

Bupa Care Homes (ANS) Limited

Greengables Care Home

Inspection report

54 Sandbach Road
Congleton
Cheshire
CW12 4LW

Tel: 01260270030

Date of inspection visit:
20 July 2016

Date of publication:
14 September 2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

The inspection visit at Greengables Care Home took place on 20 July 2016 and was unannounced.

Greengables Care Home is a detached, two storey Victorian house standing in its own grounds. It is on the outskirts of Congleton, approximately one mile from the town centre. The centre is registered to accommodate up to 30 people who have nursing needs. At the time of our inspection there were 26 people living at the home.

The service had a registered manager. 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.

At the last inspection on 07 February 2014, we found the provider was meeting the requirements of the regulations inspected.

During this inspection, we observed the administration of medicines at lunchtime. We observed people were not protected from the unsafe management of their medicines. We noted the nurse signed the medication administration record form (MAR) before they supported people with their medicines. We witnessed the nurse handle a tablet before its administration. This meant people were at risk due to the unsafe management of their medicines.

This was a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment. You can see what action we told the provider to take at the back of the full version of the report.

Medicines were safely and appropriately stored and secured safely when not in use. We checked how staff stored and stock checked controlled drugs. We noted this followed current National Institute for Health and Care Excellence (NICE) guidelines.

We have made a recommendation regarding recruitment and selection related to the application form allowing gaps in employment to be fully explained.

We found staffing levels were regularly reviewed to ensure people were safe. There was an appropriate skill mix of staff to ensure the needs of people who used the service were met.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff had received abuse training and understood their responsibilities to report any unsafe care or abusive

practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure.

People and their representatives told us they were involved in their care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People who were able told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

We found people had access to healthcare professionals and their healthcare needs were met. We saw the management team had responded promptly when people had experienced health problems.

Comments we received demonstrated people were satisfied with their care. The management and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people who lived at the home.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

People told us they were happy with the activities organised at Greengables Care Home. The activities were arranged for individuals and for groups.

A complaints procedure was available and people we spoke with said they knew how to complain. People and staff spoken with felt the registered manager was accessible, supportive and approachable.

The registered manager had sought feedback from people who lived at the home and staff. They had consulted with people and their relatives for input on how the service could continually improve. The provider had regularly completed a range of audits to maintain people's safety and welfare.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicine protocols were safe but not always followed.

There were enough staff on shift to keep people safe.
Recruitment procedures the service had required gaps in employment history be explained in line with national guidance.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed by staff that were aware of the assessments to reduce potential harm to people.

Is the service effective?

Good ●

The service was effective.

Staff had the appropriate training and regular supervision to meet people's needs.

The management team were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good ●

The service was caring.

People who lived at the home told us they were treated with dignity, kindness and compassion in their day-to-day care.

Staff had developed positive, caring relationships with people. They spoke about people in a warm, compassionate manner.

People and their families were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

People received care that was person centred and responsive to their needs likes and dislikes.

The provider gave people a flexible service, which responded to their changing needs, lifestyle choices and appointments.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Is the service well-led?

Good ●

The service was well led.

People and staff felt the registered manager was supportive and approachable.

The registered manager had ensured there were clear lines of responsibility and accountability within the management team.

The registered manager had oversight of and acted to maintain the quality of the service provided.

The registered manager had sought feedback from people, their relatives and staff.

Greengables Care 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 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 team consisted of two adult social care inspectors.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events that the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

Not everyone was able to share verbally their experiences of life at the home. This was because people were living with dementia. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how staff interacted with people who lived at the home and how people were supported during meal times and during individual tasks and activities.

We spoke with a range of people about this service. They included five people who lived at the home and two friends who visited people during our inspection. We spoke with two members of the management team and six staff. We took a tour of the home and spent time observing staff interactions with people. We checked documents in relation to six people who lived at Greengables Care Home and two staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Is the service safe?

