

Greenmantle Care Home Limited

# Greenmantle Care Home Limited

## Inspection report

20 Mornington Road  
Woodford Green  
Essex  
IG8 0TL

Tel: 02085062301

Date of inspection visit:  
26 June 2019

Date of publication:  
09 August 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Greenmantle Care Home Limited is a residential care home providing personal care to 14 people aged 65 and over at the time of the inspection. The service can support up to 15 people. Bedrooms were located on the ground and first floors with the communal areas situated on the ground floor.

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

We found that fire safety records were not always up to date and medicines were not always disposed of appropriately. We also found that quality assurance systems had not always identified areas for improvement. In addition we have made a recommendation related to supporting people to have better dental care dental care.

Systems had been established to safeguard people from the risk of abuse. Risk assessments were in place setting out how to support people safely. Measures were in place to protect people from the risk of infection. There were enough staff working at the service and pre-employment checks were carried out on prospective staff.

Assessments were undertaken to determine people's needs before they moved into the service. Staff received training and supervision to support them in their roles. People's nutritional needs were met, and they told us they enjoyed the food. People were supported to access relevant healthcare professionals.

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.

People told us they were treated in a caring manner by staff. Staff understood how to support people in a way that respected their dignity, privacy and independence.

Care plans were in place which set out how to support people. These were subject to review. People were supported to take part in various activities. Systems had been set up for dealing with complaints and people and their relatives told us they knew how to make a complaint.

The service had a registered manager in place and there were clear lines of accountability for staff. People's views about the service were sought through surveys, while team meetings enabled staff to express their views.

### Rating at last inspection

The last rating for this service was requires improvement (report published 8 June 2018). We did not find any breaches of regulations at the last inspection. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified breaches in relation to safe care and treatment and quality assurance systems at this inspection. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Greenmantle Care Home Limited

## **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 an inspector and an inspection manager.

#### Service and service type

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

The 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports, notifications of serious incidents and any whistleblowing or complaints we had received. We 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

contacted the host local authority to seek their views about the service.

#### During the inspection

During the inspection we spoke with four people who used the service and three relatives. We spoke with seven staff; the registered manager, manager, senior care worker, cook, activities coordinator and two care assistants and we also spoke with a visiting social care professional. We reviewed a range of records. This included five people's care records and multiple medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

After the inspection the provider sent us evidence that was not available during the inspection, including the up to date training matrix and some staff recruitment records.

# 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 requires improvement. At this inspection this key question remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; using medicines safely

- We found health and safety checks of the premises were carried out, for example in relation to gas, electrics and fire safety.
- Not all fire records were up to date. For example, the fire risk assessment was six months beyond the date it was set for review by a person competent to do so. Fire alarms were supposed to be tested weekly, but records showed they were last done on the 7 May 2019, while the fire drills form stated that drills should take place 'no less than once a month'. The most recently recorded drill was on the 6 February 2019 and the one prior to that was on 20 August 2018. The provider's policy stated that drills should be every six months, which could lead to confusion and inconsistency.
- The service did not have effective systems in place for the disposal of medicines. Medicines were stored securely in a locked and designated medicines cabinet. Within the cabinet we found a jam jar with what appeared to be well in excess of 100 discarded tablets. The manager told us these were medicines that should be returned to the pharmacist. There was no record of what the tablets were or who they had belonged to. We discussed this with the registered manager who told us they were not aware of these tablets and that they would make arrangements for them to be sent to the pharmacist for disposal.
- Poor practice with regard to the management of fire safety and the recording and disposal of medicines potentially put people's health, safety and wellbeing at risk. This constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Staff undertook training and their competence was assessed before they were able to give medicines to people.
- Medicine administration record (MAR) charts were in place. These contained details of each medicine to be given and after each administration staff signed the MAR chart so there was a clear record of the medicines being given.
- Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks. Assessments were in place relating to medicines, eating and drinking, skin care and falls. They were subject to review.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help safeguard people from abuse. There was a safeguarding policy which made clear allegations of abuse had to be reported to the local authority and the Care Quality Commission (CQC).

- Staff had undertaken training about safeguarding and understood their responsibility to report any concerns they had. One staff member said, "I am going to inform my manager and I will inform CQC if it is my manager [who was suspected of abuse]."
- People and relatives told us they felt safe using the service. One relative said, "I can't praise the place high enough. (Person) is happy and they are safe."

