

Ideal Carehomes (Kirklees) Limited

Greenacres

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?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 11, 19 and 24 August 2015 and was unannounced. The previous inspection, which had taken place during January 2015, had found that the service was in breach of specific regulations. We issued warning notices for the registered provider which meant they were required to take immediate action with regard to care and welfare of people, good governance and staffing. We requested action plans for other areas of breaches which related to consent to treatment, proper and safe management of medicines and staff support.

This inspection found that improvements had been made, particularly in areas relating to consent to treatment, management of medication and person centred care. However, although improvements were also evident in relation to good governance and staffing levels, there were continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in these areas.

Greenacres provides accommodation and personal care for up to 64 people, including people living with dementia. The home does not provide nursing care. The

Summary of findings

accommodation is arranged over two floors. There are two units on each floor. Each unit has single bedrooms which have en-suite facilities. There are communal bathrooms throughout the home. Each unit has an open plan communal lounge and dining room. Two of the four units provide accommodation for people living with dementia.

There was a manager in post and this person had applied to be the registered manager on the first day of our inspection. 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 told us they felt safe living at Greenacres and the family members we spoke with on the day of the inspection also told us they felt their relatives were safe.

We observed that staffing levels deployed were not always sufficient in numbers to meet the needs of individuals. We witnessed instances where people needed to wait in excess of ten minutes to have their needs met.

We found improved practice in relation to safe management and administration of medication. Medication was managed appropriately and, if mistakes were made, staff competency was reviewed and staff received refresher training.

Where people lacked mental capacity to make specific decisions, this was assessed and decisions were made in the person's best interest. This was done in consultation with the person, their family and other professionals such as social workers for example.

People spoke positively about staff and we saw some caring, attentive approaches. However, we also witnessed comments that could be perceived as derogatory. Some relatives told us they thought that staff were very caring. However, this was also mixed. Another relative contacted us during the inspection to advise they felt the dignity of their family member was not always respected.

There were mixed views in relation to the quality of activities on offer. We observed a number of activities; however, some comments from people were that they found there was a lack of occupation. There were no dedicated activity staff.

Care plans had improved since the last inspection. The care plans we looked at were personalised and had been regularly reviewed. However, it was acknowledged that this was ongoing work that needed to continue.

Although regular audits took place, we found that sometimes these did not result in necessary action being taken, for example in relation to unsafe hot water temperatures. This sometimes put people's safety at risk.

The views of people living at Greenacres had been sought and we saw evidence that actions had been taken as a result of feedback received.

You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

People said they felt safe.

Staffing levels were not always sufficient and staff were not always deployed appropriately in order to meet people's needs effectively.

Medication was managed and administered appropriately.

Appropriate infection prevention and control measures and cleaning processes were in place.

Requires improvement



Is the service effective?

The service was not always effective.

Staff had received a thorough induction but not all staff had received regular supervision.

Notices and signs were not always up to date.

Appropriate authorisation was sought when people were being deprived of their liberty.

Requires improvement



Is the service caring?

The service was not always caring.

People told us they felt staff were caring.

Some people had to wait for their care needs to be met, whilst other people's needs were met more immediately.

We observed some staff were very attentive, kind and discreet, however, there were mixed views from relatives.

Requires improvement



Is the service responsive?

The service was not always responsive.

There was an activity plan but some people felt there was a lack meaningful activities.

There were mixed views regarding whether people were involved in their care planning, with some being involved and others not being aware of their care plan.

Improved care plans were personalised.

People's rooms were decorated with personal effects.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well led.

Staff told us they were confident the manager was improving the service.

Quality assurance systems and audits were in place but these did not always result in action.

The manager in post had applied to be registered with the Care Quality Commission on the first day of the inspection.

Requires improvement



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.

We inspected Greenacres on 11, 19 and 24 August 2015. All three dates were unannounced. On the first day the inspection team consisted of two adult social care inspectors, a specialist advisor who was a registered mental health nurse 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. One adult social care inspector returned to the home for the second and third day of the inspection.

We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit, in advance, information about their service to inform the inspection.

On the first day of the inspection there were 63 people living at the home. On the second day there were 60

people living at the home and on the final day of the inspection there were 61 people living at the home. Prior to the inspection we spoke with the local authority commissioning team, in order to obtain feedback from a recent visit. During the inspection we spoke with 16 people who lived at the home, ten visitors who were friends or relatives of people living at the home, ten members of care staff, a member of domestic staff, the manager, the deputy manager and the area manager. Following our inspection we spoke with a specialist falls nurse and a family member.