Our findings

Observations made during the inspection visit showed people were comfortable in the company of staff supporting them. One person who lived at the home told us, "There are a few staff about which makes me feel comfortable." A second person remarked, "There is nothing wrong here, it's all good." A friend of one person who lived at the home told us they had no concerns, "I feel comfortable in the knowledge my friend is safe here." A staff member commented, "We work hard to keep people safe."

During this inspection, we observed medicines administration at lunchtime. The medicines were stored in a locked trolley, which when unattended, was stored in a locked room. The nurse administered people's medicines by concentrating on one person at a time. There was a chart for each person that gave instruction and guidance specific to that individual. Each person had a medication administration recording form (MAR). The form had information on prescribed tablets, the dose and times of administration. There was a section for staff to sign to indicate they had administered the medicines. We looked at how staff stored and stock checked controlled drugs. We noted this followed current National Institute for Health and Care Excellence (NICE) guidelines.

However, during this observation, we noted the nurse signed the MAR form before they supported people with their medicines. We observed unsafe practice occurred four times in relation to four separate people. We witnessed the nurse remove a tablet from its packaging and handle it before its administration. This showed medicine administration policies and procedures were not followed. People were at risk due to the unsafe management of their medicines. We discussed this with the registered manager and area director who told us they would investigate the incident.

This was a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment. The provider did not ensure staff followed policies and procedure on the administration and recording of medicines.

We looked at staffing levels, spoke with people and staff and observed care practices within the home. People told us they felt safe but response times were slow. For example, staff we spoke with told us due to supporting people with their personal care, they were unable to respond as quickly as they would like. We saw minutes of meetings which showed people had raised concerns on the time it took staff to answer the call bell. However, throughout our inspection, we tested the call bell system and found staff responded within a safe timescale. Observations during our inspection did not show staff rushing between tasks. We saw people being attended to by staff when they requested support. There was a daily morning staff meeting where the nurse allocated tasks to staff in specific areas of the home. We were told this was to ensure staff knew what was expected and people had their needs met.

We spoke with the registered manager about staffing levels. They told us they used a staffing tool that indicated how many staff should be working based on the number of people living in the home and their needs. It had indicated they needed another nurse, which they were in the process of recruiting. They also told us they monitored and reviewed staff response times to the call bells.

We looked at recruitment procedures and documentation for staff. Required checks had been completed prior to any staff commencing work. Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, references and a medical declaration. We found the application form asked for a full employment history. However, the application form needed to request any gaps in employment to be explained. This would help the registered manager to make an informed decision for suitable staff to be employed, and keep people safe.

We recommended the provider seeks advice and guidance to ensure documentation for recruitment of staff requested any gaps in employment history be explained in line with national guidance.

During the inspection, we had a walk around the home, which included bedrooms, the laundry room, bathrooms, the kitchen and communal areas. We found these areas were clean, tidy, well maintained and smelt pleasant throughout. We observed staff made use of personal protective equipment, for example, wearing gloves when necessary.

The water temperature checked from taps in several rooms throughout the home were thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding. We checked the same rooms for window restrictors and found these to be in place. Window restrictors are fitted to limit window openings in order to protect people who can be vulnerable from falling. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.

There were procedures to enable staff to raise an alert to minimise the potential risk of abuse or unsafe care. Staff had a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Training records we looked at showed staff had received related information to underpin their knowledge and understanding.

When asked about safeguarding people from abuse, one staff member told us, "It's my job to make sure people are safe. I couldn't live with myself if people weren't safe." When asked what they would do if they had any concerns about abuse, staff told us they would report any concerns to the manager. They also commented they knew about the whistleblowing policy and would contact the Care Quality Commission (CQC) if they felt that to be necessary. This showed the registered manager had a framework to train staff to protect people from abuse.

We checked how accidents and incidents had been recorded and responded to at Greengables Care Home. Any accidents or incidents were recorded on the day of the incident. We saw the recording form had the description of the incident and what action was taken, along with how to reduce the risk of it happening again. Staff we spoke with had knowledge of who were at high risk of having an accident or incident.

