

# Methodist Homes Greenways

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 3 and 7 November 2016 and was unannounced.

Greenways provides care and accommodation for up to 44 people and there were 41 people living at the home when we inspected. These people were all aged over 65 years and had needs associated with old age and frailty as well as dementia.

The home is purpose built. All bedrooms are single and have an en-suite toilet. The accommodation is divided into four units over three floors. Each unit has its own lounge-dining room with a small kitchen. There is a main lounge area and accessible gardens with tables and chairs for people to use. A passenger lift is provided so people could access the first and second floor.

The service did not have a registered manager. At the time of the last inspection the service had a manager who had applied for registration with the Commission. Since that time this manager was registered with the Commission but has now left the service. There was a new manager in post who was applying for registration with the Commission. 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 service has had a higher than expected number of errors in medicines procedures as well as a higher number than expected safeguarding and whistleblower alerts. The local authority confirmed these were dealt with by the provider and this inspection found any complaints or concerns were fully investigated and action taken where needed. The safeguarding team said the staff were diligent in raising any safeguarding alerts and described the service as, "One of the better homes."

The management of the service demonstrated a commitment and motivation to meeting the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, the provider had not fully addressed the areas we identified as being in need of attention at the last inspection. We asked the provider to complete and return an action plan regarding the two requirements made at the last inspection but we did not receive this.

At the last inspection we found procedures for the handling and administration of medicines were generally safe with the exception of a lack of care plan instructions when people needed to take 'as required' medicines. When topical creams were administered staff did not always record this in the medicines administration records. This was in breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we asked the provider to complete an action plan of how this was to be addressed, but we did not receive this. At the inspection we found medicines procedures were generally safe but there were some exceptions to this. We have made a recommendation about the management of some medicines.

Whilst the provider used a staff dependency tool to assess the staffing levels needed to meet people's needs we found people were not always adequately supervised by staff so they received the right care and attention. We identified odours caused by urinary incontinence in a number of areas including bedrooms and corridors. The provider had also identified this as an area for improvement and had plans to address this.

At the last inspection we found the service was not working in accordance with the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Appropriate capacity assessments were not carried out when people could not consent to their care and treatment. This was in breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we asked the provider to complete an action plan of how this was to be addressed, but we did not receive this. At this inspection we found this regulation was now met.

Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. People said they felt safe at the home.

Care records showed risks to people were assessed and there was guidance of how those risks should be managed to prevent any risk of harm. The provider monitored and checked any falls and other areas of risk to people which enabled action to be taken to reduce the likelihood of people being injured.

Staff recruitment procedures ensured only those staff suitable to work in a care setting were employed.

Staff had access to a range of training courses including nationally recognised qualifications in care such as the National Vocational Qualification (NVQ) and the Diploma in Health and Social Care. The previous inspection report referred to the provider identifying that not all staff received adequate supervision with their line manager and had plans to address this. At this inspection we found progress had been made on this but there were still some staff who had not received regular supervision.

There was a choice of food and people were complimentary about the meals. People's nutritional needs were assessed and arrangements made so those at risk of malnutrition or dehydration were adequately supported. Since the last inspection the manager had introduced a snack and drinks station where people could help themselves to biscuits, fruit as well as hot and cold drinks.

People's health care needs were assessed, monitored and recorded. Referrals for assessment and treatment were made when needed.

Staff were observed to treat people with kindness and respect. People were able to exercise choice in how they spent their time. Staff demonstrated concern for people's well-being and supported them when they were in discomfort or distress. Since the last inspection the manager had introduced specialist 'toys' for people who live with dementia which were effective in engaging with people in a meaningful way. The previous inspection report referred to a lack of clarity regarding choices of people regarding the gender of the care staff providing personal care. We have made a recommendation about involving people in making choices about their care.

People said they were consulted about their care and care plans were individualised to reflect people's choices and preferences. Each person's needs were assessed and this included obtaining a background history of people. Care plans showed how people's needs were to be met and how staff should support people. We identified some care plan reviews needed to be updated.

There were a range of activities for people and a schedule of activities for the week was displayed in the entrance hall. The provider was in the process of recruiting additional staff to provide further activities for people. People's individual social and recreational needs were assessed.

The complaints procedure was available and displayed in the entrance hall. People said they had opportunities to express their views or concerns and gave examples of when their requests for changes were responded to. The provider informed us there were 13 complaints in the last 12 months. There were records to show how these were looked into and any actions taken as a result of the complaint.

