

Ark Care Services Limited

Greenways Rest Home

Inspection report

720 Preston Road
Bamber Bridge
Preston
Lancashire
PR5 8JP

Date of inspection visit:
25 June 2019

Date of publication:
27 August 2019

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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

About the service

Greenways Rest Home is a residential care home providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The service can support up to 30 people.

The home is a two-story building that has been adapted for its present use. The building is in keeping with neighbouring properties. There is a garden for people to use and car parking is available.

People's experience of using this service and what we found

People were safe and protected from harm and abuse. There were enough staff to support people. One person told us, "I feel safe because there are lots of staff about." The provider carried out checks on new staff to make sure they were suitable to work in the home. The staff handled medicines safely and people received their medicines as their doctors had prescribed.

The staff were trained and skilled to provide good care to people. People enjoyed the meals provided. One person said, "The meals are very nice and we always get a choice." The staff supported people to see their doctors as they needed. The staff respected the decisions people made about their care and people's rights were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The staff treated people in a kind and caring way. People enjoyed spending time with the staff. One person told us, "I like the staff who look after me, they are very kind and I have a good laugh with them." The staff protected people's dignity, privacy and independence.

The staff planned and provided care to meet people's needs and take account of their choices. People enjoyed a range of activities and could see their families and friends as they wished. People knew how they could raise concerns about the service provided. The provider had processes to ensure people would receive the care they needed as they reached the end of life.

People told us this was a good service and said they would recommend the home as a good place to live. The provider had arrangements in place to ensure the effective management of the service. The provider asked people for their views and made changes in response to their feedback to improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was good (report published 31 December 2016).

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Greenways Rest Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a new manager employed who was applying to be registered with the Care Quality Commission. A registered manager is legally responsible, with the provider, for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service, including notifications of significant events the provider had sent to us. We read the report of an "Enter and View visit that had been carried out by Healthwatch Lancashire in April 2019. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with eight people who used the service and a visiting healthcare professional about their experience of the care provided. We also observed how staff interacted with people. We spoke with six members of the staff team including the manager, care staff and chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff training. We also looked at records relating to the management of the service, including how the provider monitored the quality of the service and gathered people's views.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse. People who lived in the home and the visitors we spoke with told us they were confident people were safe. One person told us, "I feel safe because there are lots of staff about." We saw people who could not easily share their views were comfortable and relaxed around the staff on duty.
- The staff were trained in how to identify and report abuse. They told us they would "definitely" report any concerns to the manager or owner of the home. The staff said they would not tolerate any form of abuse and were confident people were safe in the home.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected because the staff had identified and managed risks to their safety. Where people were at increased risk detailed risk assessments were in place. The staff followed guidance in caring for people safely and protecting them from harm.

Staffing and recruitment

- There were enough staff to support people. People told us the staff came quickly if they needed them. One person told us, "There are always plenty of staff about and if I use my buzzer they are here quickly." We saw the staff had time to spend with people.
- The provider followed safe systems when new staff were recruited to check they were suitable to work in the home. All staff were checked against records held by the Disclosure and Barring Service. This checked they had no criminal convictions which would make them unsuitable to work in a care service.

Using medicines safely

- The staff handled medicines safely and people received their medicines as their doctors had prescribed. Medicines were stored securely to prevent their misuse.
- Staff who handled medicines had been trained to do so. One staff member told us this included "practical and theory" training so they understood how to give people their medicines safely.

Preventing and controlling infection

- The home was clean and people were protected against the risk of infection. People told us the home was always cleaned to a high standard. People told us, and we saw, the staff used appropriate personal protective equipment such as disposable gloves and aprons to protect people from the risk of infection. One person said, "My room is spotless, the cleaner comes in every day. Staff wear gloves at all times when dealing with my personal care."
- The staff were trained in infection control and food hygiene and we saw the staff handled food safely.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider ensured people's needs were thoroughly assessed before they were offered accommodation in the home. This helped to ensure the care and facilities were suitable to meet individual's needs. Where people had complex needs, appropriate specialist services had been included in assessing and planning their care. The needs assessments had been used to develop individual care plans which guided staff on how to support people.

Staff support: induction, training, skills and experience

- The staff were trained and skilled to support people. The staff told us they completed a range of training to give them the knowledge and skills to care for people. This was confirmed by training records we looked at. One staff member told us, "We get lots of training." Another staff member said, "The training is very good." A healthcare professional we spoke with told us the staff were "knowledgeable" about how to care for people.
- The staff had regular meetings with a member of the management team where they could discuss their roles and development. The staff we spoke with said they felt well supported by the management team in the home.

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

- The staff provided people with the support they needed to enjoy their meals and drinks. People told us the meals provided were a good quality and always well prepared and presented. One person told us, "The food is excellent." Another person said, "The meals are very nice and we always get a choice."
- The staff gave people guidance on making healthy meal choices and encouraged people to drink enough in the hot weather. We saw people were provided with a choice of hot and cold drinks and the staff reminded people of the importance of having regular drinks.

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

- The home had been extended and adapted to be used as a care home for older people. The provider had followed best practice in developing the home to meet the needs of people who were living with dementia. Clear signs were in place to help people find their way around the home on their own. Bedroom doors were being decorated to resemble house 'front doors' and people chose what colour they wanted their door to be.

