

Greenfield Close Residential Home Limited

Greenfields Close

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Greenfields Close is registered to provide accommodation and personal care for up to 30 people. The service is split across four residential buildings on one site. There were 24 people living at the service at the time of our inspection. Greenfields Close is designed to meet the needs of people diagnosed with a learning disability and/or autism. Some people living at the service also receive care in relation to their physical disability.

The care service has not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, people using the service were supported to be as independent as they could be, and access the community.

People's experience of using this service:

- People did not always receive safe care. Areas within the service had not been sufficiently cleaned, and therefore posed a risk of infection.
- Areas of decoration within the service, as well as many items of furniture, were tired or damaged, and posed a risk. The service was working through an improvement plan.
- Environmental audits in place did not always reflect the condition of the environment accurately.
- Staff understood safeguarding procedures.
- Improved risk assessments were in place to manage risks within people's lives.
- Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.
- Medicines were stored and administered safely.
- Staffing support matched the level of assessed needs within the service during our inspection.
- Staff were trained to support people effectively.
- Staff were supervised well and felt confident in their roles.
- People were supported to have a varied diet.
- Healthcare needs were met, and people had access to health professionals as required.
- People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.
- Staff treated people with kindness, dignity and respect and spent time getting to know them.
- People were supported in the least restrictive way possible.
- Care plans reflected people likes dislikes and preferences.
- People were able to take part in a range of activities and outings.
- People and their families were involved in their own care planning as much as was possible.
- A complaints system was in place and was used effectively.
- The management team were open and honest, and worked in partnership with outside agencies to improve people's support when required.

Rating at last inspection: Following our inspection in October 2018 the service was rated as 'Inadequate'

due to serious concerns about the safety and well-being of the people who lived there, and ongoing breaches of regulation.

This service has been in special measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements had been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. However, the rating reflects that more time is required to evidence sustainability of the improvements made.

The service did not have a registered manager, but did have a newly employed manager who would be going through the registration process. Once registered, this means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive 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 ●

Greenfields Close

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by three 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:

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

Notice of inspection:

This inspection was unannounced.

Inspection site visit activity started on 3 April 2019 and ended on 3 April 2019.

What we did:

Before the inspection we reviewed information that we held about the service such as notifications. These are events that happen in the service the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We sought the views of Healthwatch Nottinghamshire, who are an independent organisation that represents people using health and social care services. We also contacted commissioners who had a contract with the service.

Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. Commissioners also undertake monitoring of the quality of services.

Not everyone using the service was able to fully verbally communicate with us. During the inspection we met

and spent time with thirteen people who used the service. We observed staff interacting with people, providing care and activities. We also spoke with one relative of a person who used the service, one visiting advocate for a person using the service, six staff members, one team leader, the cook, the operations director, the regional manager, and the manager.

We looked at the care records of six people who used the service, and we undertook a tour of the premises. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

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

Requires Improvement: 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. Regulations may or may not have been met.

At our last inspection in October 2018 we found that the provider was in breach of Regulations 12, 13 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not kept safe from the risk of abuse. People were not protected from risks associated with their health needs, and there were not enough staff to provide people with the support they were assessed as needing. During this inspection we found the provider had made improvements in these areas. The rating reflects that it will take time to see any improvements embedded in practice and the areas of improvement sustained.

Preventing and controlling infection: Assessing risk, safety monitoring and management

- At our last inspection in October 2018 we found the home was not sufficiently clean in all areas, therefore people were not consistently kept safe from the risk of acquiring infections. At this inspection, the home was still not sufficiently cleaned and maintained. This put people at risk of the spread of infection.
- We found several areas throughout the service with dirty marks and smears on the walls, which had not been cleaned in some time.
- Light switch pull cords in many bathrooms were dirty and discoloured.
- Some people had wardrobes in their rooms that were not fixed to the walls, and therefore a risk of toppling over.
- A window restrictor on the first floor of one of the buildings had been broken. This meant the window could be opened wide enough for a person to climb out and fall.
- A water pipe next to a person's sink was exposed. The pipe was extremely hot, and posed a risk of scalding someone if they came in to contact with it.

