Most of the carers are very nice, dad's usually very happy."

People said that they were treated with dignity and respect. One person told us "They help you when you need it and they are respectful." We saw that people's bedrooms were personalised with their own belonging. This helped people feel more relaxed in their environment. People who were more independent told us "I insist on it (respect). I look after myself, when I'm out of sight I don't need them to keep bothering me. We have keys to our rooms which is good but there's no need to lock the doors. All our valuables are in the safe and no one enters our rooms without knocking first and asking whether they can come in." We also observed staff such as housekeeping staff ask people if they could close lounge doors whilst they were vacuuming so as not to create a disturbance.

Throughout the inspection we observed that people were treated with kindness and compassion by staff. We observed staff talking to people kindly and politely saying things as "Shall I help you"? when they saw people needing assistance. We saw staff offering hot and cold drinks and saw one staff member read a Christmas card out to the person it was addressed to. We saw on one unit a person who had fallen asleep and woke up suddenly which scared them. The staff member sitting next to them was completing paperwork, reassured them that they were fine and that they must have had a bad dream. Another person started crying and staff went to get them tissues and continued to comfort them after bringing them a drink. Another person told us "It's nice to know they remember me, they have a lot of people to deal with. If my phone rings in my room they pick it up if I'm in the lounge and let me know who has called. They know me and my family well."

We observed staff members supporting people to stand, the staff explained the process to the person and prompted the person what to do. The registered manager came in and said to one lady "You look smashing." And to another lady "You look very pretty in pink." The people smiled and acknowledge the conversation.

People who were able to were involved in their own care planning. All the people we spoke with told us that they had the opportunity to speak with the staff about their care and support, and they felt their views were listened to and taken in to consideration. Care plan documents we saw showed some evidence of people agreeing their care. Staff were aware of people's needs. The registered manager told us; "My care staff are very efficient. Starts from recruitment, if they have a good heart it's important. For example, I have two residents who don't like eating so I make sure they have doughnuts. These are things staff know it's important and it's important to me".

Is the service responsive?

Our findings

During lunch a fire alarm sounded three times and none of the staff came over to apologise to people or explain what was happening. It was a disruption and one of the people got out of their chair and went out to speak to the manager about it. On their return the manager came in and apologised for the noise and reassured people that it wouldn't happen again. People told us the fire bell was regularly tested at lunchtime. The registered manager informed us after the inspection they had spoken with the maintenance team to alter the time of the fire bell so it did not disturb peoples lunch.

People told us there were activities going on at the service that they could participate in. One person said "I do the exercise class they have here; it's good to move the body. I like to read, I still write letter, I phone or friends phone me, I have a mobile that my granddaughter will teach me to operate. I have a television in my room, I watch the soap operas and I like the carol performances, I find that very restful. They do activities too like visits to the garden centre, there are three different ones. We've done shopping in Sainsbury's and Waitrose and had a cup of tea in their cafes. We went to see the Christmas lights in Morden last year. There is usually about eight of us that go in a bus they hire."

Other people liked to spend time occupying themselves. Some people's feedback was that the activities were not of their choice or liking. One person told us "I get bored here; I don't like the activities they do. I like to make my own tea here and they don't stop me from doing that. I do the keep fit activity sometimes, not always because I'm quite active anyway. All I want to do is go out but their days out aren't very exciting. We celebrated a resident's 104th birthday which was nice." Another person said "I'm not interested in them, I keep myself busy with things like crosswords, and they keep my mind active."

We spoke to the activities coordinator who told us she had list of people who were going out on the day of our inspection. She said "We do at least one outing a week. Last week did two, went to Xmas lights." However she told us that the trip was not happening as there had been confusion regarding the time for the driver and they had not arrived. Staff had not passed this information on to all people and some people spent the day waiting and asking to go on the trip. This distress to people could have been avoided if staff had communicated openly.

The other staff member supporting activities was observed in the morning holding a computer tablet and went around to people and showed them pictures from their Christmas party. They were engaging and chatty with people. They told us that his job was to provide one to one support to people who were feeling down.

There were no other activities observed in the morning and interaction was minimal, we saw little engagement between the staff and people in the lounge. The television was on but people were not being supported to be occupied in meaningful activities or positive mental stimulation for people.

The registered manager provided information which stated the service has 'Dedicated pamper days at Greenacres with staff supporting customers with nail & foot care. 'Also that dancing is encouraged with

impromptu music across all living areas. The registered manager stated that the service has a good collection of engagement resources like skittle, quizzes, grown up drawing books, clay, poetry, role modelling with music. They told us the home makes a big fuss on birthdays, we were lucky to have two grand celebrations last year celebrating peoples 105 & 104 birthdays.

