

# Greenleigh Care Home Limited

# Greenleigh

## Inspection report

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15 March 2021

16 March 2021

24 March 2021

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Greenleigh is a residential care home providing personal care to 33 people aged 65 and over at the time of the inspection. The service can support up to 35 people.

The care home accommodates 35 people in one purpose built building over two floors. There is access to both floors through a lift.

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

People's care records had not consistently been kept up to date. Some of the systems around infection control were not in line with current COVID-19 guidance. Immediate action was taken to address these issues.

Whilst there were systems in place to monitor the quality and safety of the service, we found these needed further improvement. The registered manager and provider took action to immediately address the concerns we found at the inspection.

Whilst many aspects of staff recruitment and monitoring risk to people were safe, we identified further improvements were needed in some areas.

People received safe support with the medicines and were supported by staff who understood appropriate action to take should safeguarding concerns occur.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 18 September 2019).

### Why we inspected

The inspection was prompted in part due to concerns received about specific incidents relating to the use of bed rails. We inspected the service to examine those risks. During the inspection we identified further concerns so expanded the inspection to review the key questions of Safe and Well Led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenleigh on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always Well-Led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Greenleigh

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Greenleigh is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We informed the service of the inspection shortly before entering the building because of the risks associated with COVID-19. This meant that we could discuss how to ensure everyone remained safe during the inspection.

Inspection activity started on 15 March 2021 and ended on 24 March 2021.

#### What we did before the inspection

We reviewed information we held about the service since the last inspection. We sought feedback from the

local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven members of staff including the registered manager, area manager, deputy manager and support workers. We spent time observing the support people were receiving.

We viewed a range of records. This included sampling six people's care records and three medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We spoke with three relatives to seek their views of the service. We continued to review quality assurance records and policies. We continued to seek clarification from the registered manager to validate the evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- We carried out the inspection to look at how the provider was supporting people with safe use of bedrails following two incidents that had occurred relating to bedrail use. The provider had implemented a number of assessments and regular checks were in place for the use of bedrails. However, we found one person did not have a completed assessment and adjustments were needed to one person's bed. The provider took immediate action to address these concerns.
- Some people required equipment to support their mobility. We observed staff supporting people to use this equipment although on one occasion we observed staff carrying out a manual handling manoeuvre incorrectly. This may have placed the person at risk of injury. We immediately raised this with the registered manager who took action to address this with the staff involved.
- Care records detailed the risks associated with people's care. Staff were able to tell us how they supported people with their mobility although records hadn't consistently been kept up to date with people's current needs. The registered manager took immediate action to ensure these records were updated.
- Relatives described action staff took to keep their family member safe. One relative told us how the staff communicated in a certain way to encourage their family member to remain safe.
- Staff we spoke with were aware of the risks associated with people's care. They told us action they took to keep people safe. One staff member told us about the support a person needed with their mobility and told us one person, "Is at risk of falls. You have to remind him to use his walking stick."
- We saw staff supporting people to mobilise independently using walking aids. Staff were encouraging and patient in their approach. Equipment was checked to ensure it was safe for people to use.

### Staffing and recruitment

- Many of the systems in place ensured staff were recruited safely. This included obtaining a Disclosure and Barring Service check (DBS) to ensure staff were suitable to work at the service.
- We found improvements were needed around the recording of gaps in employment history and ensuring staff had the appropriate identification documents on their files. This would improve the robustness of checks on suitability of staff prior to their employment.
- Staff told us that whilst staffing levels meant people were kept safe, at times it meant people had to wait a little while for support. There were tools available to determine safe staffing levels at the service based on people's needs and occupancy levels.

### Using medicines safely

- People received their medicines safely. Staff received training in medication management and checks

were carried out to ensure staff were safe to administer medications. There were systems to monitor medication administration.

- We found one instance where there were discrepancies between the amount of medication prescribed to be given and what was administered. Whilst this type of medicine was administered by the district nurse team it was important for the service to have correct information should the person require emergency healthcare. The registered manager took action to address this following the inspection.

#### Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. We saw most staff wearing PPE efficiently. However, we noted one staff member was not wearing an appropriate face mask and observed one staff member lower their mask to talk to the registered manager. Immediate action was taken to address these concerns.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. Whilst the provider had a policy in place, we found two instances where it had not been consistently followed. Staff had not supported one person to isolate following a discharge from hospital on that day and individual risk assessments were not in place for those people at higher risk of catching COVID-19. Immediate action was taken to address these concerns.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

#### Learning lessons when things go wrong

- There were systems in place to record individual incidents and accidents that had occurred. These were reviewed to reduce the chance of a similar incident occurring again.
- We found that the analysis of trends in incidents and accidents took place and themes had been identified. Further improvements were needed to ensure the number of accidents that had occurred were consistently recorded accurately. The provider took action to address this following the inspection.

#### Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to recognise safeguarding concerns and what action to take should these occur. Staff felt assured that appropriate action would be taken should safeguarding concerns be raised. One staff member told us about the process for raising safeguarding concerns and said, "I report to a senior who investigates. I'm confident they would investigate."
- We observed people receiving support from staff. Staff were able to respond to the persons request and provide reassurance. People appeared comfortable approaching staff for the support they needed.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems to monitor staff practice in relation to PPE use had not been completely effective. We observed two instances of incorrect PPE use.
- Prior to the inspection we had been notified of an instance of poor manual handling. Whilst the provider had taken action in relation to the incident, this incident alongside the poor manual handling we witnessed indicated that systems to monitor staff practice in relation to manual handling were not completely effective.
- Systems had not identified the requirement for people to have specific COVID-19 risk assessments.
- Systems in place had not identified that people's care records were not consistently accurate. For example, we found that further information was needed around how to support people to mobilise safely.
- Monitoring systems had not identified the improvements needed to ensure robust staff recruitment.
- Systems in place had not consistently been effective in monitoring the safety of the service. For example, we found discrepancies in accident analysis and the monitoring of bed rail use.
- Systems to improve the service had not consistently been effective. Meetings had taken place with people, and members of different staff teams. Where issues had been raised in these meetings there was no clear audit trail to show how these issues had been acted on and monitored.

We found no evidence that people had been harmed however, the systems in place to monitor and improve the quality and safety of the service were not robust. This constituted a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and provider took immediate action to address the issues found at the inspection.

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

- Relatives we spoke with were complimentary of how their family member was supported. One relative told us, "It's lovely to see how happy she is. [Person] is really well cared for." Another relative told us, "Mum gets on with all the staff. The service has been very good."
- Relatives told us they felt able to raise any questions they may have and told us that the registered manager was responsive to these.
- Staff we spoke with knew people well and enjoyed their roles in supporting people. When asked what the

best part of their job was one staff member told us, "When I can see smiles on [People's] faces. I love my job." Another staff member told us, "We are like a family. It makes it a nice place to work."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to notify us of specific events that had occurred at the service.
- The registered manager was open and transparent throughout the inspection process.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had adapted communication between relatives and people living at the home due to visiting restrictions being in place. Relatives we spoke with said they felt involved in their family members care. One relative told us, "The communication is fantastic, I can ring anytime." Another relative told us, "They do keep me involved in everything."
- The registered manager was preparing for visits to occur at the home again. This included consideration of adapting the use of a room in the home.
- The service had an activities coordinator who had, in coordination with people living at the home, arranged additional in-house activities to support people's well-being. This included a virtual singer and adapting special occasions such as Mothers Day.
- Various meetings took place to seek people's and staff members feedback. This supported people to feel involved in having a say about the service.
- Staff told us they felt supported in their roles and were able to make suggestions for improvement. One staff member told us, "I feel listened to."

Working in partnership with others

- The service worked with relevant parties from the local authority and healthcare professionals such as general practitioners. This partnership working enabled people to receive the healthcare they needed.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure there were effective and robust systems in place to monitor the quality and safety of the service. Regulation 17(1)(2)(a)(b)(c).</p>