

Greenfield Care Homes Limited

Greenfield Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this unannounced comprehensive inspection on 2 August 2016. At our last inspection on 19 and 21 April 2016 we found six breaches of regulations and rated the service as 'Inadequate' and the service was placed in 'special measures'. Special measures provide a framework for services rated as inadequate to make the necessary improvements within a determined timescale. If they do not make the necessary improvements, the CQC can take further action against the provider, including cancelling its registration.

At the time of the last inspection, we judged three breaches were serious enough that we served three warning notices on the provider and told them to make the necessary improvements by 20 June 2016. This was because the provider was failing to provide safe care and treatment to service users in terms of assessing, monitoring and doing all that was reasonably practicable to mitigate any identified risks. The provider did not have effective arrangements to assess, monitor and improve the quality of the service and had failed to take appropriate action in line with their own action plan to meet previous breaches of legal requirements. The provider was also failing to ensure that adequate numbers of staff were deployed to meet the needs of service users. As a result service users were placed at risk of poor and inappropriate care.

The other breaches of regulations we found at the inspection on the 19 and 21 April 2016 were in relation to ensuring the premises and equipment were adequately maintained and clean, not having an adequate system to receive and act on complaints and not submitting to CQC the notifications of relevant events as required in a timely manner. The provider sent us an action plan and told us they would make the necessary improvements by the end of June 2016.

Greenfield Care Home provides accommodation for up to nine people who require personal care and support on a daily basis in a care home setting. The home specialises in caring for adults with a learning disability. At the time of our visit, there were nine people using the service. The provider is also registered to provide personal care from Greenfield Care Home to people living in their own homes but at the time of the inspection, there were no people using that service.

The home had a registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At this inspection we found that whilst there had been some improvements in the quality of the service, the provider did not have very effective arrangements to assess monitor and improve the quality of the service. They had not always identified the areas where improvements were required. For example we saw cupboards used to store cleaning materials and chemicals were not locked, one bathroom was not clean and malodorous and we found emergency pull cords tied up. In addition the provider had not fully acted on their own action plan that they sent us after the last inspection. This was a breach of the regulation in relation to good governance. You can see what action we have told the provider to take at the back of this

report.

Care plans showed relatives were involved in discussions about people's care preferences. People were however not always involved in making decisions about their care where they might have been able to, and they did not receive information in a suitable format to help them make decisions. We have made a recommendation for the provider to improve this.

We saw the provider had taken action to improve the cleanliness in the home. Overall the home looked and smelt cleaner and fresher. They had employed an additional cleaner to help improve the cleanliness of the home, but we also found two areas of the home that were not as clean as they should have been.

We also found the provider had made progress against the other breaches of regulation we noted during our inspection in April 2016. We could see there were adequate resources in each of the bathrooms and toilets so that people were able to maintain personal hygiene and to help promote people's dignity.

Where there were risks of choking, the Speech and Language Therapist [SALT] had been involved in assessing people's swallowing to mitigate the risk of choking. The provider had also addressed the risks associated with food that had passed their use by date by carrying out checks and storing appropriately with "opened on" dates clearly marked. Cooked food temperature had been checked and was within the acceptable serving temperature range.

Risks in relation to the premises had also been addressed. Curtain rails in the home had been replaced for a type that did not require sharp hooks to be used to attach the curtains to the curtain rails. People's laundry was no longer being dried on a rack in front of the radiator. We saw window restrictors had now been fitted to windows in the home.

People had an up to date personal emergency evacuation plan (PEEP) and appropriate arrangements had been made to deal with a fire emergency and for the maintenance of fire equipment used in the home, including fire extinguishers, fire blankets and emergency lighting. A new emergency call bell system had been fitted.

Records showed that people were now receiving their medicines within the timeframe the GP had prescribed for taking the medicines so they received the full benefit of the medicines

Additional staff had been employed across all the shifts to care for and support people. More staff were available in the mornings to support people getting up. People had more opportunities to go out to a place of their choosing but the times and frequency people could go out were sometimes restricted if they required one to one support in the community.

Staff had received the training they needed for their role in supporting people with learning disabilities and were supported by the registered manager through one to one supervision and team meetings.

The provider had submitted to CQC notifications of relevant events and changes so the CQC could monitor how these had been dealt with. A new complaints system had been implemented to record and action any complaints the provider received.

We looked at staff files and saw that recruitment processes had been followed to ensure that staff were checked appropriately before they were assessed as suitable to work with people using the service

There were policies and procedures available to staff which set out how they should protect people from abuse, neglect or harm. Training records showed staff had received recent training in safeguarding adults at risk.

People had access to healthcare professionals when they needed them. They were supported to eat and drink sufficient amounts to meet their needs.

People were supported by caring staff and we observed people were relaxed with staff who knew them and cared for them appropriately. We heard staff speaking and helping people in a kind, gentle and respectful way. Staff showed people care, support and respect when engaging with them.

Systems were now in place to gather the views of people, relatives and staff to help improve the quality of the service. Meetings were being held so that relatives could express their views and residents meetings were being held monthly to gain the views of people living at Greenfield Care Home.

As a result of improvements the provider has made, the CQC is taking the service out of special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. The provider had not identified some risks within the home environment. Some parts of the premises were not clean. Emergency pull cords were not within reach.

There were sufficient numbers of skilled staff deployed to ensure that people had their needs met. The recruitment practices were safe and ensured staff were suitable for their roles.

Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take. The provider had systems in place to protect people against risks associated with the management of medicines. □

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received training and supervision to support them in their roles; they received specific training in regards to understanding the needs of people with a learning disability.

