Greenleigh Care Home Limited

Greenleigh

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 3 and 4 December 2015 and was unannounced. This was the first inspection under this provider as the home was previously owned by Select Healthcare (2006) Ltd.

Greenleigh is a care home for older people who may have dementia and is registered to provide accommodation and personal care for up to 35 older people. On the day of the inspection there were 32 people living at the home.

The manager was registered with us as is required by law. 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 registered manager had retired from her role on 27 November 2015 and a new manager had been appointed and was in post. The registered manager had agreed to stay on for two days a week to assist the new manager in the handover process. The new manager had submitted her application to become the registered manager.

People told us they felt safe in the home. Staff were aware of the risks to people living in the home and had received training in how to recognise abuse.

Summary of findings

People told us they received their medication on time however, we found some discrepancies in the dispensing of some medication.

We received mixed responses with regard to staffing levels. We saw that staff worked hard but found that at times, they lacked direction and leadership which led to people waiting to be supported.

Where accidents and incidents took place, the information was assessed to see if there were any trends or lessons to be learnt.

People were cared for by staff who were well trained to do their job and supported by the manager.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what this meant for people living at the home.

People were offered a choice of meals at lunchtime, but could not be confident that their preferences would always be taken into consideration.

People were supported to access healthcare services such as their GP, the dentist and optician.

People told us that they felt they staff were very supportive and caring. Relatives told us they found the provider, registered manager and the staff group very welcoming and approachable.

Staff were aware of people's likes and dislikes, how they liked to spend their day and what was important to them. People were able to participate in a variety of group or individual activities on a daily basis.

People had not had to raise any concerns or complaints but if they did, they knew who to speak to and were confident that they would be dealt with satisfactorily.

People living at the home, their relatives and staff all thought that the home was well led. Visitors to the home felt welcomed and felt included.

Staff enjoyed their work, felt supported and listened to. They spoke positively about the provider and the manager.

Feedback was obtained from people living at the home; their views were sought and taken on board. The provider had introduced a number of quality audits in order to monitor care provided however, medication audits had failed to identify a number of areas that required improvement.

Summary of findings

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 consistently safe.

People felt safe and confident that staff were able to protect them from abuse and harm.

People were at risk of not always receiving their medication as prescribed or in line with the manufacturer's guidelines.

Staff lacked direction and leadership which led to people being kept waiting to be supported.

Requires improvement

Is the service effective?
The service was not consistently effective.

People were cared for by staff who were trained to ensure they had the skills and knowledge to support people appropriately and safely.

People were offered choices at mealtimes but their choices were not always respected.

People were supported to have their health needs met.

The manager and staff understood the principles of the Mental Capacity Act 2005 (MCA).

Requires improvement

Is the service caring?
The service was caring.

People told us staff were caring and kind and knew them well.

People were treated with dignity and respect and supported to maintain their independence where possible.

Good

Is the service responsive?
The service was responsive.

People were cared for by staff who knew their needs, likes and dislikes.

People were supported to take part in a variety of group or individual activities.

People were confident that if they had any concerns or complaints that they would be listened to and acted on.

Good

Is the service well-led?
The service was not consistently well led.

People told us they thought the home was well led and spoke positively about the manager and the staff.

Requires improvement

Summary of findings

Staff were able to contribute to the running of the home and felt they were listened to.

Audits were in place in order to regularly review the quality of the care received but had failed to identify a number of areas that required improvement.

The provider had failed to notify us of particular events as is required by law.

Greenleigh

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 and 4 December 2015 and was unannounced.

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

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service, such as notifications that the provider is required to send us by law, of serious incidents, safeguarding concerns and deaths.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people living at the home, four relatives, the former registered manager, the manager, three members of care staff, the chef, the activities co-ordinator and a visiting health care professional . We also spoke with representatives from the local authority.

We looked at the records of three people, two staff files, training records, complaints, accidents and incidents recordings, five medication records, and quality audits.

Requires improvement

Is the service safe?