The staff, people and health and social professionals described the new manager as supportive and approachable as well as taking a lead role in driving improvements at the service. The provider had systems to obtain the views of people and their relatives about the quality of the service. A number of audits and checks were used to check on the effectiveness, safety and quality of the service. Actions identified at the last inspection were not addressed in full.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## 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.

Sufficient numbers of staff were not provided to meet people's needs.

People were protected against the risks associated with medicines. The provider had appropriate arrangements in place to manage people's medicines safely, but we also identified areas in need of improvement.

The service had policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Risks to people were assessed and guidance recorded so staff knew how to reduce risks to people.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff were trained in a number of relevant areas and had access to nationally recognised qualifications in care. Staff received supervision and appraisal, although this was not always consistent.

Staff were trained in the Mental Capacity Act 2005 and assessments were carried out where people did not have capacity to consent to their care and treatment.

People were supported to have a balanced and nutritious diet and there was a choice of food. Arrangements were made to assess and support those at risk of malnutrition or dehydration.

Health care needs were monitored. Staff liaised with health care services so people's health was assessed and treatment arranged where needed.

**Good** ●

### Is the service caring?

The service was not always caring.

**Requires Improvement** ●

The provider had not acted on the findings of the last inspection report. It was unclear if people were offered choices in the gender of the staff who provided personal care and whether they were offered a key to their bedroom door.

Staff treated people with kindness, respect and with dignity.

People were consulted about their care.

Staff promoted people's privacy and people were supported to exercise choice in how they spent their time.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed and reviewed, although some reviews had not taken place in line with the provider's policy. Care plans were individualised and reflected people's preferences.

There was a daily activities programme for people, which the provider was looking to extend.

People were aware of the complaints procedure and knew what to do if they were dissatisfied. Records showed complaints were looked into and acted on.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well-led.

There was a new manager who was committed to making improvements to the service people received. The provider did not have effective systems for ensuring the quality and safety of the service and for making improvement. Areas identified as in need of improvement at the last inspection had not been fully implemented.

The provider sought the views of people and staff regarding the quality of the service and to check if improvements needed to be made.

# Greenways

## 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. The inspection checked 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 3 and 7 November 2016 and was unannounced.

The inspection team consisted of an inspector, a pharmacy inspector, a Specialist Advisor in dementia care and an Expert by Experience, who had experience of services for older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

During the inspection we spoke with 12 people who lived at the home and to four relatives. We also spoke with seven care staff, the manager and the chef as well as the provider's regional management who were: the area manager, the Quality Improvement Manager and the Quality Business Partner. We spoke with a community nurse and a member of the local authority safeguarding team who gave their permission for their comments to be included in this report.

We spent time observing the care and support people received in communal areas of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at the care plans and associated records for six people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints. Staff records were reviewed, which included checks on newly appointed staff and staff supervision records.

This service was last inspected on 12 and 13 October 2013 when we found two breaches of the Regulations.

# Is the service safe?

## Our findings

The staff and provider told us there have been improvements regarding the use of agency staff from 200 to 20 hours per week. Despite this improvement the service did not always deploy staff in adequate numbers so that people were safe and their needs met. At the last inspection there were 39 people at the home and eight care staff and two senior staff were on duty from 8am to 8pm. At this inspection there were 41 people with six care staff and two senior care staff on duty from 8am to 8pm. This represented a 25 per cent reduction in care staffing levels when the numbers of people had increased by two. The area manager said this reduction was based on an assessment of people's needs to determine how many staff were needed. . The staffing levels at this inspection were not sufficient. This was based on what staff and people told us as well as our observations. Three care staff said they did not think there were enough staff to meet people's needs. One staff member said there were occasions when they were left alone in one of the units when three care staff should have been on duty. Another staff member said staffing levels had fallen below the planned number for the week before the inspection, which was not supported by the staff rota or discussions with the management team. One person said, "Staff take a long time to come to my room when I press my buzzer, I'm scared I might have an accident if I need the toilet." However, staff said they had a 'pager' to alert them when people asked for help using their call point and the provider monitored the times and responses of staff when people used their call point.