Is the service effective?

Our findings

People and relatives we spoke with were complimentary and positive about the care provided at Greengables Care Home. One person who lived at the home said, "The staff are very good at their job." One staff member said, "We have to make sure everyone's needs are met."

We spoke with staff members, looked at the training matrix and individual training records. The staff members we spoke with said they received induction training on their appointment. One person told us their induction was a week long. A second person told us they had two and a half days shadowing experienced staff. They commented, "Even though I had come from another care job I had to shadow staff here. I thought that was good."

Staff told us their training was thorough, effective and ongoing. One staff member told us, "I feel as though I have done all the training possible." A second staff member said, "The training here is the best training I have ever had. I have learned loads." A third staff member told us, "The hand washing training was brilliant." They explained a trainer came to the home with an ultra violet light and showed staff what germs remained on their hands if not washed thoroughly. This showed us the training staff received was provided at a good level and relevant to the work undertaken. This also identified the registered manager had a structured system that ensured staff had the skills and knowledge needed to carry out their role.

Staff we spoke with told us they had regular supervision meetings. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their training needs, role and responsibilities. Regarding supervision a staff member said, "I have supervision regularly, my supervisor says it how it is. I like that it's good." A second staff member told us, "I have just had my appraisal, and they are really good."

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 interest and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. The manager was aware of the changes in DoLS practices and had adopted policies and procedures regarding the MCA and DoLS. On the day of our inspection, we observed the registered manager submit an application to restrict a person's liberty. They told us they had discussed the application with a member of the local authority safeguarding team. During our inspection visit, we did not see any restrictive

practices. We observed people moving around the home freely.

We visited the kitchen during the inspection and saw it was clean, tidy and well stocked with foods and fresh produce. We were told all meals were home cooked and freshly prepared. We confirmed this by comments we received from people who lived at the home. There were cleaning schedules to guide staff to ensure people were protected against the risks of poor food hygiene. The provider and catering team had knowledge of the Food Standards Agency regulations on food labelling. This showed the provider had kept up to date on legislation on how to make safer choices when purchasing food for people with allergies. The current food hygiene rating was displayed advertising its rating of five. Services are given their hygiene rating when a food safety officer inspects it. The top rating of five meant the home was found to have very good hygiene standards.

People could choose from a choice of meals on a set menu. However, there was also an alternative menu, if required. The provider also had a night-time menu for people who were hungry during the evening and early mornings. As part of the inspection, we observed people receiving their lunchtime meal. The food was plentiful and people took the opportunity to have more than one helping. One person told us, "The food is very good, with lots of choices." A second person told us, "I like smaller portions on my plate and the cook understands that." We observed staff offered support when required.

The provider had effective safeguards so people were protected against the risks of dehydration and malnutrition. We observed staff offered people drinks throughout the day and gave support when necessary with drinks. One care plan we read stated the person required a high-energy diet to maintain their weight. This was accompanied by a weight chart, which recorded any weight loss or gain. We spoke with the chef who was aware of the person's special diet. This showed the service monitored people's nutritional intake. A second person's care plan also identified weight management was a concern. Their care plan showed involvement from the dietician on how to manage their weight.

People's healthcare needs were monitored and discussed with the person and or their relatives. We noted signatures from people within care plans. One member of staff told us the provider had a good relationship with several healthcare agencies. For example, A local GP visited twice weekly to offer on going health care support. Each person had a section in their care plan for staff to record professional visits. We saw evidence in care plans of the involvement of nurse specialists for skin care, chiropodists and dieticians. This confirmed good communication protocols were in place for people to receive effective support with their healthcare needs.

Is the service caring?

Our findings

All of the people we observed seemed relaxed and happy with staff, and appeared to have positive, trusting relationships. When we spoke with people, they told us about the positive and person centred approach staff had. One person told us, "You have to say, staff are lovely, always willing to spend time and help you." A second person commented, "Caring, patient and kind. That is how I would describe staff." A third person commented, "Nothing is too much trouble for the staff. They are all kind."