The registered manager provided information after the inspection telling us how they had led a fund raising project for the home's amenity funds via lions club Banstead. The activity team created a live video with our people from the service and their thoughts for mother's day, showcasing relationships & celebrations of daily living. The registered manager said "It was good promotion of positive care in the community and raise awareness about care homes in the community."

The registered manager described how Anchor had a new internship placement scheme and how they had an intern at Greenacres for four months, their project was to work with people & understand colleague engagement. Her blog on her experience as young carer was showcased a television news website on health and care. The registered manager said "Our residents loved the attention and were superstars for the day with cameraman and presenter, another positive channel to showcase care home environment."

Before people moved into the home an assessment of people's needs was completed with relatives and health professionals supporting the process where possible. This meant staff had sufficient information to determine whether they were able to meet people's needs before they moved into the home. Once the person had moved in, a full care plan was put in place to meet the needs which had earlier been identified. The registered manager told us they had introduced a 'care buddy' system where a specific staff member supported the person through their initial period of transition. People's life histories were not always complete so staff would not always know about a person's background and were then able to talk to them about their family or life stories.

Individual care plans contained information which related to people's preferred name, allergies, the social activities they liked doing and their care needs. There were also details about how they wished to be looked after if they became unwell. Staff showed us a file which recorded people's weights.

People said that they would feel confident to raise concerns or to make a complaint. One person described a complaint they had made, they told us "I have made one a long time ago but it was resolved. Carers kept banging on my door and waking me up, I'm a resident not a patient. Now they know not to do that only if someone is new occasionally it happens."

Other people said "I would go straight to the manager, I feel more than comfortable to speak out if I have to." The registered manager showed us the log of complaints that had been raised and actions on how she had addressed any issues. Staff explained to us that they would log if a person complained about something and report this to the team leader. The registered manager had responded to these complaints in line with the companies procedure.

Is the service well-led?

Our findings

People expressed satisfaction with the management of the home. We asked people if they knew who the registered manager was and if they felt they could talk to her. One person told us "This one is still approachable and helpful. She visits every morning and says good morning and asks how we are." Another person said "Yes but not very well, not sure whether she is approachable but she does pop her head in most days." People expressed a positive opinion of the service and said "It's not too bad, I'm generally quite satisfied." Another person said "I think it's decently run, I don't really have any complaints about that."

Staff also reported that they felt that the home was managed well and that they felt supported by the management team. One staff member said "Quiet helpful. No problems with them. When I started meds training I needed 100% right answers, but the manager helped me to understand the questions. Team leaders also very good." Another staff member said they received "Loads of support" from their managers. They told us that could also contact other managers if they needed to. They told us they received regular supervision, where they talked about the progress of people, if they had any problems, changes in the service and any concerns they may have.

The information on the PIR stated that the registered manager carries out audits to identify where to drive improvements needed in the service; it stated "As part of Anchor for five years now & starting as a new Home Manager at Greenacres I have analysed the independent customer survey report & studied the trends & have implemented new strategies to prioritize & work around the gaps identified." The registered manager supplied information after the inspection to show that the service annual satisfaction survey results had increased in 2016.

During our visit we saw quality assurance audits were regularly carried out. For example, monthly internal audits were completed across a wide range of areas including, care plans, wound management, call bell response and weight loss. However these audits had not always accurately identified deficits in safe care. For example the registered manager did not have systems in place to identify individual people at risk of falls or to analyse trends. If this had been identified actioned could have been implemented proactively to reduce risks to people. The standard of record keeping could be improved as this did not always evidence a clear audit trail in respect of all aspects of care and service delivery.

The registered manager and provider since the inspection have implemented a new and robust oversight process which now needs to be imbedded into practice.

Information was stored securely and in accordance with data protection. The registered manager was aware of her legal responsibilities in respect of documentation and the need to report significant events. Notifications have been submitted to the Care Quality Commission in a timely and transparent way. Although not all injuries had been reported to the local authority under their own requirements the registered manager had implemented a new process to ensure that all incidents were reported.

The registered manager had completed the provider information return (PIR), however had not completed

sections on staffing of the service and staff training. This did not give a clear overview of the service and how it can meet and exceed the required standards of training for staff.

People were routinely encouraged to be involved in the running of the service and invited to make comments and suggestions about how things could be improved. In addition to regular residents and relatives meetings however people did not feel listened too. One person told us they had raised issues, they said "We do at meetings, not that anything changes much really like the food is a common theme." Another person said "I suppose we do from time to time, although I'm not sure if any changes have been made as a result." A third person told us "They do lots of them, I don't go, and it's a waste of time as nothing changes." We passed these comments back to the registered manager. The provider immediately implemented an action plan. Meetings were held with staff to address issues and action where improvements needed to be made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment of service users must only be provided with the consent of the relevant person.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The lack of risk management of people's needs