

Greenacres Care Home Limited

# Greenacres Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Good 

# Summary of findings

## Overall summary

The inspection took place on 6 January 2016 and was unannounced.

The home is located in the village of Heckington in Lincolnshire. Accommodation is all on one level and the home is registered to provide care for 28 people whose may be living with dementia, a mental health condition, a physical disability or need residential care due to old age. There were 27 people living at the home on the day of our inspection.

At our previous inspection on 10 March 2015 we identified a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider did not ensure there were suitable arrangements in place to obtain consent for care. The provider did not ensure people were treated with consideration and respect. People were not supported to understand their care choices or encouraged to express their views about the care they received. Care was not planned or delivered to meet people's individual needs and ensure the safety and welfare of people. Systems to assess and monitor the quality of the care provided and to identify, assess and manage risks were not effective. Local and national guidance on best practice had not been implemented. At our inspection on 6 January 2016 we found the provider was no longer in breach of any regulations.

There was a registered manager at the home. 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.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. The registered manager was aware of their responsibilities under the Mental Capacity Act 2005 and had appropriately referred people for DoLS assessments when needed. Where people were able to make decisions for themselves we saw that their choices were respected. Where people were unable to make decisions we saw that family and health care professionals were involved in making decisions in their best interest.

Staff were supported to provide person centred care and to take the time to explain the care they were providing. In addition people and their families were aware of their care plans and encouraged to input into their development and on-going reviews. There were enough staff available to care for people in a timely fashion and training and supervision ensured that the staff had the skills needed to provide safe care to people. People engaged in the activities provided but would like more support to access the local community.

Risks to people had been identified and care and equipment was in place to keep people safe. People were supported to maintain a healthy weight and to have continual access to drinks to remain hydrated. Staff knew how to raise concerns with internally and with external organisations if they had any concerns over people's safety. In addition people were supported to access on-going health care for both routine and urgent concerns.

The care provided met most people's needs, however we found that for two people although care kept them safe there were no plans in place to increase their emotional well-being. In addition at times we saw a failure to pass over important information at the end of shift impacted on people's care. Medicines were administered in a methodical way which ensured people received their medicines in a timely fashion and reduced the risk of errors.

People living at the home, their family and visiting professionals were invited to comment on the quality of the care provided. Audits were in place to identify issues with the quality of care and actions were taken to improve the care people received. People knew how to complain and the registered manager took account of concerns and complaints when developing the quality of care provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Risks to people were identified and care was planned to keep people safe.

Staff knew how to keep people safe from the risk of infection.

There were enough staff with the correct skills and qualifications to keep people safe. Staff knew how to raise concerns about people's safety.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Where people were unable to make decisions for themselves they were appropriately identified as needing a Deprivation of Liberty assessment.

People were supported to access care and support from health and social care professionals.

People were supported to maintain a healthy weight and had access to hot and cold drinks. However, people's dietary needs were not fully recorded in their care plan.

Staff received appropriate training and support.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and responsive to people's needs.

People were able to make decisions about their daily lives.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People and their family were involved in planning their care.

The care provided met most people's needs. However, at times the care plans did not look beyond people's immediate needs to support them to improve their wellbeing.

People were supported to maintain their hobbies but not always able to access the local community.

**Is the service well-led?**

**Good** 

The service was well-led.

Systems to monitor the quality of care provided were effective and the registered manager ensured action was taken to improve the care people received.

People living at the home, their relatives and healthcare professionals were asked for their views of the care provided.

The registered manager was approachable and ensured people received person centred care.

# Greenacres 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 took place on 06 January 2016 and was unannounced. The Inspection team consisted of an inspector 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.

Before the inspection we reviewed the information we held about the home. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the service. We also reviewed information sent to us by the local authority who commission care for some people living at the home.

During the inspection we spoke with nine people who lived at the home, two visitors to the home and spent time observing care. We spoke with, a senior care worker, two care workers and the registered manager.

We looked at four care plans and other records which recorded the care people received. We also looked at management records including how the quality of the service provided at the home was monitored.

# Is the service safe?

## Our findings

When we inspected on 10 March 2015 we found that risks to people while receiving care had not been identified. This was a breach of Regulation 12(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider wrote to us and told us they would review people's care needs and put new care plans in place, which ensured ongoing monitoring of risks.

