

Ark Care Services Limited

# Greenways Rest Home

## Inspection report

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Date of inspection visit:  
24 October 2016

Date of publication:  
02 January 2017

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We undertook this unannounced inspection on 24 October 2016. The last inspection was completed on 09 January 2014 and the service was meeting the regulations we assessed.

Greenways provides residential care and support for up to 30 people. The majority of people who used the service were living with dementia. At the time of the inspection 26 people were living at the home.

The home had a newly appointed registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

All the staff spoken with told us things had improved since the new registered manager had been appointed. Staff told us the registered manager was dedicated, supportive and approachable.

People we spoke with were settled and contented. Relatives and friends visiting the home told us they only had positive experiences and praise for this service. Staff treated people as individuals with dignity and respect.

People told us they felt safe and secure at the home. The service's recruitment procedures were robust and helped ensure people employed at the service were suitable to work with vulnerable people.

Staff were knowledgeable about people's likes, dislikes, preferences and care needs. They approached people using a calm, friendly manner which people responded to positively.

Staff we spoke with told us how they encouraged and supported people to make decisions for themselves, which ensured people were able to live the life they chose.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) applications were made appropriately. Consent was sought for all interventions and there was no use of restraint at the home.

Risk assessments and detailed care plans were in place. This helped staff to deliver the care and support people needed.

There were medication systems in place to ensure that people who used the service received their medicines as prescribed. The signing of the medication records was not done individually when medicines were given. This was unsafe and the registered manager agreed to address this immediately.

People were offered appropriate food and fluids to maintain their nutrition and hydration. Those who

required prompting or support to eat were assisted by patient and attentive staff which ensured that people's nutritional needs were met.

A wide range of activities were available which people's family and friends were invited to. People were encouraged to pursue their own hobbies and interest.

There were sufficient staff on duty to meet people's needs. If people were upset or unwell and more staff were required, this was provided straight away to support people. Relatives of people who had been unwell said they were kept fully informed.

Complaints and concerns were dealt with appropriately and people were aware of how to make a complaint or raise a concern.

## 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.

People told us they felt safe and secure at the home. The recruitment procedures were robust and staffing levels were sufficient to address the needs of the people who used the service.

Individual and general risk assessments were in place and these were reviewed and updated as required. We saw evidence of health and safety checks and regular maintenance of equipment.

People received their medications as prescribed, however the recording on the medication records was not being done after each person received their medicines. The manager addressed this at the inspection.

### Is the service effective?

Good ●

The service was effective.

Staff demonstrated a good understanding of people who used the service. Induction was thorough and training was on-going.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) applications were made appropriately.

People's nutritional and hydration needs were assessed. Referrals to other agencies were made appropriately.

### Is the service caring?

Good ●

The service was caring.

People told us they were cared for with kindness and we observed good interactions between staff and people who used the service throughout the day.

Staff had undertaken training in end of life care and efforts were made to ensure people's end of life wishes were adhered to.

### Is the service responsive?

Good ●

The service was responsive.

The care records contained sufficient information to guide staff on the care to be provided. The records were reviewed regularly to ensure the information contained within the was fully reflective of the person's current support needs.

In the event of a person being transferred to hospital or another service, information about the person's care needs and the medication they were receiving was sent with them. This was to help ensure continuity of care.

The provider had systems in place for receiving, handling and responding appropriately to complaints.

### Is the service well-led?

Good ●

The service was well led.

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

Staff spoke positively about working at the home. They told us the manager was supportive and approachable.

# Greenways Rest Home

## **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 checked 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.

This inspection took place on 24 October 2016 and was unannounced. The inspection team comprised of two adult social care inspectors.

Before the inspection we reviewed the previous inspection reports and information we had received from the service.

During the inspection we spoke with three people who used the service, four visitors, three members of staff, the registered manager and the hairdresser. We did this to gain their views on the service provided. We looked around the home; looked at how staff cared for and supported people, looked at five people's care records, medication records, five staff recruitment files, staff training and records about the management of the home.