We used a number of different methods to help us understand the experiences of people who lived in the home. We used the Short Observational Framework for Inspection (SOFI) to observe the experience of people in the lounge area. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at 11 people's care records and daily communication logs, five staff files including recruitment, supervision and training, as well as records relating to the management of the service and maintenance of the home. We looked around the building and saw 10 people's bedrooms, with their permission, and bathroom and communal areas. We also looked at the outside space and the garden.

Is the service safe?

Our findings

People told us they felt safe living at Greenacres. People said this was because, “The staff are nice”, and “Staff are all very nice and helpful. If you need help, staff will help you”. A relative told us, “[name] is very safe here and that’s a good thing”.

We asked people how long they had to wait for assistance if they required help. Although people could not offer specific timescales, one person commented, “Someone’s always around, they seem very friendly. I’m not afraid of asking anything”. A relative told us, “You can always get someone. I think they’re very good. They don’t ignore the residents”.

The manager used a dependency tool to determine the numbers of staff required. The previous inspection found the same number of staff on each unit, despite the dependency tool showing variation in dependency levels. This inspection found that an additional member of staff was allocated to the ground floor dementia unit, because dependency was greater on this unit. Numbers of night staff, however, had not increased. There were five members of night staff. The registered provider informed us there were five staff deployed at night because the majority of people were settled for the night.

There was a mixed response from staff regarding staffing levels. Three members of staff said they felt there were not enough staff. One said, “Staffing levels are not enough to meet people’s needs. It’s difficult and sometimes impossible to take a break and this causes staff to feel stressed”. Two other members of staff said they felt there were enough staff and said they were able to call on other units if they required support. During the month prior to our inspection, we had received an anonymous contact with concerns regarding staffing levels. We observed that, on occasions, staff on one unit called upon staff from another unit to assist them.

We observed a person ask six times between 12.20pm and 12.26pm for a drink before one was brought. Another person, who required the assistance of two staff, had to wait ten minutes before two carers were available to assist with continence needs. At 11.30am a further person, who had wet trousers, had to wait 10 minutes for assistance with continence needs, because one of the staff members was having a break. We witnessed a person, who asked for a cardigan at 10.37am because they were cold, had to wait

14 minutes before a member of staff could provide one because the staff member could not leave the unit unattended. Between 9.50am and 3pm, two people had not been assisted with their continence needs. When we asked staff about this, they said they were aware. Staff said they would look out for signs that people needed assistance and the two people had not displayed signs that they needed assistance but staff were about to check. The above examples meant sufficient numbers of staff were not deployed to ensure that people’s care and treatment needs were met effectively. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The previous inspection found a concerning number of falls. The same was found at this inspection. There were 161 falls, 92 of which were at night, over the six month period prior to the inspection. Following our inspection, we contacted a specialist falls nurse who confirmed that Greenacres had submitted a significant number of referrals to the falls team. The nurse advised that the high number of falls could be attributable to the number of people with cognitive impairment. The nurse felt the home was proactive in trying to reduce falls, for example by use of sensors, mats, considering environmental factors and, in some cases, medication reviews. Despite our own observations regarding staffing levels, the nurse told us their visits were unannounced and commented, “What’s good about Greenacres is that there is always a member of staff around, which is good”.

The deputy manager was able to explain the safeguarding policy and had a clear understanding of safeguarding procedures. Additionally, they were able to identify different types of abuse and could demonstrate an understanding of potential signs. The care staff we spoke with also had an understanding of safeguarding procedures. This helped to safeguard people from abuse and improper treatment because systems and processes were in place to prevent people being abused.

We asked the deputy manager how risks were managed at the home. We were told that individual risk assessments were undertaken, in areas such as nutrition and falls for example, as well as more general environmental risk assessments in areas such as the outside grounds and activities. We saw evidence of these assessments. These helped to ensure people could maintain independence whilst minimising risk.

Is the service safe?

The fire alarm was tested on the first day of our inspection. We saw that notices were displayed, showing what to do in the event of an emergency evacuation. We found that safety checks such as fire alarm testing, external lighting, smoke and heat detector tests were undertaken weekly. Portable appliances had also been safety checked and tested. This helped to ensure that the premises were safe.