At our inspection on 6 January 2016 we found that the provider was no longer in breach of the regulation. People's care needs had been reviewed and that risks to people had been identified. For example, we saw care plans contained risk assessments for pressure ulcers and included information on the equipment needed to keep people safe. In addition when risks to people increased, care was reviewed to identify if any changes would keep people safer. For example, we saw when a person needed to spend more time in bed their risk of pressure ulcers was reviewed. We saw risk assessments also identified when care was not appropriate. For example we saw that assessments for the use of bed rails had been completed for one person and they were not used as there was a risk the person may climb over the rail and fall. The registered manager audited the number of falls for each individual and where people had repeatedly fell their care plans had been reviewed and appropriate action taken to keep the person safe.

At our previous inspection on 10 March 2015 we had identified some concerns around infection prevention and control. At this inspection we found the registered manager had engaged with the local authority infection control team to review and amend their infection control processes. They also attended monthly meetings to ensure they kept up to date with the latest guidance. For example, we saw that clinical waste was now stored securely outside.

We found that the home was clean and tidy and hand sanitiser was available at various points around the home. We saw that commodes had been properly cleaned. Records showed and staff told us they had attended refresher training in infection control. Staff were able to tell us about the systems in place to keep people safe from the risk of infection such as people having their own slings when using the hoist.

However, we saw that the toilets still did not have bins with lids to dispose of used continence pads and the open bins contributed to an offensive odour in the home. We discussed this with the provider who told us they had been ordered and received new bins and they were waiting to be put out. They told us they would ensure this happened immediately.

The provider operated a locked door policy and the people all said they felt safe living at Greenacres. They told us that they felt the staff looked after them properly and they had confidence in the staff. A relative said, "I feel my mum is safe living here and I feel the staff are trained in safety." Staff told us they knew how to raise concerns if they thought someone was at risk of harm. They knew they needed to escalate concerns both internally and externally if they were not happy that the action taken would keep people safe. One member of staff told us they had raised concerns with the registered manager and that appropriate action

had been taken.

People told us there were enough staff available to meet their needs in a timely manner. One person told us, "If I need help I press the buzzer and the girls respond very quickly, unless they are busy of course." Another person said, "They always come and help me and I don't have to wait too long. My room is kept clean and tidy."

We found the registered manager had a system in place for calculating the number of staff needed for each shift to provide safe care for people. Records showed that the home was staffed in accordance with the tool. The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the home. For example, we saw people had completed application forms and the registered manager had completed structured interviews. The required checks had been completed to ensure that staff were safe to work with people who live at the home.

When we inspected in March 2015 we identified serious concerns with the way medicines were managed and administered. When we returned in June 2015 we saw the provider had made significant improvements in the way they managed and administered medicines. At our inspection on 6 January 2016 we saw that the provider had embedded the improvements into the daily medicine administration routines. We saw that medicines were ordered, stored and administered safely and when people refused their medicine this was kept safe until it could be returned to the pharmacy.



# Is the service effective?

## Our findings

When we inspected on 10 March 2015 we found the provider had not ensured that people were assessed and supported to make decisions including about where they lived. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014].

Following our inspection the provider wrote to us and told us they would ensure people were assessed for their abilities to make decisions and where necessary make an application for a deprivation of liberty.

At our inspection on 6 January 2016 we found that the provider was no longer in breach of the regulation. 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 interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had assessed people's abilities to make decisions and had identified people who may not be able to make decisions about where they wanted to live and made appropriate applications to the Deprivation of Liberty authorising authority.

Staff told us they had received training in the Mental Capacity Act (2005), they said it meant that if people had the ability to make decisions then those decisions should be respected. They were aware that they needed to ensure people were offered choices in their everyday life. Records showed where people had been unable to make decisions, family and other professionals involved in their care had been included in making decisions in the person's best interest.

When we inspected on 10 March 2015 we found the provider had not ensured that people were supported to access healthcare. This was a breach of Regulation 12(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the provider wrote to us and told us they would ensure people's needs were assessed and that appropriate healthcare professionals would be involved in people's care where necessary.

At our inspection on 6 January 2016 we found that the provider was no longer in breach of the regulation.

We saw that people had been appropriately referred to the GP when needed and when people had declined rapidly appropriate medical support was accessed out of hours. Relatives told us that the registered manager ensured that when GP's, community nurses, or other professionals were needed they were contacted quickly. A person living at the home told us, "Oh yes, I get to see my GP quite regularly. There's never a problem there."

People had access to hot and cold drinks and where people needed assistance with drinking we saw staff support people with frequent access to drinks. Where people chose to stay in their bedrooms we saw they had a drink within their reach.