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

# Is the service safe?

## Our findings

On the day of the inspection there were sufficient numbers of staff available to meet people's needs. One person told us, "They [staff] are lovely and kind. I know I am safe living here" A relative spoken with when asked if they thought their relative was safe and well cared for, answered, "Absolutely, this is a nice home with caring staff and a good manager".

We looked at five staff personnel files and saw a safe system was in place. The recruitment procedure was robust enough to help protect people from being cared for by unsuitable staff. The staff files contained proof of identity, application forms and references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with vulnerable people and informs the provider of any criminal convictions noted against the applicant.

We looked around the home and saw that the bedrooms, dining areas, lounges, bathrooms and toilets were clean and fresh.

We saw infection prevention and control procedures were in place. Staff had recently undertaken training in infection control. We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Hand-gels were available and liquid soap and paper towels were available in communal bathrooms and toilets. This helped prevent the spread of infection.

Each care file included an emergency evacuation plan outlining the level of assistance the individual would require in the event of any emergency. These reviewed and updated on a monthly basis.

Individual risk assessments were kept within the care files. These related to areas such as falls, pressure care, tissue viability, nutrition and hydration and mobility. All those we looked at had been reviewed and updated on a monthly basis and were complete and up to date. Accident report forms were kept within people's care files and falls diaries were kept where appropriate. The accidents and incidents were also collated and analysed collectively to look for trends or patterns to be addressed.

We saw that safeguarding incidents had been followed up appropriately, for example, with more frequent observations or referrals to other agencies for extra support or equipment. Staff we spoke with had undertaken training in safeguarding and were confident they would recognise and report any issues immediately.

We saw evidence of a number of health and safety checks, such as water temperature checks, fire alarm, emergency lighting and fire extinguisher checks. Records for these were complete and up to date. We saw that the fire alarm system had been serviced and equipment such as slings and hoists were maintained as required.

Audits were carried out regularly for areas such as equipment, food and drink charts, nutrition, mental capacity act tool, care plans, infection control and kitchen. The home had a 5 star food rating which is the

highest rating awarded by the food standards agency.

We looked at how medicines were managed at the home and saw that the systems for ordering, storage and disposal of medicines was safe. We saw that the temperatures of the fridge in the medication room were checked daily and were within the manufacturers' recommended range.

The medicines were administered via the biodose system. This is where medicines are contained in a 'pod'. Each pod can contain tablets or liquid medication. We observed a medicines round and saw that the person administering the medicines took up to five medicines at a time from the medication room and administered them. They then went back to the medication room to sign that the medicines had been given. This is unsafe practice as medicines should be given and signed for one at a time to minimise the risk of mistakes. We spoke with the registered manager about this and she agreed that this was not acceptable and that she would address this immediately. Following our inspection the registered manager sent us a home visit pharmacy report. This was completed on 25 October 2016, the findings of the report were positive.



# Is the service effective?

## Our findings

The people we spoke with told us they felt the staff had the right attitude, skills and experience to meet their needs or those of their relatives. Comments made included, "The staff are great, they make sure my [relative's] health and care needs are met. We could not wish for better care". Another said, "Since [registered manager] took over things are much better, she is doing a great job".

We spoke with three staff members who told us their induction was thorough and included mandatory training and shadowing, until they were confident and competent. Training was on-going for all staff and yearly updates were undertaken for mandatory subjects. Staff we spoke with felt they would be supported to undertake further training if they requested this and they were encouraged and supported to complete National Vocational Qualification (NVQ) training throughout their employment.

People's nutritional and hydration needs were recorded within their care files and staff had undertaken training in this area. We saw that people were weighed on a monthly basis and their weights recorded. Referrals were made appropriately to dieticians or the speech and language therapy (SALT) team, if weight loss was noted.

