

## Community Integrated Care

# Green Heys Care Home

### 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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The focused inspection took place on 8 January, 2018 and was unannounced.

Green Heys Care Home is a large care home, registered to provide general nursing and personal care for up to 47 people. At the time of the inspection there were 36 people living at the 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.

The home is a purpose built facility with all accommodation located on the ground floor. There are two units within the home; Blundell unit and Molyneux unit. Facilities include a large dining room and two large lounges. There are smaller seating areas which can be found on both units as well as a 'family room' which requested as and when needed.

At the time of the inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the previous comprehensive inspection which took place in July 2017 the home was rated as 'Requires Improvement'. Breaches of legal requirements were found in relation to 'Safe Care and Treatment' and 'Need for Consent'. After the comprehensive inspection, the registered provider submitted an action plan which outlined how they were addressing the breaches in regulation which were identified.

This inspection was carried out to check that improvements to meet legal requirements had been made. The team inspected the service against three of the five questions we ask about services: is the service safe, effective and well-led?

No risks, concerns or significant improvement were identified in the remaining 'Key Questions' through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

During this inspection, although we found a number of improvements had been made, the registered provider still remained in breach of 'Safe Care and Treatment'. To improve the rating from 'Requires Improvement' the service required a longer term track record of consistent safe practice and sustainability of governance. This is the second consecutive time the service has been rated 'Requires Improvement'. We will check this during our next planned comprehensive inspection.

We reviewed systems which were in place in relation to medication management. We found the systems which were in place to manage topical creams (medicated creams) were not being safely managed. We

found evidence to suggest that people were not being safely supported to receive topical creams which had been prescribed.

You can see what action we have told the registered provider to take at the back of the full version of the report.

The home had partnered with an external catering company who create healthy and sustainable meals. They offered a wide range of meals which could be tailored to meet the needs and preferences of the individual. We received positive comments about the standard and quality of food which was provided. However, during our observations we did identify that the temperature of the food being provided was too hot for some vulnerable people to determine.

We recommend that the registered provider explores options which are made available to them in relation to food temperatures.

A 'Short Observational Framework for Inspection tool' (SOFI) was used during the lunch time period. SOFI tool provides a framework to enhance observations; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves. During this inspection staff were observed providing kind, compassionate and friendly support.

There was evidence to suggest the home was operating in line with the principles of the Mental Capacity Act, 2005 (MCA) When able, people must be involved with the decisions which are taken in relation to the care and treatment which is provided, however, records we reviewed suggested that the principles of the MCA were not being routinely followed.

Care plans and risk assessments were regularly reviewed and contained relevant and up to date information. It was evident throughout the course of the inspection that staff were familiar with the support needs of the people they were supporting.

Accidents and incidents processes had improved since the last inspection. The accident/incident reports were monitored by the registered manager as well as the regional manager. Accident and incidents were reviewed, risks were identified and the registered manager was able to safely and effectively monitor any trends which had been identified.

The day to day support needs of people living in the home was being met. Appropriate referrals took place and records demonstrated that guidance and advice which was provided by external professionals was being followed. This meant that people's overall health and well-being were being safely and effectively supported.

During this inspection we reviewed recruitment processes which were in place. We reviewed four staff personnel files and found that recruitment was safely and effectively managed within the home. This meant that all staff who were working at the home had suitable and sufficient checks in place which enabled them to work with vulnerable adults.

Supervisions and appraisals took place. Staff received the necessary training to support them in their roles and staff expressed that they felt supported on a daily basis.

During this inspection we found that weekly, monthly and annual audits and routine checks were being

completed. However it was discussed with the registered manager at the time of the inspection that improvements were needed in relation to the medication audits.

We found the environment to be clean, well maintained and free from any odour. There was an effective cleaning rota in place and there was evidence to suggest that infection control policies were being adhered to.

Health and Safety audit tools were in place to monitor, assess and improve the quality and standards of the home. This meant that people were living in a safe and well maintained environment.

The registered manager was aware of their responsibilities and had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. The registered provider ensured that the ratings from the previous inspection were on display within the home, these were also available for the public to review on the provider website, as required.

We reviewed the range of policies and procedures which were in place. Policies and procedures were all up to date, available to all staff and staff were able to discuss specific procedures and processes with us during the inspection.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Medication management systems in relation to topical creams were not safely managed.

Accident and incidents were being recorded and regularly reviewed.