We observed one person walking alone in the garden with a walking frame holding a blanket around their neck, calling, "Can someone help me?" No staff were available so the member of the inspection team brought the person back inside. During the lunch we observed staff were not always available to support people in one of the dining rooms units as they were busy taking food to people in their rooms. One staff member took their lunch break during this busy time which reduced the staffing levels. It was not clear why the staff took their lunch break at this time and did not take it either before or after this busy period. One person and a relative expressed the view that there weren't enough staff. The relative said there were sometimes delays in getting people up in the morning as there were not enough staff and one person said staff were often too busy to stop and chat which made them feel socially isolated.

Sufficient numbers of staff were not always deployed to ensure people were safely cared for and their needs met. This is in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home was generally clean and tidy. People and their relatives commented that the home was kept clean. There were instructions for staff to follow regarding hand hygiene procedures and infection control training was provided to staff. Odours caused by urinary incontinence were noticeable in some bedrooms, corridors and some communal areas. The provider was aware of this and had plans to replace flooring in certain areas and had instructed cleaners to use carpet cleaners which we observed being used in the home. The provider had not taken sufficient action to ensure adequate cleaning took place to combat odours caused by incontinence. This is in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection on 12 and 13 October 2015 we found the provider was in breach of a Regulation associated with the safe administration of medicines. We asked the provider to submit an action plan of how this was being addressed but we did not receive this. At this inspection we found action had been taken by the provider and this regulation was generally met but there were still areas where improvements were needed.

Three people were self-administering a few of their medicines. However, risk enablement assessments were only available for two of these people. Two people were prescribed medicines "for the management of restlessness" on an "as required basis". However, only one person's well-being plan referred to the relevant "if required" medicine protocol. We recommend action is taken to address these omissions in care plans regarding people receiving their medicines safely.

Staff stored medicines securely. We saw that controlled drugs, which are medicines that require a higher level of security, were now stored in a cupboard that complies with the legislation. Temperature records were kept for medicines, including those requiring refrigeration. These records indicated medicines were stored within their recommended temperature ranges. Each person's medicines administration record (MAR) or care plan contained information about allergies, "when required", "variable dose" and "how I like to take my" medicines. The "when required" plans additionally detailed a person's ability to communicate their need or alternate methods, if they were unable to verbalise their need.

Staff used MARs to record when medicines were administered. A care worker explained how they applied creams to people as part of their personal care. We viewed cream administration records for three people with a care worker. These records indicated the name of the product, where and when the creams were to be applied. Staff signed when creams had been applied to people.

We reviewed the care plans and records for three people prescribed medicines that required blood monitoring. These records contained test results, subsequent scheduled tests, the exact dose to administer and how to escalate their care if they showed signs of an adverse reaction. Therefore ensuring staff responded appropriately if an adverse reaction to the medicine occurred.

The provider carried out audits of medicines procedures and looked into any errors in the safe administration of medicines to people. Between July and October 2016 errors in the administration of medicines ranged from two to five per month. There were actions plans in place to address these omissions such as additional staff training.

People told us they felt safe at the home and that they received safe care. One person, for example, said, "On the whole I feel safe." This was also the view of the relatives we spoke with. For example, a relative said how staff made regular checks on people, adding, "All of the people here are lucky to live here."

Staff were trained in procedures for reporting any suspected abuse or concerns. The provider told us this training was included in the induction training for new staff as well as taking place every 12 months. The training was provided to all staff including care staff, housekeepers and kitchen staff. Staff were aware of the different types of abuse which might occur such as physical, psychological and financial. Staff said they would report any concerns to their line manager and knew they could access safeguarding procedures in the home. Staff were aware they could reports any safeguarding concerns to the local authority safeguarding team. The service had policies and procedures regarding the safeguarding of adults. We spoke with the local authority safeguarding team who told us the provider appropriately raised any concerns with them, were open and transparent in looking into them and put measures in place to address any actions. The local authority safeguarding team told us they were reassured that any concerns or complaints were dealt with in a satisfactory way.

