

Leonard Cheshire Disability

# Greenacres - Care Home with Nursing Physical Disabilities

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### People's experience of using the service

People spoken with told us that the service provided was good they felt safe living there. People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible.

The policies and systems in the service supported this practice. People continued to be supported by a committed and enthusiastic staff team who delivered care with kindness, respect and understanding. Staff were aware of people's equality and diversity needs and endeavoured to meet them. The service was responsive to people's individual's needs. Reviews were completed in response to people's choices and specific needs. People's needs were regularly reviewed to ensure the care provided was up-to-date. Care plans included information to ensure people's communication needs were understood.

Staff had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff knew what action to take if they identified any safety concerns during their work. General risks and risks to individuals were identified and action continued to be taken to reduce them, as far as possible.

Medicine was administered as safely as possible. Qualified nurses followed the medication procedure, completed medicine care plans and recorded medicine administration. We found that care plans had details about medication and how to support people.

Staff had received ongoing training to ensure that their skills were updated with current knowledge. The service followed a recruitment process which ensured staff were recruited safely.

The service worked closely with health and other professionals to ensure people's needs were met in the best way possible.

The quality of care the service provided was continually assessed, reviewed and improved. More information is in the detailed findings below.

### Rating at last inspection:

Requires improvement (report published 11 October 2017 ) At this inspection, we found the registered manager did not always tell us about specific events they were legally required to notify us about. The registered manager had not notified us when people's liberties were restricted. Since the last inspection the registered manager has made the necessary improvements and notify us of event that they must send to us by law.

### About the service:

Greenacres is a care home for people with physical disabilities. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were

looked at during this inspection. At the time of the inspection 30 people lived there.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Why we inspected:

This was a planned comprehensive inspection.

Enforcement:

No enforcement action was required.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Greenacres - Care Home with Nursing Physical Disabilities

## **Detailed findings**

## Background to this inspection

### The 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 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.

### Notice of inspection:

This inspection was unannounced.

### Inspection team:

The inspection was completed by one inspector. The inspection site visit activity started on 28 January and was completed on 29 January 2019.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Service and service type:

Greenacres is a care home for people with physical disabilities. At the time of the inspection 30 people lived there in a 33 bedded home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

### What we did:

We reviewed information we had received about the service since the last inspection. This included details

about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we looked at a range of records, including surveys from people who lived there, relatives and visiting professional. Four people's care records. Records of accidents, incidents and complaints. Audits and quality assurance reports the provider uses to monitor the service provided. We spoke with four people who lived there, two relatives Three members of staff two nursing staff and the registered manager.

# Is the service safe?

## Our findings

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe with the staff that supported them and the environment they lived in.
- The provider had effective systems for reporting concerns. All staff spoken with told us that they knew who they could contact if they had concerns, including internal and external agencies. One person told us, "I have lived here for many years I don't think I would be safer anywhere else, I am happy and staff treat me very well".
- Staff had received safeguarding training and knew how to recognise abuse and protect people. One member of staff told us "I have never had concerns here but I would report things to the manager or the local authority if no-one listened to me and have done so in the past."

Assessing risk, safety monitoring and management.

- The provider had systems in place to protect people using the service. This included personalised risks assessments associated with people's ailments, equipment, environment and health care.
- All equipment used by people was checked regularly to ensure safe use. People spoken with told us, staff were conscientious about making sure that they were safe and all confirmed that regular reviews took place. All staff told us and records confirmed training was provided to ensure staff had the skills and knowledge to support people.

Staffing and recruitment.

- People continued to be supported by staff who were safe and suitable to work with them. The recruitment processes were followed. They included safety checks such as Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with people in a care environment and application forms were fully completed.
- The service remained appropriately staffed to meet people's needs safely. All staff confirmed that the appropriate checks were made and staff confirmed staffing levels enabled them to support people. People spoken with felt there were enough staff because when they called for assistance, staff were available. All people spoken with told us if they needed assistance then staff were available. Our observation showed staff were responsive to people needs, when people needed their support.
- The registered manager told us that a recruitment drive was currently in progress to ensure staffing levels remained adequate to meet people's care needs.

Using medicines safely.

- People spoken with told us that they had their medicine on time. One person told us, they [staff] give me my medication on time, if I need anything I can ask, like a paracetamol, they check to see if this will interfere with any other of my medication".
- Medicines were stored securely within the right temperature to prevent deterioration of medicines. The electronic monitoring system used prevented any errors occurring. The registered manager told us, "Medicines are only administered by qualified nurses". This ensured medicines were administered as prescribed by a qualified person. Homely remedies were available if required and the same principles

applied.

Preventing and controlling infection.

- Staff had received training in infection control and procedures were in place to prevent cross infection, for example the use of protective equipment. Staff told us that protective equipment was available. Our observations showed staff wore appropriate aprons gloves when required.

Learning lessons when things go wrong.

- People told us they could raise any issue with the registered manager. Records showed where issues had been raised action was taken. Incidents and accidents were reported to the relevant agencies and us. Records showed the registered manager completed an analysis to identify trends so changes could be made we saw an example where changes had been made as a result of a complaint. One person told us, "The staff and registered manager help if you have any problems and if they can sort it out they do".



# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people, and relatives confirmed this.

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

- People spoken with told us they were happy with the staff and felt staff had the skills and knowledge needed to support them.
- Clinical professionals were involved when required to assess and review people's health needs.
- Staff spoken with were knowledgeable about peoples' individual care needs which included, people's likes, religion, preference and choices. One person told us, "The staff know me inside out, they know what I like and the things I like to do. Another person told us, "The staff are very good they never assume, I am always consulted about my care".

Staff support: induction, training, skills and experience.