Our findings

We looked at the Medication Administration Record (MAR) for five people. We saw that where people required their medication to be administered in the form of patches, there were body maps in place to indicate where the patches should be located on the skin. However the body maps were completed inconsistently and the provider was unable to demonstrate that the application of these patches was being rotated to avoid any adverse effects on the person's health, as per the manufacturer's guidelines. We looked at the MAR for one particular person who had recently been admitted to the home from hospital. We saw that there were a number of gaps in the records and it was not clear if the person had received their medication correctly. When we conducted an audit of this person's medication, we noted errors in the count for all eight drugs the person received. We spoke with the manager regarding this who agreed to look into it immediately and although the person had not complained of feeling unwell, the manager decided to arrange for their doctor to visit them to check them over.

We observed that medication was stored securely within the home. Where some medication had to be given 'as or when required' there were protocols in place and guidance for staff to follow. Staff spoken with were able to tell us in what instances these medications may be administered. People spoken with told us that they received their medication on time and if they were in pain that they could ask for pain relief. We observed one person tell a visitor they were in pain with their back and hadn't slept well; the person dispensing the medication overheard this and immediately offered the person some pain relief medication and reassurance at the same time. We observed that when giving people their medication, the member of staff took their time to explain to each person what the medication was for, sitting with them and encouraging them to take their medication and staying with them until they had taken it all.

People told us that the staff were always busy and had mixed views about whether there were enough of them. One person told us, "They're understaffed. The staff are brilliant – they're on the go all the while". A relative commented, "There's never enough staff, they've always got something else to do. But they're normally pretty good when [person] presses the buzzer". We were told that staffing levels were assessed to meet the needs of the people and that an additional member of staff had been added to the rota between the hours of five and nine in the evening in order to assist at busier times of day. When asked about the staffing levels in the home, a member of staff commented, "We seem to have enough staff; we have days when everything runs smoothly and days when we don't".

At breakfast, we observed one member of staff was responsible for giving people their medication and also serving their breakfast. This meant people were kept waiting for long periods to have their medication and their breakfast. At lunchtime we also noted that staff time was not allocated efficiently. At one table, a number of people had finished their meals whilst others had been sitting there for 30 minutes still waiting to be served. We discussed this with the manager who acknowledged that staff time could be better managed and confirmed she would be looking at the allocation of staff with immediate effect.

People told us that they felt safe in the home and that they were cared for by staff who knew them well. One person told us "I feel safe or I shouldn't sleep at night" and a relative commented "They've kept [person] safe, clean and well fed". We saw that people were supported by a number of staff who had worked at the home for several years. The manager confirmed that any absences were covered by existing staff, they told us, "We have staff who don't mind working weekends we are lucky, so we don't use agency".

Staff spoken with told us that they received regular training in how to safeguard people from harm or abuse. They were able to tell us what they would do if they witnessed abuse, or if someone reported it to them. One member of staff told us, "I would report it straight to the manager, or the area manager or if necessary CQC". We saw that one member of staff had been nominated as the 'Safeguarding Champion' for the home. We asked them what this meant for them. They told us, "If something went wrong I would take a lead role with the manager and make sure all the paperwork was done correctly". She told us that since she had been assigned the role there hadn't been any safeguarding concerns raised.

Staff told us that risk assessments were reviewed on a monthly basis or if there had been any changes in their care needs. Staff were able to describe how they managed risks to people, one member of staff told us, "[Person] is at risk of falling, we make sure the environment is clear when

Requires improvement

Is the service safe?

[person] is walking and staff always walk alongside her if she needs extra support". We observed staff supporting people where required and offering reassurance. All staff spoken with were able to provide us with examples of different people's care needs and the risks to them.

Where accidents and incidents took place we saw monthly audits were completed and analysed to see if there were any trends. We saw that the manager had concluded that the information gathered had not highlighted any particular trends. However it had prompted the purchase of a particular piece of equipment in order to support one person, who was at risk of falling out of bed.

Staff told us and we noted, that all the necessary checks had been put in place prior to them commencing in post, including the obtaining of references and checks with the Disclosure and Barring Service (DBS). This meant that people were supported by staff who had been through a robust recruitment process to help reduce the risk of unsuitable staff being employed by the service.

Requires improvement

Is the service effective?

Our findings

People told us that staff knew them well and how to care for them. One person said "I hope I stay here till the day I die, it's great" and another person added, "I came here from hospital and it's a very good place. They look after you". A relative told us, "[Person] is not mobile but has never had a pressure sore in seven years and never been to hospital. They're very responsive regarding the GP".