We looked at five staff files and found that safe recruitment practices had been followed. The files contained application forms, reference checks and showed that Disclosure and Barring Service (DBS) checks had been completed before new staff started to work at the home. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

We looked at whether medication was administered safely. We found there had been improvements since the last inspection. There were up to date, clearly identifiable, photographs of each individual so that staff could identify the person correctly. Medication was dispensed from packs which clearly indicated dates and times for medication to be administered and this was stated on the medication administration record (MAR). All medication was clearly written and a review date was noted.

People were encouraged to take their own medication safely. For example, we saw a senior carer asking a person to sit up so they could take medication correctly without choking. The senior carer did not rush the person and was patient, encouraging the person to breathe, ensuring a clear airway. The person was reminded to drink afterwards.

We found that some medication, which is best taken on an empty stomach, was administered after breakfast. We raised this with the area manager who agreed to look into this.

Some people were prescribed PRN medication. This is medication that is taken 'as and when required'. When

asked, the senior carer was able to explain under what circumstances it would be appropriate to administer PRN medication. We observed the senior carer administer PRN medication to a person without asking if they required it. The senior carer told us that the person had earlier asked for some medication. It would be good practice to check that the person still required it prior to administration.

We found that treatment rooms were clean, tidy and free from hazards. The rooms were kept locked and all items were correctly stored. There were some controlled drugs that were also securely stored in a locked cupboard. The record book for controlled drugs was up to date and there was evidence of auditing by senior managers.

We found there to be supplies of soap and paper towels in all of the bathrooms that we looked in and we checked there was hot, running water for people to wash their hands. Personal protective equipment (PPE) was available for staff to use. We observed staff wash their hands and wear appropriate PPE when they were assisting people with meals. One person told us that staff used gloves and aprons whenever they were assisting people with personal care.

We discussed infection prevention and control with domestic staff. The previous inspection found poor practice in relation to appropriate cleaning procedures. We found that cleaning staff had good knowledge of PPE, how to use different coloured clothes to prevent spread of infection, how to clean if an infection outbreak occurred, which mops to use on which floors and which cleaning materials to use. Minutes of a residents' meeting dated June 2015 stated that, 'Residents very happy with the cleanliness of the home'. This meant that people were protected from the spread of infection because the home was kept clean.

We also found improved practices in relation to the storage of food. Food that had been opened was clearly labelled with the name and date opened. The fridges were clean and free from clutter. This further helped to prevent infection.

Is the service effective?

Our findings

People and their relatives told us they were confident that staff knew what they were doing and that they had the skills to help them appropriately. One person told us, “They’re really very good. They talk to you. That’s important”.

The deputy manager told us that staff supervisions always included discussions of safeguarding, whistleblowing and safe practice. We saw evidence that these items were included in the format for each supervision session. We were told that staff had supervision every six weeks. However, in two of the staff files we looked at, the staff had not had supervision more than once in the last seven months. We asked the deputy manager about this, who explained that supervisions had become more structured recently and we were shown a timetable and calendar which detailed the planning for six weekly supervision for staff.

Staff told us they were given the opportunity to shadow more experienced members of staff before commencing duties. We spoke with a member of staff who had received a week of training in areas such as safeguarding and moving and handling and was shadowing other staff members for two weeks. The staff member was reading the policies and procedures for the home. We saw that newer staff were completing an induction programme which included mandatory training such as safeguarding, health and safety, fire safety and moving and handling. Other planned training included challenging behaviour, dementia awareness, emergency first aid and food hygiene. Additionally, new staff were given the opportunity to undertake experiential learning. This gave new members of staff the opportunity to experience what it was like to be assisted to eat, or to be assisted to move with the use of a hoist or to have a sensory impairment. This offered staff a better understanding of the needs of people they were supporting. We saw evidence that a member of staff who joined the team in February undertook this experiential learning during March and April.

For more experienced staff, we found that mandatory training such as safeguarding, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and moving and handling was up to date. However we found that, in two of the staff files we looked at, training in some other areas,

such as infection prevention and control for example were not up to date. This meant that staff may have lacked up to date knowledge and skills in order to prevent and control infection.