#### Staffing and recruitment

- There were enough staff working at the service to meet people's needs. Staff told us they had enough time to support people and carry out their duties. We observed staff responded to people in a timely manner.
- People and relatives said there were enough staff. A relative told us, "They seem very prompt on supporting them."
- Checks were carried out on staff before they commenced working at the service. These included employment references, criminal record checks and proof of identity. One staff member had a criminal record check from another organisation they worked for. This did not cover working with vulnerable adults. We discussed this with the registered manager who told us they would address this issue.

#### Preventing and controlling infection

- Systems were in place to help prevent the spread of infection. Staff told us they wore protective clothing when providing support to people with personal care.
- On the day of inspection the premises were visibly clean and free from offensive odour.

#### Learning lessons when things go wrong

- Records were maintained of accidents and incidents. These were reviewed by senior staff to see what lessons could be learnt to prevent similar incidents occurring again.

# 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 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 service carried out assessments of people's needs before they moved in. This was to determine what the person's needs were and if the service was able to meet them.
- Records of assessments showed they covered needs including personal care, mobility, medicines and nutrition. They also included details of people's religion and ethnicity.
- Relatives told us they were involved in the assessment process and that they were able to visit the service before making any decisions about whether it was right for the person.

Staff support: induction, training, skills and experience

- Staff were supported to develop knowledge and skills to help them in their roles. Records showed staff undertook regular training, including in health and safety, infection control, dementia care and equality and diversity.
- Staff undertook an induction programme on commencing work at the service which including shadowing experienced staff and completion of the Care Certificate. This is a nationally recognised qualification for staff who are new to working in the care sector.
- Staff had one to one supervision meetings with the manager which gave them the opportunity to discuss matters of importance to them. People told us they felt supported through the training and supervision they received.

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

- People told us they enjoyed the food. One person said, "It's lovely."
- We observed the lunchtime period and people were seen to be enjoying their meal. Where they required support from staff this was provided in a caring manner, with staff giving gentle encouragement to people to eat.
- Risk assessments covered eating and drinking and records showed people's weight was regularly checked. The service worked with other agencies including GP's and the dieticians service where appropriate to help meet people's nutritional needs.

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

- Records showed people had access to health and social care professionals including GP's, chiropodists, diabetic eye screening clinics and speech and language therapist. However, not everyone had routine

access to dental care.

We recommend that the service seek and follow best practice with regard to oral care in care homes.

- On the day of inspection we saw professionals visiting the service including a district nurse, optician and social worker. We spoke with one of them who told us the service provided a good level of support to the person they worked with.

Adapting service, design, decoration to meet people's

- The communal areas and bedrooms were decorated to a good standard. People were able to have their own possessions in their bedrooms such as family photographs.
- Adaptations were in place such as handrails and accessible showers and baths to make the premises more accessible to people with mobility issues.
- At the time of inspection work was being carried out in the garden which temporarily made it inaccessible to people. The registered manager told us they aimed to have the work completed in the garden as soon as possible.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where it was deemed necessary for people to be subjected to restrictions on their liberty to help ensure their safety, we saw the service had applied for a DoLS authorisation. The service had notified the Care Quality Commission when a DoLS application had been granted in line with their legal responsibility to do so.
- Mental capacity assessments had been carried out to determine people's capacity to make specific decisions, for example, in relation to personal care and medicines.
- People told us they were supported to make choices about their daily lives, for example about what to wear or what time to go to bed. One person said, "We can go [to bed] anytime." Staff also told us they supported people to make choices, such as offering them different outfits to wear.

# 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 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

- People and relatives told us staff were caring in the way they worked with people. One person said, "They are very friendly and nice, they treat me well." A relative told us, "The staff are fantastic, they are all friendly and caring."
- We observed that people were at ease in the company of staff and that staff interacted with people in a friendly and respectful manner. We saw staff taking the time to sit and chat with people.
- The service sought to meet people's needs around equality and diversity. For example, assessments recorded people's ethnicity and religion and stated if people still wished to practice their religion. Food provided reflected people's cultural heritage.