Care staff spoke about people in a warm, kindly manner. They spent time actively listening to people and responding to their questions. For example, we saw the regional director spend time chatting with people. One person made a request and we overheard the regional manager respond, "Don't worry, I will get that sorted." We noted the request was dealt with in a timely manner. We observed staff and management team eating their lunch alongside people who lived at the home. It was evident good caring relationships had developed.

We observed staff were respectful towards people. We noted people's dignity and privacy were maintained throughout our inspection. For example, we observed one person being transferred from a chair to wheelchair using a hoist. The two staff members talked through what was happening, worked slowly and gave the person lots of eye contact. At the end of the procedure, one staff member gently adjusted the person's cardigan putting it back as it should be.

Staff were able to describe how they maintained people's privacy and dignity by knocking on doors and waiting to be invited in before entering. We looked in people's bedrooms, we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy which demonstrated staff respected people's belongings. One door had the sign on it, 'Please close me quietly' in response from a person's request and a reminder to staff.

Family and friends we spoke with said they were made to feel welcome. Relatives told us they could visit whenever they liked, commenting, "There are no restrictions on when we visit. We come anytime and are made to feel very welcome." We saw visitors were accompanied by their dogs when visiting people. Staff told us many visitors brought their pets as people got a lot of pleasure from them.

Care files we checked contained records of people's preferred means of address. We spoke with one person who told us, "They call me [shortened name], that's how I like to be called." This was reflected in their care plan. People's meal preferences, childhood memories and how they wished to be supported were documented in the care plan. For example, one person liked soft foods, and a second person enjoyed day trips to Blackpool as a child. In a third care plan, it stated the person might need time and reassurance if they became anxious. The registered manager told us, this personal information was necessary, it made staff look at people differently. They said it allowed staff to see the person and not just the person's support needs. This showed the provider had listened and guided staff to interact with people in a caring manner.

People told us they had been involved in their care planning arrangements. We saw people had signed their

care plan, which confirmed this. People we spoke with told us they were involved in how their care was provided.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Care plans we looked at had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms. A DNACPR decision is about cardiopulmonary resuscitation only and does not affect other treatment. The forms were completed fully and showed involvement from the person, families and health care professionals. We observed staff were comfortable supporting people with their end of life care needs. One staff member talked about end of life care and told us, "You do the best you can, with the minimal disruption." They further commented, "People don't want to be bothered, but need to be cared for and reassured." This showed the registered manager had guided staff about positive end of life care.

Is the service responsive?

Our findings

To ensure they delivered responsive personalised care the provider assessed each person's needs before they came to live at Greengables Care Home. The registered manager told us, "I really have to look into everything before people come here." They further commented, "I meet with the person, I read their hospital notes or care plans to ensure we meet their needs." They also said they met with families so they could share what care and support needs they felt their family member required. This meant should the person move in, the management team and staff would have the skills to meet their needs and provide person centred care.

To ensure the support was responsive to their needs, people had a care and support plan. Within each person's plan, a personal profile provided a pen picture of the person. There was information about people's communication, daily life, cultural preferences and spiritual beliefs. Care plans provided staff with detail about people's preferred name, their GP details, past and present medical history, mobility, dietary and personal care needs.

Within individual plans, there was information on how to reassure someone if they became anxious, and preferences on which staff to support them with their personal care. One person's plan stated they had no preference on male or female support. A second person's plan stated, they had requested staff to support them to apply their creams. A third plan we looked at identified one person had requested to use safety rails when in bed. We asked the person about this. They told us they had requested this, as they were scared they would fall out of bed. This showed the registered manager had ensured the support was in place to make sure people's care preferences and wishes were followed.