People told us they were happy with the food offered. One person said, "The food is good, all home cooked, and there's plenty of it." Another person told us, "We have good meals, they are lovely. We have nothing to complain about with the food." There was only one hot meal on the menu each day, however, where people did not like what was on offer they cook visited them to discuss what they would like as an alternative. For example, we saw two people chose to have an alternative to the planned meal. Where people were unable to make a choice about what they liked to eat, the cook explained that they would continue to offer choices until they came to something the person would eat. The cook told us that the menu was to be revisited so that they could offer two hot meals a day to offer people choice.

We saw people's ability to maintain a healthy weight was recorded. However, we saw other dietary needs were not included in the care plans. For example, we saw where people were diabetic, there was no care plan in place to support staff to encourage the person to follow a diabetic diet. We discussed this with the cook who told us that they ensured diabetics had appropriate food. In addition where people needed encouraging to go on a weight loss diet this was not supported and there was no guidance for staff in their care plan over what types of snack and meals they should encourage. We discussed this with the registered manager who said they would review the care for two people.

Staff told us that they had received an induction when they first started working at the home which included training to ensure they had the skills required to provide care. They also said that they were able to shadow a more experienced member of staff. Staff told us they had to successfully complete an induction period before they passed their probationary period and were given a permanent contract. This included being observed while caring for people to ensure they had the correct skills.

Staff told us they had received supervisions with their manager which enabled them to raise any concerns they had and for them to discuss if further training was needed in any areas. In addition they also had an annual appraisal with the registered manager which supported them with planning their career and identified any training needed to support the person to develop.

# Is the service caring?

## Our findings

When we inspected on 10 March 2015 we found the provider had not ensured that people were respected and involved in their care. This was a breach of Regulation 9(3)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the provider wrote to us and told us they would increase the training to staff wound respecting and involving people in their care and ensure people were included when their care plans were reviewed.

At our inspection on 6 January 2016 we found that the provider was no longer in breach of the regulation. We saw staff spoke to people kindly and gently, and used people's preferred names. We saw they advised people about the care that was being provided. For example, when they brought a person into the lounge and hoisted them they explained that they were going to sit the person in the chair so they could have a drink.

Relatives told us the staff were kind, courteous and treated people with respect. One relative said, "My mum is well cared for, definitely. All the staff are lovely. My husband and I have seen gradual improvements over the past months which is great." Where people had communication difficulties such as poor eyesight or hearing this was recorded to ensure staff knew more care was needed when communicating. In addition staff supported people to maintain standards of communication. One person told us, "I will say this about this home. They couldn't have treated me better regarding my hearing aid problems. They sorted it and I can't praise them enough." We saw the interactions and rapport between people and staff appeared relaxed and staff knew the needs of the people they cared for well.

However, we saw at time the layout and accessibility of equipment did not respect people. For example, the hairdresser was visiting and there were a number of freestanding hairdryers positioned along the corridors some of which had commodes as seats. This presented as hazardous for those using the hairdryers, and those people trying to navigate passed them. We raised this with the registered manager who immediately changed the commodes for chairs.

People told us they knew about their care plans and that the staff kept detailed records which they could access if they wanted to. A relative we spoke with said she felt the care her mother received was "person centred" and that the home tailored the care plan according to her mother's needs most of the time. Records were securely stored in the senior carer room to restrict access and to respect people's privacy.

People had been supported to personalise their rooms and we saw they were able to make choices about their daily lives. One person told us, "Yes I can more or less get up and go to bed when I please, but then, I don't really need any assistance. The staff do always knock before they come into my room and are polite and courteous. I can relate very well to them."

People were also able to make a decision about where they wanted to eat their meals. We saw the dining room tables were set nicely with table cloths, place settings and condiments. We saw seven people chose to eat in the dining room with the rest of the people choosing to eat wither in the lounge or in the privacy of their bedroom.

## Is the service responsive?

### Our findings

When we inspected on 10 March 2015 we found people had not been involved in developing their care plans and the provider had not ensured that the care provided to people who lived at the home met their needs. This was a breach Regulation 9(3)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider wrote and told us they would review people's care plans and involve people and their families in the process. That when needed they would involve other healthcare professionals in assessments and ensure that there was a more structured activities programme.

At our inspection on 6 January 2016 we found that the provider was no longer in breach of the regulation. People's care was accurately recorded and when needs increased care was reviewed to see if any changes were needed. For example, where one person's anxiety levels were increasing their medicine was reviewed. Relatives we spoke with knew what was recorded in care plans and told us they had been involved in their development and review.

While we found that care was meeting most people's needs we identified two people where although their immediate care needs were being met and they were safe, ongoing patterns of challenging behaviour were accepted as being normal. We saw this was having an impact on the health and quality of life these people enjoyed. We discussed our concerns with the registered manager who told us they would arrange for the people to have their care reviewed with appropriate healthcare professionals. We spoke with both of these people and they told us they were happy with the care they received. One person said, "It's not a bad place to be – I am sure there's far worse."