This was a breach of Regulation 15(1)(a)(b) premises and equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were enough staff on shift to safely support people. Staff told us people received the hours of support they were assessed as needing. A monitoring tool showed that sometimes people did not receive the support they were supposed to. The regional manager told us people did receive the support they required, but because some staff had not filled out activity sheets explaining what support they had given, the tool did not reflect support hours accurately. The regional manager said improvements to this record keeping would be implemented immediately.
- Our observations on inspection were that people received the care they required promptly.

- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Systems and processes to safeguard people from the risk of abuse

- People received safe care. Staff were trained in safeguarding and knew what to do and who to tell if they had concerns about the well-being of any of the people using the service.
- Management had regularly raised safeguarding alerts as required.

Assessing risk, safety monitoring and management

- Most staff were trained in the management of behaviours which may challenge, which included a safer, proportionate approach to physical intervention that may be required. Since our last inspection, there had been no recorded incidents requiring physical intervention.
- Improvements had been made to risk assessments in place, as well as the general staff ethos, to support any risks that were present. This included the management of behaviours which may challenge.
- Staff felt confident in supporting people safely, and knew the risks that were relevant to each person's support.

Using medicines safely

- People received their medicines safely. Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medication administration records we saw were accurate, and regularly checked for any mistakes.
- We had been made aware of several medicines errors that had occurred prior to our inspection. The management team told us that as a response to this, some staff were being re-trained in medicines administration, and having their competency regularly checked.
- Where people were prescribed medicines to take 'as and when required' there was sufficient detail to guide staff on when to administer them safely and consistently.

Learning lessons when things go wrong

- The staff and management team demonstrated that lessons were being learnt from past mistakes. Regular communication and team meetings between all staff and management were taking place. Incidents were discussed, analysed, and actions taken to begin improvement where required.
- The new management team in place understood where failures had previously occurred, and were confident that improvements were being implemented across the entire service.
- Incidents that occurred had all been recorded in detail. Management had tools in place to monitor any trends in incidents or accidents, and took appropriate action when required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Requires Improvement: □ The effectiveness of people's care, treatment and support had not always achieved good outcomes or was inconsistent.

At our last inspection in October 2018 we found that the provider was in breach of Regulations 11, 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider could not demonstrate whether people's restrictive care was proportionate. Staff did not have training identified as necessary to provide care effectively. People were not consistently supported to maintain their health. During this inspection we found the provider had made improvements in these areas; however, the rating reflects that it will take time to see these improvements embedded in practice and the areas of improvement sustained.

Adapting service, design, decoration to meet people's needs

- Areas of decoration within the service, as well as many items of furniture, were tired or damaged. Some of the grounds and garden areas were not fully useable or overgrown. The service was working through an improvement plan and told us many new items of furniture, including chairs and sofas had been purchased, and they were awaiting delivery. There was also ongoing improvements planned for general decoration, and for the grounds and garden areas. Some areas had already been decorated, and people using the service were involved in choosing paint colours and furnishings. One person told us, "I like all the new curtains and the flowers".
- Sensory rooms had been set up in a small building on the site, although this was not yet fully useable or accessible. There were imminent plans in place for a ramp to be constructed to allow full access to this area.
- People's rooms were decorated to their tastes, and personalised with items of their choosing.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The management team made sure they fully assessed a person's needs before care was offered. This ensured there were enough staff, with the right training, to meet people's needs.
- Thought was given to consider people's compatibility living with each other. The management team told us about ongoing assessments of people's needs, resulting in some upcoming plans to support people to move within the service. This would ensure that consistent care was still being given, whilst giving people options of who they did or didn't live with.
- People's needs and wishes were assessed and care and support was planned effectively. Staff had access to up to date policies and procedures based on current legislation and best practice standards.