We undertook a Short Observational Framework for Inspection (SOFI) at lunchtime. This allowed us to observe people who were unable to talk to us about their experience. We saw that the tables were set nicely, with tablecloths, condiments and artificial flowers in small vases. The atmosphere was pleasant and warm and there was quiet music playing in the background. Staff wore appropriate personal protective equipment (PPE), such as plastic aprons, to serve the food and drink. People's food was brought in covered, to keep it warm and free from contamination on the way from the kitchen. We saw there were two choices of main meal, which were written on a blackboard in the lounge area. People were given their choice of meal and assisted, where this was required, to cut up the food or to eat. Equipment, such as plate guards, was used for those who required it. Staff were quick to notice when assistance was needed and responded quickly if someone was struggling. Extra drinks and extra portions of food were offered to people. One person who used the service told us "The fish was excellent". Visitors commented that the food was always good quality.

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 so that they can 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met. We saw that mental capacity was considered with regard to all decisions and applied correctly.

Care plans included Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms where appropriate. We saw evidence that some individuals who used the service had been involved in discussions about the form. If they had not been involved there was a clear explanation of why this was the case and, where appropriate, family members had been included in the decision making.

Consent forms for areas such as the use of photographs, keeping of petty cash by the home and opening mail for people had also been signed appropriately by the individual or a family member.

Information was kept in people's care files about Court of Protection appointed deputies, who dealt with finances for some individuals. If a family member had Lasting Power of Attorney (LPA) to deal with their loved ones' financial affairs, this was also recorded within the files.

Most of people who used the service were living with dementia. The home was not purpose built to accommodate people with dementia. However, the home had clear signage around the home to help with orientation. We observed that there were reminiscence aids and 'rummage' drawers/baskets.

## Is the service caring?

### Our findings

People who used the service were complimentary about the staff. One relative told us, "[Relative] is always very well looked after. [Relative] is clean and given what they like to eat. Staff are lovely. My [relative] wants to be looked after here at the end of their life". Another relative said, "They look after my [relative] and me very well. I would describe them as being like an extended family". One person who used the service told us, "It's very nice here, all the staff are lovely".

We saw that people looked well-groomed and well cared for. On the day of the inspection the hairdresser was at the home and people were having their hair. Due to the lack of space at the home, people were having their hair done in one of the lounges. This was not ideal and one person who used this lounge was not happy about these arrangements. We discussed this with the registered manager who agreed to try and find an alternative room for the hairdresser to work in.

We observed care throughout the day and saw that people were treated with respect. Staff spoke kindly to people, asked permission to assist them and ensured they clearly explained what they were about to do. A relative said, "They [staff] treat people with dignity and kindness. I have noticed they are just as kind to the people without visitors".

Visitors we spoke with told us, "We can visit at any time, we are always made welcome". During the inspection we saw visitors either sitting with people in their own rooms or in the communal areas.

A discussion with staff showed they had a good understanding of the needs of the people they were looking after. Staff told us, "We try to ensure that people maintain their independence as much as possible". Another said, "It's important to listen to people and get to know them, I know their likes and dislikes and when they are happy or feeling down".

The atmosphere in the home was relaxed and friendly. We observed good friendly interactions between staff and people who used the service.

We asked the registered manager to tell us how staff cared for people who were very ill and at the end of their life. We saw that people's preferences for how and where they wanted to be cared for at the end of their lives had been recorded within their care files. One staff member told us they had requested training in End of Life Care and this request had been agreed.

## Is the service responsive?

### Our findings

People told us that staff responded well to their needs. On the day of the inspection we saw that staff responded quickly and efficiently when people who used the service required assistance. We observed that some people were being cared for in bed and staff were seen regularly going in to their room checking they were comfortable and assisting with nutrition and hydration.

People we spoke with were happy with the care offered at the service and felt it was person centred. One relative said, "I have complete confidence that they [staff] would ring if anything was wrong. I would recommend the home to anyone thinking of coming in". A staff member told us, "Residents can request food and drink when they want, day and night. Choices are given in everything, including when they get up and go to bed".