Risks were assessed and managed appropriately

Recruitment practices were being safely managed.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

We have made a recommendation in relation to the temperature of the food being served.

Principles of the Mental Capacity Act, 2005 were being followed accordingly.

Staff were receiving regular supervisions and appraisals.

People were supported to have sufficient food and drink.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Medication audits require improvement.

There was a registered manager in post at the time of the inspection.

Health and safety audits were being completed and actions plans were being carried out.

Staff had a good understanding of whistleblowing and safeguarding processes.

# Green Heys 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 8 January, 2018 and was unannounced.

The inspection team consisted of one adult social care 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.

The team inspected the service against three of the five questions we ask about services: is the service safe, effective and is the service well led. This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Before the inspection visit we reviewed the information which was held on Green Heys Care Home. This included notifications we had received from the provider such as incidents which had occurred in relation to the people who lived at the home. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted. We also contacted the commissioners of the service and the local authority safeguarding team.

In addition, a Short Observational Framework for Inspection tool (SOFI) was used. SOFI tool provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

During the inspection we also reviewed specific records and documents. These included four care records of people who lived at the home, four staff personnel files, recruitment processes, staff training records, medication administration records and audits, accidents and incidents and other records relating to the management of the service.

# Is the service safe?

## Our findings

We inspected this key question to follow up the concerns found during our previous inspection in July 2017. At the last inspection we found that the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found a number of concerns in relation to medication management and the processes which were in place to safely support people receiving topical preparations.

During this inspection we reviewed medication processes and practices. We saw that medications were well organised and stored in locked trolleys in a temperature controlled room. The temperature of this room was recorded on a daily basis and was within the recommended range. Ensuring medications are stored at the correct temperature is important, as their ability to work may be affected if they are not stored correctly.

We sampled Medication Administration Records (MARs) for three people and counted their medications. We saw that all totals corresponded to what was recorded on the MARs. There were no missing signatures on the MARs. Although we identified that a number of improved practices, we still identified a number of medication systems which were not being safely managed.

Topical Medication Administration Records (TMARs) were in place for each person who needed to receive creams/ointments. Staff had been trained in this and could explain how they would apply creams/ointments and the TMARs which needed to be completed. However, when we reviewed TMARs which were in place we found that TMAR records were not being completed accordingly. For example, one person should have had their topical cream applied on a daily basis; however we found three missing entries over the period of one week. Another example included a TMAR which had not been completed for two consecutive days with no explanation as to why the cream had not been applied.

We reviewed the controlled drugs practices which were in place at the home. Controlled drugs (CD) are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation. We had received an action plan which indicated that the controlled drugs register was to be audited on a weekly basis. This was to ensure that the CD processes which were in place were safe and being appropriately monitored. We found a number of administration errors which meant the page numbers on the CD index register did not correspond with the CD page numbers which staff needed to complete when administering. This meant that people were exposed to unnecessary risks and staff were not complying with the medication policy which was in place.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received positive comments about the provision of care being provided from people and relatives we spoke with during the inspection. Comments we received from people who lived at the home included "I do enjoy living here", "So much different (from previous home) it's nice" and "It's very good." Relatives expressed "The home is lovely", "[Relative] is well looked after", "[Relative] seems settled here" and "I'm



really happy with the care."

During this inspection we reviewed how accident and incidents were recorded and monitored at the service. The process for recording and monitoring accidents and incidents had improved since the last inspection. Accidents/incidents were recorded on an internal database which was monitored by the registered and regional manager. This meant that systems were in place to analyse trends and identify where further risks needed to be managed. As well as accident/incident trends being managed there was also the introduction of daily handovers for both units which addressed accidents/incidents, current/new risks and any safeguarding concerns. This meant that all staff were aware of any significant issues or concerns which needed to be monitored and managed on a day to day basis.

The level of communication was regarded as 'safe' and staff expressed that communication systems had improved since the last inspection. There was evidence of daily handovers, communication log books for both units and regular staff meetings taking place. This meant that staff were consistently being made aware of people's health and well-being as well any changes in circumstances which needed to be monitored.

During this inspection we reviewed care records and risk assessments. We found that records were regularly reviewed, up dated with relevant information and provided staff with a significant level of detail in relation to the care and support which needed to be provided. Care plans which were in place included eating/drinking, skin condition, mobility, dietary requirements, medication and socialisation. Individual tailored care plans enabled the staff to understand and appreciate the various level of care and support needs which needed to be managed on a day to day basis.