We saw evidence that, where people lacked capacity, some decisions were made in their best interest. When this was the case, we found that the person, their family and other professionals, such as a social worker for example, had been involved in the decision making process and risk assessments had been put into place.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The deputy manager was aware that some people were deprived of their liberty. We found that this was lawful and that appropriate authorisation had been sought. Advice had been sought in relation to the level of supervision a person was receiving and whether this was proportionate. Sometimes when applications are submitted to deprive a person of their liberty, authorisation is given with certain conditions. We saw that the specific conditions of a DoLS authorisation were being met and documented appropriately.

We asked two care staff whether anyone was identified as being at high risk of malnutrition. We were told that people were weighed weekly, and the case notes we looked at confirmed this. There was also evidence of a nutritional assessment chart, in order to identify people who were most at risk. We saw that one person had been identified as a high risk due to a recent period of sickness and hospitalisation. It was evident from the care plan that staff were taking steps to reduce risk. Other people, including the person’s family, had also been consulted and were involved. We observed that people who had been identified as needing more calories were offered additional nutritious food.

On the first day of our inspection, we noticed that the mealtime experience on the ground floor residential unit was somewhat disordered. For example, the layout of the tables meant that some people struggled to manoeuvre passed others, in order to sit down. Some people were

Is the service effective?

asked to move to a different seat once they were already seated, in order that other people could be accommodated. We provided feedback to the deputy manager and area manager. On the second and third day of inspection, we saw that the tables had been rearranged to ease this problem.

The inspection team found lunchtime experiences to be calm and relaxed with a pleasant atmosphere. We observed the food being served and this looked appetising and was well presented. One person told us, "The meals are decent". We heard other comments from people, including, "This is delicious" and, "Good food. No waste here". We observed one person who required a pureed diet. This meal was presented as separate elements of puree, which retained the visual appeal of the meal. The care staff took time to explain to the person why the meal was pureed.

On the second day of our inspection we noticed that there were menu boards displayed in the dining areas. However,

they were not up to date. For example, one did not show what was for lunch on that day. Additionally, we found that some orientation boards which were designed to display the day, date, season and weather had not been updated and were showing the wrong day. This is particularly important for people living with dementia. We pointed this out to the area manager who immediately arranged for this to be rectified.

People had access to health care and we saw evidence that referrals were made to other agencies or professionals. For example, a referral to the speech and language therapist team resulted in a pureed diet and supplements being planned. One person was attending a diabetic appointment at the local surgery on the day of our inspection. One person told us that, when they needed new glasses, a visit was arranged to see an optician. A relative told us, "Those issues get sorted out immediately".

Is the service caring?

Our findings

One person told us, “The carers are very good. I get on with them all”. Another person said, in relation to staff, “Oh, you’ve got to give it to them”. Other comments included, “It’s like a five star hotel and staff are here for all the right reasons” and, “I’d recommend it to a friend”. We observed laughing and joking between people and staff. Staff also showed discretion and sensitivity when this was necessary.

A relative told us “I think it’s nice. [Name] is in no danger from the public and is always kept clean and well fed”. Another relative told us, “Fantastic, they’re brilliant, they treat all with respect”. However, a family member had contacted us during our inspection to tell us they felt their relative was not well cared for. They felt that people’s dignity was compromised at times, for example by wearing inappropriate clothing. The home manager was aware of the concerns and actions were subsequently taken to address the issue.

On the first day of our inspection, we observed staff assisting a person whose breathing was laboured and the doctor was called. Staff assisting the person were sensitive to the person’s needs and appeared mindful that the incident was taking place in a public area. Staff remained calm and respectful of dignity and privacy and they communicated with the person throughout, giving reassurance and moving the person to a more private space to attend to their needs.

We witnessed some instances where people were being assisted to move. We saw that some staff were caring and

offered reassurance to people as they were assisted to move. However, we also observed other staff move people whilst they were not fully alert. Additionally, staff on one unit asked a member of domestic staff to stay on the unit, “while we see to [name]”. This term was not caring and could be perceived a derogatory.

We were told by the deputy manager that people’s privacy and dignity was protected, for example by ensuring personal care is provided in private and by knocking on people’s doors. People also told us their privacy was respected and that staff would knock on their doors.

The deputy manager told us that end of life wishes were recorded in care plans, as well as ‘Do Not Attempt Cardiopulmonary Resuscitation’ (DNACPR) information. However, in one of the care plans we looked at, there were no end of life wishes. Additionally, one person was receiving end of life care and was receiving tender loving care (TLC). When we asked staff what this meant to them they told us this meant no further medical intervention. TLC would normally be more synonymous of tender care being given, as opposed to simply no medical intervention.