Staff support: induction, training, skills and experience

- Most of the staff team had received the appropriate training for their roles. The provider had implemented a training schedule which put all staff through mandatory training in areas such as fire safety, first aid, safeguarding and others.

- Positive behaviour support training, and training to manage behaviours with a safe approach to physical intervention, was also in place. Some staff were yet to receive this training, but we saw dates had been scheduled for them to complete this over the coming weeks. Staff we spoke with felt positive the training provided helped them to understand people's behaviours.
- Staff were starting to receive regular supervision from management. A regular schedule of one to one time between staff and managers had been implemented. This allowed management to feedback to staff about their work, and for staff to voice any concerns or ideas they may have.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to have a healthy diet. The service had employed a chef to prepare meals daily for people.
- People were consulted about the quality of the food and offered choice. Changes were made to the menu as and when required.
- Care plans documented what people's likes, dislikes and requirements were. People's cultural backgrounds were respected and any dietary needs were catered for.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- The staff understood people's healthcare requirements and ensured people got the access to healthcare they required. Care plans we looked at contained key information about people's health, and the contact they had with health and social care professionals. This meant people received the healthcare they required.
- We saw evidence that staff were recording information about people's health, for example, a record of seizures that a person was having. Staff knew when to contact external medical professionals for support.
- Risk assessments were in place as appropriate to manage any healthcare conditions people had. For example, one person was at risk of choking and a care plan was place in relation to this risk. Staff we spoke with were familiar with these risks and how to manage them.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, and found they were.
- Where appropriate, people's capacity had been assessed, and the MCA was followed in respect of documenting best interest decisions and reviewing them. This included access to advocacy where required. DoLS authorisations were in place where needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Requires Improvement: People had not always felt well-supported, cared for or treated with dignity and respect.

At our last inspection in October 2018 we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not consistently receive kind and caring support. People and relatives were not consistently supported to participate in making decisions about planning or reviewing of their or their family member's care. During this inspection we found the provider had made improvements in these areas; however, the rating reflects that it will take time to see these improvements embedded in practice and the areas of improvement sustained.

Ensuring people are well treated and supported; respecting equality and diversity

- Our observations on inspection were that people using the service felt comfortable around the staff, and interactions were positive and friendly. One person told us, "It's lovely here, very nice". One relative we spoke with told us, "They (staff) have improved and spruced the place up, it wasn't that bad before, I'm happy with the care".
- We saw a coffee morning that was being held for people. When people arrived at the coffee morning they appeared to be happy and confident and there was a good, friendly rapport between them and staff.

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views and be involved in decision making as much as they were able to be. Support from family or other advocates was available as required. A 'Resident of the day' scheme was in place. This put the focus on a particular person each day, and all aspects of their care were reviewed and checked upon. This included speaking with the person themselves about their care, and also their family members when appropriate.
- A keyworker system was also in place. This meant staff took a lead role in checking on and updating people's care, making sure they had what they needed, and their decisions were recorded and respected.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by all staff. We saw that one person did not have curtains in their bedroom. The staff had ensured their window had a frosted covering on it, so people could not see in from outside.
- Staff were mindful of people's privacy and dignity when carrying out personal care tasks, or discussing any personal information. People's personal information was stored securely.
- People were supported to be as independent as they could be. Staff supported people to do things for themselves as much as they could, for example involving people in cooking and cleaning tasks.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Requires Improvement: People's needs had not always been met.