Staff spoken with told us they felt well supported and trained to do their job. Staff told us of the range of training they had received and talked positively about the recent introduction of additional e-learning training. We saw that prior to commencing in post staff had completed an induction and had shadowed other staff on shift. They told us they had been given the opportunity to get to know the people living in the home and felt well prepared to support people once their induction was completed. One member of staff told us, "I felt nervous when I first went on shift but I was looking forward to it and I got all the support I needed; if I had a problem someone would help me" and another member of staff said, "I've done a lot of training here, when I became senior they gave me six weeks additional training; it was perfect".

There was also a communication book in place which staff referred to for updates. One member of staff told us, "We have to look in the communication book and the diary every day; communication is good". However, some staff raised concerns regarding information not being passed on and recorded in the communication book. We saw a number of incidents where information either hadn't been passed on or picked up by staff. For example, district nurses had requested that one person be weighed weekly, this had been written in the person's care plan but not in the communication book. As a result of this staff were not aware of this requirement and it was not actioned. This meant people were at risk of not having their care needs monitored correctly in order to maintain good health as methods of communication were not as effective as they should be.

We observed handover take place between shifts and the sharing of information between staff. Staff were given information regarding each person and how they had been that day. We saw that 24 hour handover sheets were also completed, including a summary sheet that was given to the manager at the end of every day to advise them of any concerns regarding people living in the home or staff issues.

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). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of the liberty were being met.

Staff spoken with were all fully aware of the meaning of mental capacity and DoLS and were able to identify those individuals who were being deprived of their liberty and the reasons why. They were able to describe how this impacted people's daily lives and how they supported them. We found that there were two people living at the home who were being deprived of their liberty. The manager had identified these people and applications had been submitted to the Supervisory Body and the applications had been agreed. We were told that discussions had taken place with people's social workers and families regarding the applications being made but there was no written evidence that these meetings or conversations had taken place. Also we noted that we had not been notified of the authorisations as is required by law. We discussed this with the new manager who immediately submitted the notifications to us.

We observed at lunchtime that staff bought round both meals for people to choose from, but if they asked for an alternative this was not always offered. For example, one person asked "Can I have a salad? It says salad up there" [indicating the menu on the whiteboard] and the carer replied "That's for tea" and walked away. One person told us, "The food is nice – whatever they give me, I eat" and another person added, "You can't grumble about the food honestly. They come and ask you what you want". We saw

Requires improvement

Is the service effective?

that people were offered a choice of drinks throughout the day but at lunchtime noted that one person asked for a glass of lemonade and was given orange juice instead. One person told us, "I'm a tea belly. I love tea. I get tea in the morning, afternoon and evening and cold drinks with my food". A relative said, "We've no complaints about the food, Mom doesn't like some things but it's down to personal preference and she's always offered something else if she doesn't like it". We saw that the activities co-ordinator had spoken with everyone living in the home and had asked them what their preferences were with a view to modifying the menus.

We spoke with the chef who was knowledgeable about the people living at the home and their dietary needs. They told us that if there were any changes in people's diet or how they needed their food to be prepared, then staff told them immediately and we saw evidence of this. They told us, "Staff are very good at handing over information to us".

People told us that if they felt unwell, the doctor would be called. A relative commented, "If [person] is not well they will call the doctor, if there's something not right they will call them out". People were complimentary about the intervention of other health professionals. One person told us, "The physio comes here to me and they are trying to get me walking again". A visiting health care professional told us, "They are quite good and will highlight to us when someone has lost weight, they contact the GP and dietician" and we saw evidence of this.

We saw that people had access to their GP, optician and dentist. We saw that people had hospital passports in their files [this provides basic information regarding people's care needs, health, medication and preferences and is designed to accompany people when they are admitted to hospital], however they had not been updated since 2013.

Good

Is the service caring?

Our findings

People spoke positively about the staff who cared for them. One person told us, "It's a marvellous place and they look after me" and another person added, "They are very good to me, there isn't one I dislike. No one has ever been sharp with me". A relative told us, "It's very family orientated you get more personal touches here". People and their relatives told us that they were involved in the planning of their care and one person living at the home added, "Oh yes, they talk to me and my son about my care".