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

- People were supported by a range of appropriate services to help them to maintain their health. People told us the staff helped them to see their doctors if they were unwell. One person told us, "The staff will call my doctor if I'm not too good."
- A healthcare professional we spoke with told us the staff in the home contacted them appropriately and followed any advice they gave about supporting people.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The staff were knowledgeable about their responsibilities under the MCA and people's rights were protected. The staff knew people well and knew how people who could not easily share their views showed if they agreed to their planned care. We saw the staff respected the decisions people made. Where people required restrictions on their liberty to protect their safety, the provider had applied to the local authority for a DoLS authorisation.
- Where people refused care that was essential to their wellbeing we saw the staff patiently encouraged them to agree to the required care. Different staff members approached people to offer support while respecting people's rights to make choices about their lives. We saw the patient approach of the staff helped people who were refusing essential care to agree when they were ready to receive the staff assistance.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The staff treated people in a kind and caring way. People told us they liked the staff and enjoyed spending time with them. One person said, "I like the staff who look after me, they are very kind and I have a good laugh with them."
- The staff knew people well and respected their choices and decisions. They respected people's individuality and gave people prompt reassurance when they felt anxious.

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

- The staff asked people for their views about the support they provided. They included people in decisions about their care and gave people time to express their wishes.

Respecting and promoting people's privacy, dignity and independence

- The staff protected people's privacy and dignity. They called people by their preferred name and spoke to people with respect. People told us the staff always treated them with respect. One person told us, "I need assistance to shower and this is always undertaken with respect and dignity." People also said the staff did not discuss anyone else in front of them or talk to other staff members about them where other people could hear.
- People were supported to maintain their independence. The staff gave people time to carry out tasks themselves. They ensured any aids people needed to be independent were available as they needed them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The staff planned and provided people's care to meet their needs and take account of their choices. They knew people well and provided care in line with individuals' preferences.
- The manager had identified the care plans were complicated and repetitive. She was identifying areas where these could be improved to make information easier for staff to find. The staff told us they had the information they needed to support people but acknowledged the care plans were complicated. The staff said they received good updates about individuals at the shift handovers.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The staff had identified how people needed information to be provided and people's communication preferences and needs were detailed in their care records. We saw the staff gave people time to understand information and supported people to do so.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People saw their relatives as they wished and took part in a range of activities they enjoyed. People's families and friends were able to visit them in the home as they wished. People told us the staff made their visitors feel welcome and greeted them "like friends".
- The staff provided a range of activities people told us they enjoyed. During our inspection people who chose to take part in armchair exercises and a staff member gave people manicures and hand massages. A healthcare professional told us there were regularly activities being provided when she visited the home. People told us there was "always something going on". One person said, "I take part in chair exercises, colouring, card games and love it when the singers come in." Another person said "I go to any activity I can. I will take part in anything."

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints about the service. A copy of the complaints procedure was displayed in the home. No one we spoke with had needed to raise a complaint about the care they received. People told us the staff were "approachable" and said they were confident the staff would take appropriate action if they made a complaint.

End of life care and support

- The provider had processes to ensure people who were reaching the end of their lives could remain in the home and receive the support they needed. The staff had good links with local services that could advise and support them in caring for people at the end of life. People had been asked to share their wishes about how they wanted to be supported at the end of their lives.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had established a positive culture in the home that promoted good outcomes for people. People told us this was a good service. They said they were happy living in the home and well cared for. They told us they would recommend the home as a good place to live. One person said, "I would recommend this home to anyone." Another person told us, "It is lovely living here."
- The staff told us they were happy working in the home and felt supported to provide person-centred care. They understood how high staff morale supported positive outcomes for people. One staff member told us, "We're like a family here... I really like it and the residents like it." Another staff member said, "We're a happy team. Happy staff make happy residents."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood her responsibilities under the duty of candour and had been open with people who lived in the home and their families when incidents had occurred. The staff had sent us notifications of significant incidents, as required. These showed information had been shared with relevant people when incidents had occurred.

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

- The provider had arrangements in place to ensure the effective management of the service. There had been a registered manager employed until April 2019, when they left the home. The provider had recruited a skilled person to manage the service. The new manager was applying, as required, to be registered with us.
- The new manager was supported by an experienced deputy manager. The manager and deputy manager were assessing the service to identify where further improvements could be made.

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

- The provider asked people for their views and made changes in response to their feedback to improve the service. At our inspection in October 2016, a hairdresser was attending to people's hair in one of the communal areas. One person who liked to sit in the area was not happy about it being used by the hairdresser. We shared this with the provider. At our inspection in June 2019, we found a separate room had been identified for the hairdresser to use. The staff told us people preferred having a room where they could

have their hair done and sit and talk to each other, as they would if they visited a salon.

- People had been asked to complete a quality survey to share their views of the service. They had been included in choosing decoration for their own rooms. The quality of the service was also discussed at staff meetings.

Working in partnership with others

- The staff worked with other services to ensure people received support as they needed. Where specialist services were involved in providing people's care the advice they had given had been included in people's care plans. We saw the staff provided people's care in line with the advice given by the specialist services that supported them.