At our last inspection in October 2018 we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people experienced varying levels of support to maintain interests and hobbies. People were at risk of not being able to express and receive communication in ways they understood and which met their needs, and there was no evidence the provider had ensured actions from complaints investigations were carried out. During this inspection we found the provider had made improvements in these area's; however, the rating reflects that it will take time to see these improvements embedded in practice and the areas of improvement sustained.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care that was personalised to them. Care plans we looked at had been improved, and contained information about people's preferences, likes, dislikes, culture and life history. Staff and management, we spoke with had a good knowledge of the people using the service.
- People were being supported flexibly by staff, in order to achieve tasks and goals. Staff told us, "[Name] has improved a lot recently. They have appeared happier and less agitated. [Name] has been out in the vehicle today, and went to get some lunch. That is a massive step for them, they normally won't even get in the vehicle."
- People were supported to take part in activities and follow their interests. An 'Engagement lead' had been employed, whose role was to implement and assess activities across the service. We saw that an activity room was in use, which had games and a projector screen for movies. People were also encouraged to attend weekly coffee mornings to socialise with one another.
- One person had been supported and encouraged to follow their interests, and had volunteered as a marshal for a local park run within the community. They were also supported to have an administrative role within the service, supporting staff with photocopying duties within the office.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place and being used effectively. We saw that when complaints had been made, they had been followed up and investigated promptly. Actions for improvement were made and followed when required.

End of life care and support

- No end of life care was being delivered at the time of inspection. The management team were aware of the support that would be required for someone should they need end of life care, including contact with relevant health professionals, communication with family members, detailed care planning, and access and management of appropriate medications. People were supported to complete end of life care planning documents outlining any preferences and wishes they had in this area.

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

Requires Improvement: □ Service management and leadership had not been consistent. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care. Some regulations were not met.

At our last inspection in October 2018 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because checks and audits did not identify that service users were not consistently involved in planning and reviewing their care. There was no system in place to review incidents to identify risks to people. During this inspection we found the provider had made some improvements in these areas; however, the rating reflects that it will take time to see these improvements embedded in practice and the areas of improvement sustained.

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

- Effective audits were not always in place. Audits in place did not always recognise the poor level of cleanliness within some areas of the home. The management team did several daily walk around checks of the whole service, but areas that required cleaning had not always been identified.
- Audits in place did not always recognise that some parts of the premises and equipment were not safe. We found wardrobes that were not fixed to walls, a broken window restrictor, and an exposed hot water pipe, which had not been known to staff and not picked up in environmental audits.
- Other audits in place were effective, and action was being taken promptly to address any issues they identified. A new electronic system had recently been implemented, which allowed for detailed monitoring of the service quality audits, to identify trends and take action.
- Staff we spoke with were clear about their roles, and positive about the improvements that had taken place across the service. One staff member said, "They (managers) are much more picky about who they recruit. I'm confident that issues will be raised, I'd not hesitate to tell the CQC."
- Continuous staff learning had been encouraged. Staff were issued with a set of laminated prompt cards about safeguarding information and procedures, and also general information about the Care Quality Commission and the standards the service was expected to meet.
- A feedback questionnaire was being devised to be sent out to people using the service and their families.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team and staff team understood their roles and were open and honest during our inspection.
- The manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.
- The management team and staff team we spoke with were positive about being able to improve the service, and deliver high quality person centred care going forward. Staff acknowledged there had been

serious failures in the past, and that improvements were still required and ongoing, but were positive about the progress they felt was being made.

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

- Residents were encouraged to attend and engage in meetings to discuss any matters important to them. We saw a meeting take place during inspection, covering topics such as ideas for future activities, staffing, whistleblowing, and a newsletter.
- Regular staff meeting took place. A daily '10 at 10' meeting took place, where senior staff and management all updated each other on key areas, and discussed the day ahead.

Working in partnership with others

- The management team had been working in partnership with outside agencies to improve people's care. People's funding authorities, as well as other health and social care professionals were regularly communicating with the service about the improvements that were required and people's overall care.
- We saw the management team recognised when people's care arrangements were not working out, and when their needs changed. They made the appropriate referrals and arranged meetings with health and social care professionals promptly to address this.

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 15 HSCA RA Regulations 2014 Premises and equipment Areas within the service had not been sufficiently cleaned, and therefore posed a risk of infection. Areas of decoration within the service, as well as many items of furniture, were tired or damaged, and posed a risk.