Risks to people were assessed and recorded. These included assessments of the risk of pressure areas developing on people's skin. There were corresponding care plans which set out actions the staff were taking to minimise the risks such as how often people needed to be turned or moved when they were seated or in bed. Staff completed charts to record how often this occurred, which were in line with the care plan instructions. Details were also recorded regarding the use of equipment to alleviate pressure areas such as specialist mattresses and cushions. These assessments were reviewed on a monthly basis, but we identified there were occasions when this had not taken place. For example, one person's pressure area risk assessment called a 'Waterlow' was reviewed each month but this had not taken place in September and October. Another person's Waterlow assessment had not been updated since August 2016. This meant any changes in risks to people from pressure injuries may not have been identified. There were also risk assessments regarding falls and for the moving and handling of people. Care plans gave details of equipment such as pressure mats which alerted staff when those at risk of falling got up in the night. There were care plans regarding mobility and dexterity for individual people, which gave detailed guidance for staff on how to safely support people. We observed staff assisting people with their moving and handling needs: the staff were careful to support people safely and explained to people what they were doing. Where people had experienced a fall an accident report was completed, which included a review of the incident and action to prevent a reoccurrence. The provider's regional management team showed us the system for monitoring incidents such as falls, weight loss and skin damage for pressure areas. This involved completion of reports to the regional business team who then compiled a management plan of how to address the area of risk. For example, data regarding falls was compiled, which was analysed and an action plan devised to reduce the number of falls. The regional manager showed how this had been effective in reducing the number of falls to people.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. There was a record of staff being interviewed to assess their suitability for the post. Each staff member completed a 'probationary' period when they started work when their abilities and suitability to continue their employment were formally assessed.

Checks were made by suitably qualified persons of equipment such as the passenger lift, gas heating, electrical wiring, hoists, fire safety equipment and alarms and electrical appliances. Each person had a personal evacuation plan so staff knew what to do to support people to evacuate the premises. First and second floor windows had restrictors on them to prevent people from falling out. Temperature controls were in place to prevent any possible scalding from hot water. Radiators had covers on them to prevent any possible burns to people. Call points were installed in each person's room so they could summon help from staff.

## Is the service effective?

### Our findings

At the inspection on 12 and 13 October 2015 we found the provider was in breach of a Regulation associated with the Mental Capacity Act 2005 (MCA) as applications were being made to deprive people of their liberty called Deprivation of Liberty Safeguards (DoLS) without assessing whether people had the capacity to agree to where they lived. Where assessments of capacity had been carried out they were incomplete. We asked the provider to submit an action plan of how this was being addressed but we did not receive this. At this inspection we found action had been taken by the provider and this regulation was now met.

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). At this inspection we found the provider had taken action to ensure the capacity of people was assessed where needed and prior to any DoLS application. At the time of the inspection one person was subject to a DoLS and applications to the local authority had been made for a further 16 people. Where people did not have capacity to consent to their care and treatment appropriate arrangements were made for decisions to be made on behalf of people called 'best interests' decisions.

Staff were trained in the MCA and were aware of the principles of the legislation. Care plan and care plan reviews showed people were consulted about their care and had signed to agree to the arrangements for their care and treatment. People said they were consulted about their care and that their views were incorporated into how they received their care. Staff were observed asking people what they wanted to do and how they wanted to be helped.

At the last inspection on 12 and 13 October 2015 we found staff did not always receive adequate supervision and appraisal of their work but that the provider and manager had introduced a plan to ensure this was addressed. We made a recommendation about this. At this inspection we found staff supervision had improved and that most staff received supervision with their manager. A further period of consolidating was needed to ensure all staff received supervision and appraisal of their work. For example, one staff member said the supervision sessions with their line manager had, "been a bit poor" due to the period where there was no manager or deputy manager. Another staff member said they felt, "Very supported" by the manager who they described as, "Very helpful," but also said they did not have a one to one supervision. Records showed this staff member's last supervision took place in March 2015. Other staff told us they met regularly with their line manager when they were able to discuss their work. Staff also said they received an induction when they first started work which they said was thorough and prepared them well for the role of care staff. The provider acknowledged improvements were needed to ensure each staff member received regular supervision and had devised a plan for this purpose which the area management team said would be checked on a regular basis.

People said they were satisfied with the standard of care provided by the staff. For example, one person said, "They are very good to me," and another person said, "I am looked after very well." A relative also said the staff were skilled in providing the right care to people. A health and social care professional said the staff team had a variable skill level and had a basic knowledge of how to provide care which the manager and provider were looking to build on.

Newly appointed staff received an induction to prepare them for their role. A recently appointed staff member said the induction was sufficient to give them the knowledge of how to look after people and described the induction as thorough. The process of induction was planned and divided into areas to be covered over several weeks. This included training in fire safety, safeguarding and moving and handling. We saw completed induction records for staff who had recently started work at the service. Newly appointed staff enrolled on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. The induction also involved newly appointed staff working with experienced staff in a 'shadowing' role. The induction procedure included observational assessments of staff competency.