- People continued to be provided with effective care by staff who were well trained and had acquired the skills to meet people's diverse and changing needs.
- Staff told us they had very good training opportunities and were supported with their professional development. Staff were provided with induction training and completed the nationally recognised care certificate. Staff told us that they could access specific training if required based on people's ailments. One staff member told us, "We have good training opportunities and personal development".

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

- People were supported to eat and drink the food they preferred according to their culture and needs. One person told us, "I have what I want to eat, I can ask for anything and staff will cook it for me". Where people needed aids to assist them to eat and drink these were available to support them.
- People's dietary intake was monitored when required to ensure a balanced diet was provided. Care plans and risk assessments provided the necessary information to enable staff to offer people the right amount of help to eat and drink and meet their daily care needs.

Staff working with other agencies to provide consistent, effective, timely care.

- Our observation showed staff supported people as and when required, people were relaxed in the presence of staff and we saw good banter. One person told us, "If I ring my bell staff are always here within a few minutes. Staff are always around if I need anything".

Supporting people to live healthier lives, access healthcare services and support

- People confirmed that other healthcare professionals visited them.
- People looked healthy and one person could tell us about the appointments they attended,
- People had access to healthcare when it was needed. Records were kept of professional visits and included the GP, district nurses, occupational therapists and chiropodists. People told us they were supported in

accessing the healthcare they needed.

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

- Our observation showed that people were supported with aids and adaptations that supported them to be independent.
- People chose how they wanted their bedroom decorated and what equipment they wanted in their rooms, for example one person had computer equipment, another person had a telephone. People choose their own furnishings.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We saw that the service was working with in the principles of the MCA and where DoLS were in place authorisations had been obtained.

Staff and records confirmed that all staff had received appropriate training and were able to explain who within the service was on a DoLS and the reason for this.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect and involved as partners in their care.

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

- People told us they had been able to build up good relationships because they had been involved in planning their care through the assessment process and were consulted daily by staff.

People's independence and choice was promoted.

- People's diverse physical, emotional and spiritual needs were met by staff who were provided with appropriate, detailed information to enable them to meet their identified needs.
- Care plans included people's life history, religion, culture and lifestyle choices.

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

- People told us they were supported to express their views and were involved in making decisions about their care and support. One person told us, "Staff are really good, never do anything I don't want, always ask me, it's been like that since I have been here".
- People confirmed that they were involved in all decisions about their care. Another person told us, "They [staff] take me out, when I want, and treat me good, and I chose what I want". Care records included guidance for staff on how to involve the person in their support.
- The provider was using a key working system. A key worker is a staff member who not only supports the care needs of the person but offers support in other areas. The key worker is the named person the individual can go to if needing any other advice. People told us they felt listened to. Our observation showed people were always asked and offered choices about their care.

Respecting and promoting people's privacy, dignity and independence.

- People told us that their privacy was respected. Our observations showed that people were treated with dignity and respect. Staff treated people as individuals with kindness and compassion.
- People told us that staff respected their wishes. Staff were pleasant and spoke to people in a kind manner demonstrating that people were treated with kindness. Staff we spoke with demonstrated good knowledge of the people they were supporting and described in detail things that were important to people.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

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

- People benefitted from being supported by staff who knew them well and spent time seeking their views about them as individuals so the service provided was tailored to their needs.

- People we spoke with told us that care staff always asked what they wanted to do, were respectful and encouraged them to be as independent as possible. One person told us, "I go out when I want, do what I want, there's no restrictions, we have a good chat, laugh so no concerns".

A relative told us, "[named person] is fully independent, positive about their experience here, like a new person. Its brilliant the way they have come on".

- Records we looked at were individualised and contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to support people the way they wanted.

- People's confirmed their care needs were regularly reviewed and any changes were recorded. Staff told us and records confirmed they reported any changes in people's care needs to the manager; care records were then updated and other staff informed. A staff member told us, "Consistency is important, so if there is any change I will report to the registered manager so a review can take place". This ensured people received care that was responsive to their needs.

- People told us that they were fully involved in all their care. One person told us, "The staff will always discuss what I need with me".

- Improving care quality in response to complaints or concerns. There had been two complaints and we saw that these had been thoroughly investigated. Records confirmed what action had been taken and how the provider used the information to improve the service provided for people.

One person told us, "If you complain about anything someone always has a chat with you to see if they can sort things out".

End of life care and support

- People's end of life wishes had been gathered which identified choice and what support was required.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives, we spoke with were all complimentary with how the service was managed by the registered manager. One person told us, "Everyone is always happy here, there is a positive atmosphere and it's a good place to be." Another person said, "There is always somebody around to ask for help or just to talk to." A relative we spoke with said, "I am really happy [person's name] is here, I don't worry and you can feel how positive the atmosphere is as soon as you walk through the door, it's an excellent service."
- Quality audits were carried out around key aspects of the service and we saw evidence that action plans were put in place to remedy any concerns raised. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received.
- We found that the provider was working in accordance with this regulation within their practice. We also found that the registered manager had been open and honest in their approach to the inspection and co-operated throughout the day.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager was clear about the organisation vision and values. Staff understood their roles and responsibilities, and were supported with training, monitoring and supervision.
- People were involved in reviews of their care so staff had the information to support people safely. The registered manager understood the responsibilities of their registration with us and we had received appropriate notifications about incidents and accidents they are required to tell us by law.

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

- People told us that the service provided was good. A relative told us, "Since [person] has been living here, they have become fully independent, bubbly, like a new person, I cannot thank the staff enough, for the first time I am going on holiday without worrying".

Questionnaires were sent to people to gain their views about the service provided. Where people had made suggestion this was then discussed with them. An external support group was also available to support people who lived there.