An activities co-ordinator was employed at Greengables Care Home. They were responsible for organising a wide range of activities for people. They told us, "I love my job, it's a privilege. I get to gain the trust of the residents." On the day of our inspection, we observed the activity co-ordinator lead a group of people with a gentle exercise activity 'move and groove'. About activities, one person told us, "We have a lot going on all the time, like games, arts and crafts." A second person told us, "I like the do's they have going on and good entertainers now and then." We saw photographs showing when an accordion player had visited and showed people taking part in a hanging basket gardening competition.

There was a weekly timetable of activities, however, we were told this was subject to change. The activities co-ordinator told us they had to respond to people's moods on the day, people might not wish to do what had been advertised. There were one to one activities for people who remained in their rooms. We were told singing and quizzes were very popular. The activities co-ordinator commented, "Music gets through to everybody, whether it is a song or a hymn." They told us, "We use the computer to get songs and hymns up to sing along with. We sing 'All Things Bright and Beautiful', (not very beautifully). People enjoy it, there is a connection." This showed the provider recognised activities were essential and provided a varied timetable to stimulate and maintain people's social health.

There was an up to date complaints policy. People and their relatives we spoke with stated they would not

have any reservations in making a complaint. Regarding complaints one person told us, "I would complain loud and clear, they would know about it. However, I have nothing to complain about." A second person said, "Never complained, but would do." We spoke to the registered manager about complaints. They told us, "I have an open door policy, so most complaints are concerns. I still put those in the complaints file." They said all complaints had to be disclosed to senior management. There would be a discussion on whether the local authority needed to be informed and an investigation of the concern would take place. We were made aware one person had complained to their family who then spoke with the registered manager. The complaint had been investigated, discussed and had an outcome noted. This showed the provider had a procedure to manage complaints. They listened to people's concerns and were responsive.

Is the service well-led?

Our findings

Regarding the registered manager, one staff member told us, "Out of all the places I have worked, she is the best manager I have had." A second staff member said, "The manager is very good, very supportive." One person who lived at the home told us about the manager, "You can have a laugh with [the registered manager] she is very good."

The home demonstrated good management and leadership. There was a clear line of management responsibility throughout Greengables Care Home. The registered manager had been nominated and won a BUPA national award, 'Colleague of the Year'. This was in recognition of their skills as a manager.

Staff and people we spoke with felt the management team spent time throughout the home and were aware of the day-to-day issues. One staff member told us, "The registered manager is very approachable." and "She is always wandering around, watching." A second staff member told us, "The registered manager is always flying about, keeping her eye on us." A third staff member wanted to tell us the registered manager worked hard. They also said, "They [the registered manager] comes and helps at lunchtime, and I'm not scared to say to them, can you come here and give us a hand at other times."

Staff told us the registered manager had 'ten at ten' meetings every day. These were ten-minute meetings held at approximately 10am. At the meeting, staff would discuss any concerns, people's health and daily duties would be discussed and allocated. We saw minutes which indicated regular team meetings took place. One staff member told us, "In the staff meetings we discuss training and what improvements need to take place in the home."

The registered manager arranged regular resident/relatives meetings and surveys to seek feedback on the care provided. Resident meetings were every three months and had actions from the previous meeting included. Comments from the last survey were positive and included, 'The activities are very well planned.' In addition, 'The staff are a credit to Greengables.' There was a newsletter compiled by the home that shared what had happened and what was planned with people and their families and friends.

The registered manager had procedures to monitor the quality of the service being provided. Regular audits had been completed by the provider. These included the monitoring of the environment and equipment, maintenance of the building, infection prevention and water temperatures. Any areas requiring repair were documented for the on-site maintenance man to complete. We saw where audits had shown areas of concern, action had been taken. For example, an audit of the environment had identified several windows needed replacing. We saw their replacement had been authorised and they were awaiting tradesmen to complete the task.

This meant the provider monitored and maintained the home to protect people's safety and well-being.

We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a current fire safety log and fire risk assessment. There was a business continuity plan to demonstrate how the provider planned to operate in emergencies. The intention of this document was to

ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.