

Ark Care Services Limited

# Greenways Rest Home

## Inspection report

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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

Greenways Rest Home is a residential care home providing personal care to up to 30 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 18 people using the service.

The home is set over two floors and has an accessible lift. There are two communal lounges and a good size garden.

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

People were not protected as the security of the exits of the building was not sufficient to keep people safe. Further work was needed to become compliant with fire safety guidance. People were not always protected from the risk of unsafe medicines management. People were protected from the risk of accidents or incidents occurring again, and people were protected from the risk of abuse. The home was clean and tidy; rooms were decorated to a high standard and had a comfortable feel.

People were supported by staff that knew them well, a relative told us, "The quality of care is very good, and the staff have got to know him well."

Some aspects of risk had not been mitigated well enough; however, improvements had been made in the governance of the service following the last inspection. Plans were in place to improve communication with people that used the service and their relatives, and the registered manager engaged well with staff. The registered manager was committed to further learning to make improvements, and we found a positive culture at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice

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 and update

The last rating for this service was requires improvement (published 16 June 2022).

At our last inspection we recommended that the provider consider how to become compliant with fire safety guidance, how to make sure lessons were learned, and to make sure knowledge regarding regulatory requirements was up to date. At this inspection we found that improvements had been made regarding learning lessons and understanding of regulatory requirements, however actions regarding fire safety were still required.

## Why we inspected

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.

The inspection was prompted in part by a notification of an incident following which a person using the service was harmed. This incident is subject to further enquiry by CQC and a decision will be made about whether any regulatory action should be taken. This inspection did not examine the full circumstances of the incident but information about the incident indicated potential concerns and risks about the security of the building. Amongst other matters, this inspection examined those risks.

The inspection was a focused inspection looking at the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement.

We have found evidence that the provider needs to make improvements. Please see the safe section of this full report.

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

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the security of the premises and the management of medicines at this inspection. Actions were put in place to address the concerns we found.

Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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** ●

# Greenways Rest Home

## 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 Health and Social Care Act 2008.

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 undertaken by 2 inspectors 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.

#### Service and service type

Greenways Rest Home Care home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Greenways Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 19 October 2022 and ended on 8 November 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people that use the service and 6 relatives. We spoke with 13 members of staff including the nominated individual, registered manager, care staff and domestic staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a range of documents including 3 care plans and risk assessments, and 3 sets of recruitment records. We looked at audits, policies and procedures and rotas. We looked at how medicines were being stored and medicine records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

- People were not protected as systems to manage risk were not effective.
- Following a serious incident, we wanted to check the security of the home. We found that exits from the property had not been sufficiently secured either before or after the incident, meaning any risk of avoidable harm was not minimised.

Systems to manage risks regarding the security of the building were not effective. This placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback, the provider put mechanisms in place immediately to improve the security of the building, with longer term, more substantial systems planned.

At our last inspection we recommended the provider consider how to become compliant regarding fire risks. This had been partially met.

- Actions were still required to become compliant with fire safety. The fire service had issued a further extension until December 2022 to become compliant, and the registered manager had an action plan to make the necessary changes in readiness of this date. We will request evidence of completion.
- The post falls policy lacked thorough information about what staff should do if someone experienced a fall. However, staff knew to observe people following a fall and to request medical advice. We saw evidence of a referral to the falls prevention service. Following feedback, the registered manager updated the policy and made improvements to the post falls observation record for staff to fill in.
- People's care plans had risk assessments which were reviewed regularly. We saw evidence of referrals to external professionals such as speech and language.
- Health and safety testing were up to date, including gas safety, electrical safety testing and water safety.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Using medicines safely

- People were not always protected from risks associated with unsafe medicines management.
- We found that one person required covert medicines, however this had not been followed up, and the person had been refusing their medicines regularly. Following feedback, the registered manager contacted the GP and pharmacy to put plans in place. Covert medicine is when medicines are disguised, usually in food or drink. No harm had occurred.
- Two people required thickeners to be added to their drinks. Thickener is added to drinks of people who have been assessed as being at risk of choking. Although there was guidance for staff about administration, staff did not record how much thickener they added to drinks, which meant we could not be sure people received this as prescribed.
- Some but not all records had guidance for staff about medicines that were prescribed 'as and when required'. Therefore, we were not sure people received medicines as prescribed.