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

- Care plans included information about people's life history. This covered people's previous employment, where they grew up, their family members and education. This information helped staff to get to know people which helped them to better support people in line with their wishes.
- Relatives told us they were consulted about the care provided. One relative said, "I got a booklet to fill in, all about (person's) likes and dislikes."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting people's privacy, dignity and independence and explained how they did this. One staff member said, "When we go in the morning we have to knock on the door. Before we wash them, we have to ask their permission, then we can start." The same staff member added, "Some people can wash themselves, we give them the flannel and they do it."
- Two people shared a bedroom and we saw there were privacy curtains installed in their room. The Care Quality Commission had agreed to register the service with one shared room, which was larger than the single rooms. Everyone else had their own bedroom which helped to promote their privacy.
- We saw that a communal bathroom on the ground floor did not have a lock. We discussed this with the registered manager who told us they would arrange to have a lock fitted.

# 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 requires improvement. At this inspection this key question has now improved to good.

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

- Care plans were in place which set out how to support people in a personalised manner. Plans covered needs associated with personal care, mobility, nutrition, and social relationships. Daily records were maintained which showed people were supported in line with their care plans. Care plans were subject to regular review which meant they were able to reflect people's needs as they changed over time.
- We found some minor inconsistencies in care plans, such as using the wrong person's name. We discussed this with the registered manager who told us they would address this issue.

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.

- We observed patient and caring communication between people and staff, staff were at ease and relaxed in the company of staff.
- To help people with their communication, aids were used. For example, picture cards were used with pictures of the different menu options available for the day, and there were pictures representing activities provided.
- Staff spoke the same first language of people who used the service which helped them to communicate effectively.

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

- A part time activities coordinator was employed who provided structured activities in the afternoons. This included bingo, ball games and exercises.
- A relative told us, "They have a new staff doing activities. They are ever so good, they bring a dog in. They make things when they [people] sit downstairs."
- People were supported to maintain relationships with friends and family and we saw several visiting relatives on the day of inspection. One person was celebrating their birthday and a small party was held for this.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service.
- There was a complaints folder. The most recent complaint recorded was from February 2018 and this was dealt with in line with the policy.
- Relatives said they knew how to make a complaint. One said, "Anything we have raised they have dealt with."

#### End of life care and support

- 'Do Not Attempt Resuscitation' forms were in place for people where appropriate.
- End of Life care plans were in place for people. These were not always comprehensive. We discussed this with the registered manager who told us this was a subject that relatives often found difficult to discuss. They said they would seek to speak again with relatives about this to help develop care plans.

# 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 requires improvement. At this inspection this key question remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Staff told us they felt supported by the management and there was a good working atmosphere at the service. One staff member said, "[Registered manager] is very good, if I have any problems I can go to them." Another staff member said, "It's quite a nice lot I work with, very good team work."
- Various audits and checks were carried out to promote the quality of care and support provided. However, these were not always effective. For example, systems in place had failed to identify address the issue of the large quantity of discarded medicines and some fire safety records which were not up to date. In addition we found inconsistencies in some care plans.
- Ineffective quality assurance and monitoring systems potentially impacted negatively on the quality and safety of care provided and was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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; continuous learning and improving care

- Relatives told us the service was good at communicating with them and informing them if there were any problems. One relative said, "They let me know if there are any problems."
- When things went wrong the service sought to learn from this. For example, accidents and incidents were analysed and reviewed for any trends.

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

- There were clear lines of accountability at the service and staff were aware of who their line manager was. There was a registered manager in place who was also the nominated individual. A manager had also been recently appointed and we were told it was planned that they would apply for registration with CQC to take over as the registered manager.
- The registered manager was aware of their legal responsibilities. For example, they were knowledgeable about what issues they had to notify CQC about and records showed they had done so as appropriate.

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

characteristics; working in partnership with others

- The provider worked with staff, people who used the service, relatives and others to improve and develop care at the service.
- Staff told us, and records confirmed, that regular staff meetings were held. Minutes showed that key areas such as learning and development, safeguarding, incidents and learning lessons were discussed. A staff member told us, "Yeah, we have staff meetings, every month or so."
- Surveys for staff, people and relatives carried out. There was evidence of these having been done in the past and most recently in June 2019. At the time of inspection analysis of the results had not yet been carried out but the provider told us they intended to use the results to improve the service.
- Relatives praised the senior staff. One said of the registered manager, "They are very approachable."
- The service worked with other agencies to help meet people's needs, such as the local authority.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered person had not ensured the premises used were safe in relation to fire safety and systems were not established for the safe recording and disposal of medicines. Regulation 12 (1) (2) (d) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person has not established systems or processes that were operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17 (1) (2) (a)