Staff confirmed they had access to a range of training courses. Some staff were trained so they could train other staff in caring for people who lived with dementia and in challenging behaviour. The provider monitored staff training on a spreadsheet matrix which gave details of when individual staff had completed training considered essential to their role. This included dates of when the training needed to be updated. These included first aid at work, infection control, food hygiene, fire safety, the values of care, challenging behaviours, dementia awareness, care planning and moving and handling. New staff completed a range of training such as end of life care, nutrition awareness, pressure ulcer prevention and diversity and inclusion. Sixteen of the 34 care staff team were qualified to National Vocational Qualification (NVQ) levels 2 or 3. The management and seniors were able to complete NVQ 4 or 5 in management. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

The competency of staff was assessed regarding practical skills, such as personal care including nail care, eye care, oral care and bed making. A manager entered their signature on the training record to acknowledge the staff who had completed this. Staff competency skills were also assessed regarding medicines procedures. This involved an observation that staff were competent in medicines procedures which was recorded. Where there were errors in the administration of medicines, records showed staff underwent additional supervision and assessment.

People said they liked the food. For example, one person said, "I always enjoy my meal. The food is fine. Freshly cooked." Another person said, "We have a bit of extra if we need it." People had a choice of food which was displayed on a notice board in each of the dining rooms.

We observed the lunch in one dining room on both days of the inspection and in another two dining rooms. It was clear that the meal was not well organised in the unit where people lived with dementia. Staff were patient and flexible when people did not like the food or were reluctant to eat. In these circumstances staff offered people a different meal which the chef cooked according to the specific wishes of people. Staff generally provided support to people at the meal times. This was often by prompting people to eat or cutting food up or asking people if they would like something else. We did, however, observe staff were rushed in one of the dining rooms as staff also had to take meals to people in their rooms and to support them. On one day we saw one person was overlooked by staff and was not offered support to eat their main course. A staff member also took a lunch break during this busy period and it was not clear why a break was

taken either before or after the busy meal time. Following the inspection the provider confirmed arrangements were made so an additional staff member was on duty at lunch time.

People's dietary and nutritional needs were assessed when they were admitted to the home as well as their preferences. Each person's risk of malnutrition was assessed using a recognised assessment called a malnutrition universal screening tool (MUST). Nutritional assessments were completed and people's weight monitored so action could be taken if people's weight changed. Referrals were made to the dietician where people had lost weight or were at risk of malnutrition. Where needed food and fluid charts were completed to ensure checks were made that people ate and drank enough.

Since the last inspection the manager has introduced a snack and drinks 'station' where people could help themselves to biscuits, fruit and hot and cold drinks. We observed people who were at risk of malnutrition helping themselves to snacks.

People's health care needs were monitored and each person had a support plan regarding their health care, which was reviewed each month. People and relatives said staff contacted the GP when any medical need arose. Records showed staff referred people for medical assistance when it was identified people needed medical input. This included contacting community nursing services and people's GP. Records of any appointments people had with health care services were recorded.

Relatives said the purpose built environment promoted people's needs being met as there was space for people to move around without being unnecessarily restricted. Reference was made to the home being subdivided into units which helped create a homely atmosphere. The garden was well maintained and was used by people.

## Is the service caring?

### Our findings

People said the staff were caring and treated them with kindness. For example, one person said of the staff, "They are all very pleasant." Another person said staff were always polite and friendly. A relative said, "All the care staff are lovely." People said they were able to spend their time as they wished and that their preferred routines were acknowledged by staff, such as where to spend their time and when to get up and go to bed. However, one person said they felt isolated and would like to get out of their room more and another person said they also felt isolated adding that the activities were mainly for people with dementia. A health care professional said the care staff treated people with respect and were polite.

Staff treated people with kindness and compassion as well as being patient with them. We spent time observing staff with people in several dining areas and during an activities session in the main lounge. Staff were aware of people's needs and preferences and spoke to people calmly. Staff offered people choices in where they ate their meal and what they wanted to eat.

Staff were observed paying attention to people who were either unsettled or agitated. When people became distressed we observed staff responded to this by taking time to talk to the person to find out what was wrong and provided reassurance in a warm manner. People's care plans included details about supporting people with their emotional needs.