We observed one person, who had a little difficulty in communicating, ask for a drink six times before one was given. Meanwhile, another person who was very articulate and able to communicate more clearly, asked for a drink and was brought a drink straight away. This demonstrated that some people were not as well cared for as others, as staff did not respond consistently to people’s needs. We raised this with the manager who agreed to look into this.

Is the service responsive?

Our findings

We asked people about what choices they could make. One person told us they could do anything they wanted. Another person said, “We’re treated with great respect. We please ourselves but they always ask us if we would like to do something and take notice of what we say”.

People told us they would like more activities. One person said, “I think what is lacking is occupation.” Another said, “I would enjoy going out, they used to do it, but they now seem to have dropped it. I liked it because you used to meet the others who lived here.” A relative told us, “I’m not sure about activities, I have not seen any activities”. Another relative had contacted us during our inspection to tell us they were concerned at the lack of activities.

We saw there was an activities plan. On the first day of our inspection, one of the activities was bun icing. Although we did not observe the activity, we asked a member of staff whether the activity had taken place. The staff member showed us the buns that had been baked and iced during the morning and people were about to eat the buns with their afternoon tea. We also observed people engaging in arts and craft activities. On the first day of our inspection, people joined in with a songs of praise session enthusiastically. People returned to the lounge smiling, and speaking about what their favourite hymns were.

On the second day of our inspection, we saw people playing skittles with a member of staff in the lounge. The staff member was very attentive to people and encouraged people to join in. We found that one of the activities on this day was ‘nail care’. However, we found that this activity was essential care of nails, for example clipping and cleaning, as opposed to any pampering of nails. We raised this with the manager, who agreed to look at this and discuss with staff. We saw that a list was displayed, showing upcoming off-site activities. Over the next month, this included visits to a garden centre, local village café, morning coffee at a local farm and a trip to Skegness.

Although some people told us they were unaware of their care plan, other people we spoke with told us they were involved in their care planning and we found evidence of this in some of the care plans we looked at. One person told us they and their relative had discussed some changes

to their care plan. Another family member told us their relative’s care was discussed and changed as necessary, in consultation with the person who held lasting power of attorney.

The deputy manager told us that care plans were reviewed every three months; however it was acknowledged that this had not always happened. The deputy manager showed us a new calendar that was used to improve the organisation and planning of care plan reviewing. We looked at 11 care plans and daily communication notes. There was a minimum of two daily entries which included details such as mood, activities and assistance given. This information was handed over to the next shift, alongside a verbal handover.

Care plans included information such as personal details, including a photograph, life history and what makes the person happy for example. A lifestyle passport was included in the care plan which provided details of mobility, medical conditions and what the person likes. We saw evidence that reviews of medication, health and wellbeing and pain assessment had been undertaken during the three months prior to the inspection. We saw in care plans that health and wellbeing had been regularly monitored, for example by weekly weighing, checks on skin integrity and any changes to continence needs.

We asked the deputy manager how much choice people had about their day to day lives. The deputy manager told us that people chose when to go to bed and when to rise. People were given a choice of meals and people chose where to eat their meals. We observed a person ask for a drink of milk, rather than juice or water with their lunch. Milk was served to the person.

All of the bedrooms we looked at were clean and airy. There were personal items on display, such as pictures, cuddly toys and photos for example. Rooms had numbers and names displayed on the door, along with photographs or collages. In one person’s room we saw a book that contained a life history and photographs of family, including dates and details of memorable events.

The family members we spoke with told us they felt welcome whenever they visited the home. The relatives told us they were able to visit as and when they wished. One person came to collect their partner each afternoon and would then go home for the evening with them.

Is the service responsive?

There was a complaints policy on display in reception, along with pictures of the people responsible for different areas such as infection prevention and control, fire safety, health and safety and medication for example. Additionally there was a television screen, displaying pictures of 'who's

in today'. We looked at the complaints file and saw there was a complaints procedure, detailing how complaints would be deal with. We found that the complaints received had been responded to in line with the policy.

Is the service well-led?

Our findings

The staff we spoke with told us they felt supported by the manager and they were pleased with the progress that the manager was making.