We observed many kind and caring interactions between staff and people living in the home. For example, one person did not like to be hoisted as the movement of the hoist upset them. Staff told us how important it was to offer constant reassurance to this person when hoisting them and also to ensure that any movement of the hoist was reduced as much as possible. Staff told us, "We try and keep the hoist as still as possible and talk to [person] and reassure them the whole time".

People and staff joked with each other and clearly enjoyed each other's company. We observed a number of incidents where staff comforted people and offered words of reassurance and kindness. We also observed staff sit with people and chat with them and it was obvious that they knew each other well from the conversations that people were having.

We observed that all the people living in the home looked well presented. The men looked smart and clean shaven and the women had co-ordinated clothes and jewellery to match. We observed one person say to another, "You look absolutely lovely" and the recipient of the comment was very pleased with this observation. One person told us, "I like to be matching". People told us how much they appreciated the hairdresser being on site and a relative confirmed that their loved one could have their nails painted if they wanted to.

People told us they felt listened to and had participated in meetings. We saw that surveys had been completed, all of which were positive. One person told us, "I wouldn't change a thing. I love it here". The activities co-ordinator had spoken to a number of people in the home and recorded their views. We saw at all times during the day, people walked around the home and choose where they wanted to sit and what they wanted to do. At breakfast, the dining room was busy and some people sat together and chatted pleasantly and clearly enjoyed each other's company. As they entered the dining room, staff asked people where they would like to sit and were aware of the friendship groups within the home. Some people changed their mind where they wanted to sit or chose to eat their breakfast in their rooms and they were supported to do this. Where possible, people were supported to be as independent as possible and at lunchtime we saw adapted crockery was provided for some people who might otherwise have needed help with their meal.

Families spoken with told us that they were always welcomed into the home and that they could visit at any time. One relative told us, "We can visit anytime, they make us feel welcome – it's very family orientated, you get more personal touches here".

We saw that people were treated with dignity and respect and both they and their relatives confirmed this. One relative told us, "They treat Mom with dignity and respect – she prefers not to have a male carer and they respect that".

We were told that no one in the home had an advocate but if they required one it would be arranged for them. The manager told us, "If someone came in without any family and they had capacity to make that decision, I would ask them if they would like an advocate. If they didn't have capacity I would discuss it with their social worker and make arrangements if appropriate".

Good

Is the service responsive?

Our findings

The majority of people spoken with told us that staff knew them well and how to care for them the way they wanted. One person told us, "Oh yes, they [the staff] are very good" and another commented "[Staff member] is great – she is marvellous". We observed on the whole staff responding to people's needs appropriately. We saw one person was supported by additional equipment at lunchtime to enable them to sit closer to the table in order to eat their meal comfortably. Staff took their time to ensure the person was safe and their health needs met.

People told us they were involved in developing their care plan. One person told us, "If I wasn't happy with something I'd tell the carers but I've never had to tell them because they know what I like". A relative described to us events prior to their loved one moving into the home. They told us, "It was a difficult time for [relative], the manager was very good, she got us and [relative] involved but it was done very sensitively". A member of staff told us, "When someone comes in we have a one to one meeting and sit with them ask about what food they like, their hobbies etc and then the senior care picks this information up shares it with carers".

We saw that people had been able to contribute to the planning of their care and they and their families were involved in regular reviews. Carers conducted one to one meetings with people every three months, to obtain feedback on their care, a member of staff told us, "The meetings help us understand the resident better". Staff spoken with were able to describe people well and how they met their needs. They knew what people liked to participate in, what made them tick and what they didn't like. Staff were aware of who liked to sit in quiet areas of the home and this was arranged for them.

The activities co-ordinator was busy preparing for the Christmas fete and we observed friends and relatives popping in to contribute and buy raffle tickets. We saw that people had been supported to create a number of Christmas craft gifts for the fete and there were displays of photographs of people taking part in these and other activities. We observed that relatives had good relationships with the staff who supported their loved ones. One relative named a number of staff who they thought very highly of and added, "Some of the girls are better than others, particularly the more experienced ones, but everyone has to learn I suppose".