Information about any changes in people's needed were discussed at a handover meeting when shifts changed. In addition any information regarding concerns with people's health were recorded in the communication book. However, we saw one person was delayed in receiving antibiotics as information had not been recorded in the communication book. We saw that this had impacted on the person as they had had a decline in their abilities. For example, they needed more support to maintain their fluid and nutritional intake and were becoming less compliant with medicines. We discussed this with the registered manager who told us that the sample had been taken and they were waiting for a prescription from the GP.

One person told us, "We are having a few issues just lately with a couple of residents wandering into people's bedrooms especially at night. It's quite frightening sometimes, though we realise it's not their fault. But we need to be safe, just as well as they do." While another person said that they had raised a concern with the registered manager about two people who wandered into people's bedrooms during the night-time. They were confident that the registered manager would take action and that they had been taken seriously. However, staff were unable to say how they would support this person to respect other people's privacy as the person was quite new and they had not had time to read the care plans. They said they were aware of the person's basic care needs through information passed over at handover. There was no care plan to show how activities could be used to help the person be more settled.

We saw that there were two activity co-coordinators working at the home although neither were available when we inspected. Records showed that some people enjoyed the activities such as jigsaws and ball games that were on offer. In addition the activities co-ordinators put on events to entertain people and to celebrate important events. For example, we saw that there had been a party to celebrate the queen being the longest reigning monarch.

However, some people said that they were disappointed by the options available for activities. They said that they would like to be able to access the grounds of the home or facilities in the village more often. One person said, "My only criticism would be that there's never quite enough staff. There's no carer to take me down to the town. They used to take me shopping but I can't do that anymore because I need someone to take me." Another person said, "It would be nice to be able to out into the orchard on a nice day though. It would mean staff going with us and there wouldn't be sufficient staff around to do that though. That's the problem."

We saw there was a notice in the main entrance telling people how they could make a complaint. People told us they were happy to raise complaints with the registered manager or other staff. Relatives we spoke with said they knew who to go to if they had any worries or complaints. They felt the registered manager had a good strong presence and was often seen about the home and could go to them with any issues. One relative who had raised an issue with the registered manager told us they were confident that the management were positively trying to deal with the matter.

# Is the service well-led?

## Our findings

When we inspected on 10 March 2015 we found the provider systems to identify risks and to monitor the quality of the service provided were inadequate. This was a breach of Regulation 17(2)(a)(b)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the provider wrote to us and told us they would review the audits used and ensure staff could identify what good practice looked like. They told us they would access meetings provided by the local authority to support good practice and ensure they gathered the views of people living at the home.

At our inspection on 6 January 2016 we found that the provider was no longer in breach of the regulation. We found there was a new registered manager in post since our last inspection. They had worked with the provider and other registered managers in the provider's organisation to identify what improvements were needed to ensure people received a good quality of care.

The provider had been open and honest with people that they needed to improve the care provided and had displayed their previous inspection report in the entrance hall. People living at the home and their relatives told us that they had seen improvements in the standards since the report and the new registered manager being in post. A relative said, "Things have certainly improved these past few months here, for the better without any doubt."

The registered manager identified that more work was needed to keep up to date with changes in what constitutes best practice. To support this they had identified a number of areas where ongoing oversight was needed and appointed staff to become the lead in those areas. For example we saw one member of staff was leading on fire safety, one on infection control and one on liaising with people's families.

People living at the home, visitors and staff told us that the registered manager was approachable, would listen to their concerns and take action. For example, the cook told us they had been discussing changes to the menu and the registered manager had listened to their opinion.

Staff told us and records showed that they had regular staff meetings to discuss the care they provided and any ongoing changes. Records showed they had discussed information like ensuring people were using the correct pressure relieving equipment. We also found the registered manager was monitoring and changing the culture of the home and putting people at the centre of their care. For example, records showed that the registered manager had reminded staff that they needed to take time when supporting people to engage with them. In addition, people told us the registered manager responded positively when they raised concern about the quality of care they received. They were confident any matter would be dealt with in a professional manner.

People living at the home, their relatives and visiting health care professionals had been asked for their views on the care they received. We saw that the results were displayed on the notice board for people living

at the home, relatives and visitors to see. The registered manger told us they were working on an action plan.

We saw that the provider had reviewed and update the audits used to monitor the quality of the care provided. We found that the audits were now identifying concerns and that the registered manager was developing action plans and ensuring appropriate action was taken to improve any areas of concern.