The care plans we looked at included a range of health and personal information. Each file included the life story of the individual, which comprised of their preferred name, family, school, marriage, children, employment, hobbies, holidays, significant events, food likes and dislikes, pets, clubs and groups and what people enjoyed. This gave staff a good insight into each individual's personality and wishes.

We looked to see what activities were provided for people. We saw a wide and varied range of activities was offered. Activities included: cookery, arts and crafts, knitting and sewing, armchair activities, bingo and entertainers.

The health information was comprehensive and was written from the individual's point of view. The files included information about medical conditions, mobility, continence, tissue viability, nutrition and fluids, mental health and cognition, safeguarding, breathing and circulation and medication. There was a general overview which included sleep patterns, preferred times of rising and going to bed. Weights were taken monthly and, where required, a falls or accident diary was completed with copies of accident forms being kept in the files. All care plans were reviewed and updated as required or on a monthly basis. All those we looked at were complete and up to date.

Care files included a hospital transfer form. This contained relevant health and personal information to enable the hospital staff to give the correct treatment and support in the event of a hospital admission.

The complaints procedure was displayed and we saw the provider had a clear procedure in place with regards to responding to any complaints and concerns. There was an appropriate complaints policy at the service. No complaints had been received recently. People spoken with told us they would feel comfortable in speaking with the registered manager if they had any worries or concerns. One relative told us, "Since [registered] took over I would feel very comfortable going to her with any concerns and I am sure these would be dealt with".

We saw some thank you and compliment cards. Comments included, 'To all the staff at Greenways. Thank you so much for caring for [relative] and taking time to attend the funeral'. Another said, 'There are no word

adequate enough to thank you all for the love and care shown to [relative] and for all the support you have given me over the years. Keep up the excellent work'.

## Is the service well-led?

### Our findings

The registered manager had recently been appointed and was available to assist with the inspection. We asked people who used the service and their relatives if the management were approachable. All agreed they were and the service had improved recently since the new registered manager had been in post. One relative said, "[The manager] is very kind and approachable. She is brilliant, lovely". Staff felt the registered manager was supportive.

Staff supervisions were undertaken regularly and there were yearly appraisals. These helped staff and management identify development needs and training requirements. One staff member said, "The management are very supportive, it is completely different now". Another told us, "Yes, we are supported well now". A third commented, "Fantastic management".

We saw a number of audits at the service. These included medication, kitchen, water temperatures, food and fluid charts, equipment, topical creams, MCA tool, care plans, infection control and body mapping. All were completed on a monthly basis and were up to date. Issues had been identified and addressed with appropriate actions.

We saw the results of a recent customer satisfaction survey. Comments included; "Treated the resident with kindness and respect"; "Provided excellent care and responded to individual needs" and "I don't think you could do better than you are". Staff surveys were also completed regularly and were positive.

The home had been visited by a representative from head office. A report of their findings was submitted in July 2016. The findings of the report was positive and any recommendations highlighted had been addressed by the registered manager.

We saw that the provider had the Investors in People's accreditation (IIP). IIP is a management framework for high performance through people and recognises excellence in the provider's management effectiveness and the involvement and empowerment of employees. It also recognises the support provided to the employees in their personal and professional development. Quality staff development benefits the quality and safety of care provided to people who used the service.

We checked our records before the inspection and saw that there had been no statutory notifications or Deprivation of Liberty Safeguards authorisations sent to CQC by the previous registered manager. We discussed this with the new registered manager who was in the process of dealing with DoLS applications and was fully aware that notifications of any incidents, accidents and deaths were reportable to the CQC. Since our inspection we have starting receiving statutory notification updates.

We saw that equipment and appliances had been serviced in line with the manufactures instructions. Appliances such gas, electric, small portable electrical goods, lifts and hoists had serviced and certificates were valid.