The last inspection report referred to people being able to choose if they had a male or female care worker to provide personal care. We commented that any preference made by people was not recorded. At this inspection we asked two people if they were able to choose whether they could have a male or female care staff for personal care. One person said they were never offered a choice but said, "You can object if you want to." We discussed this with the service's management team who said people were able to choose but this was not recorded. In view of the comments made by people and this being raised in the last inspection report we recommend this is more formally assessed so people's choices and preferences are taken account of.

People said they were consulted about their care and copies of people's care plans were held in their rooms so people could see them. There was a record in care plans to show people were consulted and involved in decisions about their care. There was information in people's care plans about their background and preferences in their daily lives so staff had information about people's individual lifestyle choices.

Staff demonstrated values of compassion and of treating people with respect. For example, staff said they treated people as they would treat a member of their own family. A senior care staff member said they promoted this ethos with the staff they supervised and felt this was reflected in how the staff team treated people. Staff told us their own values were of treating people with respect and dignity and to promote people's independence and privacy. Staff also said it was important to allow people to maintain their independence and for people's spiritual needs to be met. Care plans included details of the personal care tasks people could do themselves and what support staff needed to provide.

People's religious needs were provided for. Christian services and Bible reading classes were provided by a Chaplin. The Chaplin said other religious denominations would be catered for if people had a different religion.

People's privacy was promoted by the staff. We observed staff knocking and waiting before entering people's bedrooms and people said staff always did this before entering their bedroom. People also said they were able to be private as they had their own room and their own en-suite toilet. They also said that staff ensured their privacy when they supported them to have a bath.

The previous inspection report stated that it was not clear from discussion with the manager and service manager if people were offered a key to their bedroom door so they could exercise privacy and security; there was no record of this being offered to people. This lack of clarity was also evident at this inspection. The current management team who said people are able to have a key to their bedroom door but were unclear if this was ever offered to people. There were no records in people's care plans to show if people were ever asked this. We asked people if they were ever offered a key to their room and they were not clear if this was available or if this was ever discussed with them.

## Is the service responsive?

### Our findings

Relatives and people said they were generally satisfied with the standard of care provided by the staff. For example, people said staff looked after them well. We observed people were clean and well groomed. People said the care reflected their needs and preferences and one person told us how they sometimes decided they did not want help with personal care which staff acknowledged. People said they were consulted about their care and took part in discussions about their care needs at reviews.

Each person's needs had been assessed and these were used to devise a personalised care plan which reflected people's needs and preferences. This included an assessment of the person before they were admitted to the home so a decision could be made about whether the person's needs could be met. Care records also included copies of social services' assessments completed by referring social workers. This provided the staff with information so care needs could be ascertained.

A personal profile was completed for each person, which included details of the person's background and preferences, such as sleeping routines so staff knew how to plan and deliver care. Care plans also included information on people's preferences for food, how they wished to be supported with personal care and daily routines. There were care plans for personal care, which included specific details of how staff should support people. These also incorporated tasks which people could do for themselves regarding their personal care and what staff needed to help people with. Mental health needs were assessed and care records included areas of mental health which people needed support with. Care records showed how people were supported with pressure areas on their skin and how these had improved since living at the home. Assessments and care plans were not always reviewed in line with the provider's policy that this should take place monthly. The provider and manager were aware of this and were looking to update each person's care plans.

People's social and recreational needs were assessed. An activities coordinator was employed and there was a notice board of activities for people. We spoke to the activities coordinator who had a good knowledge of people's needs and what social and recreational activities they liked. The activities coordinator provided group activities as well as one to one time with people such as playing board games. People had a printed copy of the activities programme. People confirmed there were activities each weekday and said they were able to choose whether they attended or not. One person said the activities could be improved as they were mainly for people with dementia. Another person said they would like to get out of their room more and said they were not supported to go to the lounge since suffering an injury. We observed an entertainment session in the main lounge where a singer performed on the second day of the inspection. The provider was recruiting another activities coordinator so the activities programme could be extended; activities were not provided at the weekends. Relatives told us they considered the provision of activities was good. People were observed with visitors such as family members. There were no restrictions on when people could receive visitors.

Since the last inspection we identified improvements had been made by the introduction of a specialist 'toy' cats and a doll. People who lived with dementia were observed interacting with these toys in a meaningful

way which alleviated their distress by providing simulation and occupying their time. The staff said this equipment had been effective in helping those living with dementia. The service had links with local health and social care services for people living with dementia, which included forthcoming guidance on how to improve the quality of life for people.