Our last inspection took place during January 2015 and, at that time, the manager was new in post and had not registered. The manager had not applied for registration until the first day of this inspection.

The deputy manager told us they thought there was an open and honest culture, particularly in relation to when mistakes were made. An example was given where, as a result of a mistake being made, staff competency in relation to medication was re-checked and refresher training was provided.

We saw that the manager completed monthly audits and checks in relation to medication, mattresses and falls for example. We found that action had been taken as a result of findings. For example, some issues were raised in meetings and staff were reissued with necessary policies when required. There was evidence that, as a result of an audit of falls, referrals had been made to a specialist falls nurse and actions were taken, such as sensor mats being put into place for example.

Some other checks and audits were undertaken by maintenance staff. We found the manager had not made arrangements for checks to be made when the person usually responsible was on holiday or leave. For example, where checks should have been made for the month of July, the entry read, 'Not checked due to holiday'. When we pointed this out, the area manager told us they had already raised this issue with maintenance staff.

We found that, despite water temperatures being checked and found to be outside safe limits, actions had not been taken. Health and Safety Executive guidance states that if hot water, used for showering or bathing, is above 44°C there is increased risk of serious injury or fatality. The provider's own policy stated that showers should be no hotter than 41°C. Water temperature testing for June 2015 showed that the shower in one room was 46°C and the shower in another room was 44°C. Testing for August 2015 showed four showers were recorded as being 42°C and one was 43°C. This meant there was an increased risk of serious injury or fatality. This demonstrated a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014, because the provider did not have effective systems and processes in place in order to assess, monitor or improve the quality and safety of the service. Additionally, where risk was identified and recorded, the provider did not introduce measures to reduce or remove the risk.

The deputy manager told us that quality assurance questionnaires were sent to people every month. We saw a 'surveys and resident meeting action plan' and summary. Action logs were included and there was evidence that requests had been actioned, for example, in relation to menu planning.

We were told by the deputy manager that residents' meetings were held every month and people were asked about their views. We saw the minutes of a meeting dated July 2015 which stated, 'You asked for more sweet and sour dishes and could these be put on the menu more often'. A sweet and sour dish was on the menu on the first day of our inspection. The minutes outlined other areas of discussion such as a menu survey, whether people were happy with laundry arrangements and whether people were happy with cleanliness.

There were notices displayed around the home, advertising weekly surgeries. These were drop in sessions and the manager was encouraging people and relatives to discuss any concerns or provide any feedback to the manager.

We were told by the deputy manager that staff meetings were held monthly and that staff were able to bring their own agenda items. The minutes from the staff meeting held in April 2015 stated 'Has everyone had sight of the whistleblowing policy?' It was recorded that all staff were aware of the policy. Minutes also included a record of medication being discussed and staff being reminded of the correct procedures to follow.

We looked at the medication policy and found there was a clear procedure in place for the administration of medication. Staff signed to say they had read the policy. Additionally, we saw evidence that competency checks had been carried out, to ensure that staff were following the correct procedures. Other policies we looked at were up to date, including the safeguarding policy, Deprivation of Liberty Safeguards policy and infection control policy for example.

The previous inspection found the home did not base their care practice on any national policy or best practice

Is the service well-led?

guidelines. At this inspection we found that the home had adopted a person centred care policy and dementia care policy, dated May 2015, and this was written in context of the Care Act 2014 and National Institute for Health and Care Excellence (NICE) guidelines. The policies included information on principles of best practice and dementia friendly care environments. Staff were required to complete a questionnaire, once they had read the policies, in order to demonstrate their understanding.

There were mixed views from staff regarding how they were deployed within the home. Although the senior staff worked on the same unit, other care staff worked on different units on different days. The area manager and

manager told us that this ensured staff were able to assist in all areas of the home and also helped to reduce the possibility of 'cliques' developing amongst staff. Some staff agreed and felt this was appropriate, whilst others felt that people would benefit from more continuity of staff. One relative who we spoke with also said they would prefer consistency of staff.

The deputy manager told us they felt the manager was dedicated to staff and the service. The deputy manager told us they thought Greenacres was a good place to work, provided good quality care and was a good company as a whole. The deputy manager felt there was lots of support for staff at all levels.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not deployed to make sure the provider could meet people's care and treatment needs.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes were not established and operated effectively to assess, monitor and mitigate the risks relating to health, safety and welfare of each service user.