Risk assessments and clinical tools helped staff to safely monitor people's health and well-being. For example, we saw evidence of repositioning charts to manage people's skin vulnerability, as well as nutritional risk assessments and weight charts. This meant that specialist health needs were regularly being communicated with the staff team, regularly being updated and being routinely monitored to keep people safe.

During the inspection we reviewed staffing levels to ensure there was enough staff to provide the support which people required. Staffing levels consisted of two trained nurses and nine care staff through the day and throughout the night there were two nurses and five care staff. There was also an activities co-ordinator in post, domestic staff and kitchen staff as well as a clinical lead and an administrator. There was a dependency assessment tool in place at the time of the inspection. This meant there was a system in place to assess the staffing levels needed to meet the care needs of the people living in the home.

Recruitment processes were robust. Full pre-employment checks were carried out prior to any member of staff commencing work and there were comprehensive records in place for each member of staff. Records included application forms, two suitable references, contract of employment, identification as well as the appropriate Disclosure and Barring Service (DBS) checks. DBS checks are carried out to ensure that staff are suitable to support people within health and social care settings. This enabled the manager to assess their suitability for working with vulnerable adults. Nursing staff also had the necessary Nursing and Midwifery Council (NMC) validation certificate in place. The NMC is the professional regulatory body for nurses and midwives in the UK.

We reviewed health and safety audits and checks which were being conducted at the home in order to keep people safe. Audits/checks which were regularly being completed included fire safety, legionella assessments, water temperatures and cleanliness checks. Records also confirmed that gas appliances,

electrical equipment and legionella testing all complied with statutory requirements. We also saw evidence of newly implemented pressure cushion audit checks, mattress audits and pillow audit tools in place. This meant that there was audit/checks being conducted on different specialist support which was in place to support people's health and well-being.

Infection prevention control procedures were reviewed during the inspection. It is essential that there are systems and control measures in place to ensure people are protected from avoidable and preventable infections and ensuring that environments are safe and hygienic. We saw evidence of cleaning schedules in place. This focused on bedrooms, living areas, kitchen areas and laundry areas. We also observed staff wearing personal protective equipment (PPE) such as disposal aprons and gloves as well as evidence of an infection control policy which provided guidance for staff in relation control processes and measured which need to be in place.

There was evidence of personal emergency evacuation plans (PEEPs). PEEPs are in place to ensure that staff can respond to and manage an evacuation should an emergency situation arise.

Safeguarding and whistleblowing policies and procedures were reviewed during the inspection. Staff were able to explain their understanding of 'safeguarding' and how they would report to any concerns. 'Whistleblowing' policies were also explained and understood by the staff we spoke with. They explained that this was in relation to raising concerns identified with inappropriate practice. Training records confirmed that the appropriate safeguarding training had been completed and the appropriate referrals had been made to the local authority. This meant that that people were protected from the risk of abuse.

# Is the service effective?

## Our findings

We inspected this key question to follow up the concerns found during our previous inspection in July, 2017. At the last inspection we found that the registered provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found that the registered provider was not complying with the principles of The Mental Capacity Act, 2005.

The Mental Capacity Act (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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During the inspection we found evidence that consent was gained in line with the principles of the Mental Capacity Act 2005. We reviewed mental capacity assessments and found people were appropriately assessed, assessments were 'decision specific' and the necessary DoLS application had been submitted to the local authority. We also found evidence of 'Best Interest and Advanced Care Plans' in place and when appropriate, family members and other healthcare professionals had been involved in decisions in the person's best interest.

The registered provider was no longer in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we conducted a Short Observation Framework for Inspection tool (SOFI). SOFI provides a framework to enhance observations during the inspection. We observed staff providing effective care to people who needed to be supported with their lunch time meals. Staff were attentive, responsive to people's needs and supported people in a dignified and respectful way. However, we did identify that the temperature of food was too hot to be served to some people who needed to be supported with their meals. We observed a staff member removing a plate of food out of reach of a person who had been provided with a hot meal. This meant that people were potentially exposed to risk due to the temperature of the food which was being served.

We recommend that the registered provider explores this area of risk and identifies an effective and safer approach.