Relatives told us they were able to raise any issues or concerns at the relatives' meetings. The complaints procedure was displayed in the hall and people said they knew what to do if they had a concern by speaking to the manager. Both relatives and people confirmed the manager and staff looked into any issues raised and resolved them to their satisfaction.

In the last 12 months there have been 13 complaints made to the service. Records were maintained of these complaints along with details of how they were investigated and the outcome. The provider's Quality Business Manager was aware of each of the complaints and explained actions taken as a result of complaint investigation, such as referrals to other agencies for medical assessment or consideration by the safeguarding team.

## Is the service well-led?

### Our findings

The previous inspection report made two requirements for breaches of regulations regarding the safe management of medicines and procedures where people did not have capacity to consent to their care. We asked the provider to send us an action plan of how and when these would be dealt with but did not receive this. The provider was unable to find a record of the action plan or any evidence it was ever sent to the Commission. The requirement made in the last inspection report regarding the safe administration of medicines had not been fully actioned. Where we made comments and a recommendation in the last inspection report we found at this inspection these were not fully addressed, such as staff supervision and being able to demonstrate people's preferences for a male or female care staff were assessed.

The provider did not have systems or processes established to effectively ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to assess, monitor and improve the quality of services it provided. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There has been a period where the service has lacked consistent management. Since the last inspection a manager had registered with the Commission but has now left. There was a new manager in post who had applied for registration with the Commission. Staff commented on the lack of leadership at the service in the recent past and referred to periods where there was no manager or deputy manager. Staff, people and relatives commented that the new manager was driving improvements at the service. The new manager was motivated to improving the quality of the service. Staff said they felt supported by the new manager who they described as approachable, reliable and responsive. We observed staff, relatives and people responded positively to the new manager.

The Quality Business Partner stressed the provider's culture of being open and transparent as well as committed to making improvements. We found the provider's area managements team motivated to implementing changes and improvements in recognition of the identified issues at the service such as the higher than higher than expected number of complaints and inconsistency in the management.

People said they had opportunities to give their views on the service and the provider actively sought people's views in order to improve the service so that it met people's needs and wishes. People said they completed a satisfaction survey where they could say what they thought of the service. People also said they attended the residents' meetings where they could discuss items such as the menu plans and activities. People gave examples of where the staff responded to their requests they made at the meetings, such as food, activities and the format of the residents' meetings. Relatives were also positive about the meetings they attended said the management of the service was responsive and approachable.

Staff said staff meetings allowed them to communicate their views about the policies and procedures in the home as well as to discuss arrangements for meeting people's needs. However, not all staff said their views were listened to and acted on.

The values of the service were set out in the provider's mission statement which included treating with respect, dignity and as individuals, as well as nurturing people's body, mind and spirit so they had a fulfilled life. These values were demonstrated by staff who told us the importance of treating people well and with respect and dignity. We observed these values when staff interacted with people.

The provider used a number of quality assurance methods to check and assess the safety and standard of the service provided to people. These included health safety, fire safety risk assessments, fire safety and legionella checks. Risk assessments were also carried out of the environment and there were personal evacuation plans for each person so staff knew how to support people should the building need to be evacuated. Audits were also carried out of care plans and equipment such as first aid kits and mattresses. Specific incidents were recorded collectively such as falls, changing body weight and pressure areas, so any trends could be identified and appropriate action taken. This information was submitted to the provider's regional management team that the data could be looked at to identify and trends and actions plans established to address any concerns about people's welfare.

An annual comprehensive assessment was carried by the provider. This involved a representative of the provider spending up to three days at the service to complete the assessment. The Quality Business Manager told us the provider set a pass mark of 85% of this audit and that Greenways scored 71% in August 2016. A follow up assessment was due to take place in November 2016. The provider used a traffic light system of red, amber or green regarding the standards and risks at the service. The Quality Business Manager told us this was red in August but had improved to amber following action being taken.

The staff and management had effective links with health and social care professionals regarding the care of individual people and for gaining advice on how to improve the quality of life for people living with dementia.

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  The premises were not kept clean so that unpleasant odours were eliminated Regulation 15 (1) (a)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have systems established and operated to ensure compliance regarding the assessment, monitoring and improvement of the service as well as submitting action plans when requested.  Regulation 17 (1) (2) (a) (3)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Sufficient numbers of staff were not deployed to meet the needs of service users. Regulation 18 (1)