We saw that activities were a part of daily life in the home. There was an activities board on display and something was happening in the morning and the afternoon of each day. We saw that some people were involved in activities that they personally enjoyed, such as word searches and puzzles, another person enjoyed colouring in. A pen pal club had been organised for those who were interested and people were supported to write to people living in another home owned by the provider. One person told us, "I like coming in the lounge; there's always something going on. We have bingo, community singing and quizzes. I like the quizzes". A singer came into entertain people in one of the main lounges on one day and we saw that many people enjoyed this, and were singing along and tapping their feet. However, the backing music was so loud it was intrusive to people in the other areas around the home. We also saw a pantomime had been arranged for people to watch, one person told us, "It was wonderful". We saw that the activities co-ordinator had spoken to each person living in the home in order to find out what they liked to do. She told us, "I sat with everyone and those who were unable to communicate with me I used flash cards". She was aware of people's family history and what was important to them.

People told us that there were aware of the home's complaints procedure and that if they had any concerns they would raise them and were confident that they would be dealt with. One person told us, "I'd speak to any of them if I had a concern". Another relative told us that they had previously raised concerns with the manager and that they were listened to and the matter was resolved effectively and in a timely manner. We saw that a complaints log was in place and a number of verbal complaints had been logged. We saw one particular complaint whereby the manager had apologised for an incident and had advised that the issue would be raised at the next staff meeting but we saw no evidence of this in the minutes of the meeting.

Requires improvement

Is the service well-led?

Our findings

People living at the home, their relatives and staff alike, all considered the home to be well led. People spoke highly of the former registered manager. They described her as "helpful", "approachable" and "supportive". They also spoke positively about the new manager. Staff were looking forward to working with her and she had already made her presence known in the home and was familiar with the people living there. A member of staff told us, "It's the best home I've worked in. I will miss [former manager] when she leaves, but the new manager is nice".

We saw that the home was in a period of transition as the former registered manager had left a few days earlier and the new manager was getting grips with her new role. We saw that communication had been highlighted as an issue across the home. That staff were not always clear on their roles and responsibilities and information as not always passed on to staff for action; this in turn had an impact on the people living at the home and the delivery of care. The new manager had already highlighted a number of these areas during her induction, which she described as "fantastic". We saw that she had already met with staff to discuss her plans for the home and on the whole staff were very responsive to this. A member of staff told us, "I know I have to complete paperwork but if someone needs me I will go to them first. I think paperwork should be streamlined and sometimes you are constantly writing". The new manager told us that she too had concerns regarding the paperwork and was looking at streamlining this to make the system easier to navigate and for staff to use. The new manager confirmed to us that she had submitted her application to become registered manager of the home.

Staff told us they benefitted from regular supervision and felt listened to. One member of staff told us, "It is a good environment to work in, staff work together and we get on well with residents and families". We saw that there were regular staff meetings and staff were encouraged to attend and contribute. One member of staff told us, "If you have any concerns you can bring it up [at the staff meeting] and everything is sorted" another member of staff said "I raised that we needed more slings [equipment to assist hoisting people] for people and they did that".

We saw that it was a happy home to work in and people got along well with each other. Staff told us they enjoyed working at the home and spoke fondly of the people they supported. One member of staff said, "I don't do it for the money, I care for these residents" and another added, "I've got attached to them all [people living in the home], they made me feel welcome when I first arrived and they still do now".

We saw that a number of quality audits took place on a regular basis. Audits for medication had not been fully completed and did not pick up the errors that came to light during the inspection.

The area manager also completed a monthly audit which was discussed with the manager. We saw that where audits had identified required actions, these had been put into an action plan and completed. For example, in response to a visit from the provider's health and safety officer, it was highlighted that worked was needed to be done on the home's fire doors and we observed this taking place.

We also saw that the activity co-ordinator completed a monthly pictorial questionnaire with the people living at the home in order to obtain feedback on the care received and all responses received were complimentary of the care provided. We also saw in response to a recent survey of people living in the home, information on display entitled 'what you asked for' and 'what we did' in response to the findings.

The former manager did not fully understand their responsibility with regard to notifying us of events that they were required to by law.