Staff expressed that they felt supported in their roles and were encouraged to develop and progress in a professional capacity. The registered manager had a structured system in place to ensure that all staff were receiving the necessary supervisions and appraisals. Supervision enabled management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

Mandatory training had been completed by the majority of staff which included health and safety, fire safety, safeguarding and moving and handling. Other specialist training which had been sourced included dementia awareness, pressure care, 'React to Red' (Vulnerable skin training) and MAPA (Management of Actual or Potential Aggression). Staff who did not have the necessary qualifications were also enrolled on the 'Care Certificate'. The 'Care Certificate' was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The 'Care Certificate' is a new set of minimum standards that should be covered as part of induction training of new care workers.

During this inspection we reviewed how people's nutrition and hydration support needs were assessed and monitored. People had the necessary eating/drinking care plans in place which indicated whether or not they needed to have their nutrition/hydration and weight monitored. We saw evidence of the appropriate clinical assessment tools being completed by staff such as nutritional risk assessments and weight management records.

The home had partnered with external caterers who produce healthy and nutritional meals. They offer a variety of different meals which can be individually tailored to meet the needs, preferences, likes and dislikes of the people who were living at the home. Some of the comments we received included "It's very good", "I like the food" and "My [relative] eats the food and [relative] is very fussy."

During the inspection we observed the environment and found that improvements were still required in a number of areas. The décor of the home was regarded as being "tired" the environment needed to be improved in order to support people who were living with dementia. We did see that some cosmetic improvements had begun and the registered manager explained that bedroom doors were being painted as a measure to support people who were living with dementia. Different contrasting walls and doors throughout the home could offer people support with their orientation and safety.

## Is the service well-led?

### Our findings

We inspected this key question to follow up the concerns found during our previous inspection in July 2017. At the last inspection, we found that the provider's quality assurance processes and systems were not robust in light of our findings in respect of the breaches which were identified in relation to regulation 11 and regulation 12.

During this inspection we found that the registered provider had taken positive action to address the breaches identified at the last inspection in relation to regulation 11 however we found that there was still a breach of regulation 12 'Safe Care and Treatment'.

There was a registered manager at the home at the time of the inspection. They had been registered with the CQC since July, 2017. They understood how and why they needed to be providing a service which was compliant with Health and Social Care regulations as well as understanding the responsibility which came with the role of 'registered manager'.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for the home was displayed for people to see as well as the rating also being displayed on the website. Statutory notifications were also submitted in accordance with regulatory requirements.

During the inspection we looked at the quality assurance systems and auditing processes which were in place. We saw a range of different audits and checks which were being completed in number of different areas. Audits and checks were being completed on areas such as care planning, health and safety, infection prevention control, accident and incidents, maintenance management and medication. Although the area of 'quality assurance' had improved we identified that medication audit systems were not as robust as they should have been.

Medication audits were not identifying the areas which had been raised in relation to TMARs and were not identifying areas of development and improvement which needed to be addressed. We discussed this with the registered manager at the time of the inspection and were informed that medication audit systems would be addressed.

During this inspection, we reviewed a number of health and safety checks which should be conducted in order to maintain the level of safety standards which are required. There was a variety of different health and safety checks in place which meant that people were living in safe, well maintained and hygienic environment.

Staff we spoke with were complimentary about the registered manager. Some of the comments we received included "The management are really approachable, they listen to you and support you", "We're definitely

supported, yes" and "We're a great team here, it's a lot more structured now." Relatives also expressed "[Manager] is supportive of the whole family", "The home is well-led" and "[Manager] is approachable."

Communication and recording systems had been developed since the last inspection. Staff were familiar with the care needs of the people they were supporting and were able to identify specialist care which was being provided when they were asked for examples during the inspection. Daily handovers, communication logs, team meetings, supervisions and daily contact notes were all in place and staff were able to refer to updated care plans and risk assessments which were in place.

Staff meetings were regularly taking place amongst the staff team. Staff expressed that the level of communication had improved and they would always be made aware of any changes in people's health and well-being as well as any risks which needed to be managed. Meeting agenda items included care plans and risk assessments, staff induction, medication, accidents and incidents and safeguarding incidents.

We reviewed the different policies which were in place at the home. Policies are in place to provide clarity for staff when dealing with issues which could be critical importance. Policies we reviewed had recently been updated and included safeguarding, confidentiality, medication, health and safety and supervision policies. Staff were aware of the range of different policies which were in place and were able to explain their understanding of specific policies when they were asked.

'Resident and Relative' meetings were taking place as a measure to gain feedback about the home, what was working well and what improvements could be made. 'Resident and Relative' meetings looked at areas such as activities, quality and standard of food, standard of care and staffing.

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  Medication systems and processes were not safely in place to monitor and manage the application of topical preparations (creams)