Although we found no evidence of harm, systems to manage medicines safely were not effective. This placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following feedback, the manager took actions to address, this included a team brief to make sure staff documented use of thickener according to guidelines.

- The registered manager organised medicines training and this was up to date; staff's medicines competencies were checked regularly.
- Staff signed to show that the temperature of the medicine fridge and storage room had been checked.
- Staff signed to reflect that people had been given their medicines as prescribed.
- Medicines policies including use of homely remedies were up to date.
- The registered manager completed regular medicine audits, and the local pharmacy supported practice by completing external audits.

#### Learning lessons when things go wrong

At our last inspection we recommended the registered manager consider how to learn lessons when things go wrong, to minimise the risk of an incident being repeated. The registered manager had made improvements.

- The registered manager monitored accidents and incidents and staff knew how to record incidents.
- The registered manager implemented changes to practice following scrutiny of incidents. For example, extra meetings were arranged regarding items to document on handover notes.

#### Staffing and recruitment

- The nominated individual had not followed the provider's policy regarding references.
- We found that for one person recently employed, the nominated individual did not obtain a reference



from the most recent employer, which was not in line with their own policy. This was addressed following feedback.

- There were enough staff to meet people's needs and the service was not using agency staff.
- Most people we spoke with said there were enough staff, one relative said, "There seem to be enough staff when I visit." Other relatives said staff seemed busy and could benefit from extra staff.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There was an up-to-date safeguarding policy and staff knew how to access it.
- Safeguarding training was up to date and staff could describe what they would do if they had concerns.
- People told us they felt safe. A relative said "I think that mum feels safe, we have spoken about this", and, "I feel confident in the staff looking after her."

Preventing and controlling infection

- People were protected as there were systems in place to minimise the risk of the spread of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provide supported visiting in line with current guidance.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

- The risks related to the security of the building had not been mitigated by the provider.

At our last inspection we made a recommendation about the registered manager becoming better appraised of regulatory requirements. Improvements have been made at this inspection.

- The registered manager made the required statutory notifications to CQC about incidents such as serious injuries, abuse and death notifications.
- The registered manager undertook a regular schedule of audits, including hygiene and care plan audits.
- The registered manager monitored performance and addressed any issues via appropriate policies and procedures.

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

- We found that the registered manager and nominated individual had not fully adhered to the duty of candour guidance following a serious incident. However, this was a sensitive situation and was addressed following feedback.
- Relatives told us that the registered manager and staff kept them informed of any concerns. One relative told us, "Staff inform me of any issues or changes; I cannot fault the communication."

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

- Systems to engage with people and relatives were yet to be embedded.
- Relatives told us they knew how to raise concerns but said they were not asked for feedback.
- Some relatives said they were involved in people's care plans, however others said they were not. The registered manager planned to commence care plan reviews and to send feedback surveys to relatives in the following month.
- Supervision and appraisals with staff were adhoc, however the registered manager arranged regular team meetings with staff, and we saw minutes reflecting what was discussed.

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

outcomes for people

- There was a positive culture at the home.
- People enjoyed living at the home and relatives spoke positively about staff.
- Staff enjoyed their jobs, 1 person said, "I love my job, I couldn't ask for a better one." Staff told us the registered manager was understanding and supportive.

Working in partnership with others; Continuous learning and improving care

- The registered manager worked alongside external agencies such as district nurses, dieticians, and public health teams.
- The registered manager encouraged staff to complete further training such as NVQs.
- The registered manager and nominated individual attended external events and seminars, and kept up to date with guidance

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems to manage medicines safely were not effective. Systems to manage risk were not safe or effective.