The provider ensured people received meals to meet their nutritional needs. Staff took appropriate action to ensure people received the care and support they needed from healthcare professionals.

The service had taken the correct actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. □

Good ●

Is the service caring?

Some aspects of the service were not caring. Staff treated people with dignity, respect and kindness. People were cared for in a way that was respectful and which promoted their dignity.

Care plans showed relatives were involved in discussions about people's care preferences. Records did not show if the person had been involved in this process and information was not provided in a suitable format to support them to make decisions

Requires Improvement ●

about their care.

Is the service responsive?

The service was not as responsive as it could be.

We could see the range of activities on offer had expanded and people had the opportunity to feed back about activities they wanted to do. But we could not find evidence that the activities people had specified they would like to do had actually taken place.

Assessments were undertaken to identify people's needs and these were used to develop care plans for people.

A new system to manage complaints had been implemented to make the process more effective. □

Requires Improvement ●

Is the service well-led?

The service was as not well-led as it could be.

The provider carried out a range of checks and audits to monitor the quality of the service. However, these were not always that effective as the provider had not identified some of areas for improvement that we found during our inspection and they had still not fully implemented their action plan following our last inspection.

The registered manager had a clear understanding of their roles and responsibilities with regard to the requirements for submission of notifications of relevant events and changes to CQC.

Systems were in place to gather the views of people, relatives and staff to help improve the quality of the service. □

Requires Improvement ●

Greenfield Care Home

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 unannounced inspection took place on 2 August 2016. This inspection was carried out to follow on from our inspection on 19 and 21 April 2016 when we rated the service 'Inadequate' and place the service in 'Special Measures.' We checked that the provider was meeting the requirements of the three warning notices we issued and improvements the provider told us they would make in relation to all the breaches of regulations we identified, had been made.

This inspection was carried out by two inspectors.

We reviewed the information we had about the service prior to our visit and we looked at notifications that the provider is legally required to send us about certain events such as serious injuries and deaths.

We gathered information by speaking with the registered manager, the deputy manager and three staff. We also spoke with three people living at Greenfield Care Home, but they were not able to fully share their experiences of using the service because of their complex needs. We observed staff supporting people in the communal areas. We looked at four care records and reviewed records relating to the management of the service.

Is the service safe?

Our findings

On 19 and 21 April 2016 we inspected the service and identified a breach of the regulation in relation to people not being protected through adequate risk management systems. We found a number of areas where appropriate risk assessments had not been carried out to identify these so appropriate management plans could be put in place to mitigate the risks. For example risks to ensure people had adequate resources to maintain personal hygiene had not been assessed and mitigated, risk assessments were not up to date in relation to some people being at risk of choking and risks associated if food was not stored or monitored appropriately has not been identified. We also found that risks relating to the premises were not addressed appropriately. This included windows not having restrictors in place to prevent the window opening wide and presenting a fall hazard, people not having an up to date personal emergency evacuation plan (PEEP) and the call bell system for people or staff to use to call for help was not operational. In addition people were not receiving their medicines at the time specified by their GP.

We judged this breach to be serious enough that we served a warning notice on the provider and told them to make the necessary improvements by 20 June 2016.

At this inspection, we found the provider had made improvements to meet the legal requirements of this regulation. They had made improvements to ensure effective systems were in place to assess monitor and mitigate the risks relating to the health, safety and welfare of people and others. However we found areas where the provider still had more improvements to make.

During this inspection we could see there were adequate resources in each of the bathrooms and toilets so that people were able to maintain personal hygiene. Toilet paper, soap, plugs for the hand washing sinks and hand towels were available in all the bathrooms and toilets in the home. Risk management plans had been put in place to help ensure the safety of a person in relation to a specific behaviour and to help people maintain their own personal hygiene.

One person was seen by the Speech and Language Therapist [SALT] and received advice on lessening a dietary restriction so they could eat what they liked but remain safe from choking. This new information had not been incorporated into their care plan, which had not been updated since their appointment with the SALT team. Nevertheless, daily records showed staff were aware of the new instructions and were observing the person's changing needs and making the correct arrangements for them to be seen and reassessed by a healthcare professional.

We checked the food in both kitchens and found all the food we looked at was within its use by date and stored appropriately with "opened on" dates clearly marked. Food temperature records showed at least one meat dish per day had been checked and was within the acceptable serving temperature range. The temperatures of the fridges and freezers were recorded twice a day but the temperatures were always recorded as 5 degrees for fridges and -18 for freezers, with no fluctuations recorded. We checked the temperatures ourselves and found they were not the same as earlier recorded. We spoke with the deputy manager who said they would ensure staff recorded the temperatures accurately in future. Food stored at

the wrong temperature may cause harm to people who eat it.

Risks relating to the premises were managed appropriately. Curtain rails in the home had been replaced for a type that did not require sharp hooks to be used to attach the curtains to the curtain rails, as we had seen at the inspection in April 2016. People's laundry was no longer being dried on a rack in front of the radiator in the second lounge, which could have posed a risk of trips and falls to people. Laundry was now either being dried using a tumble dryer or put outside on the washing line to dry. We saw window restrictors had now been fitted to windows in the home with the exception of the window in the staff sleeping room which was on the second floor. The deputy manager explained this room should be kept locked at all times but we found the door unlocked. We spoke to the deputy manager about this and the door was locked immediately, we checked later in the day and the door was still locked.

A new emergency call bell system had been fitted on 29 June 2016. Staff were able to explain to us how the system worked. We saw emergency call bells and pull cords were available in all the bedrooms, bathrooms and communal areas. We found the pull cords were tied up and not hanging down to the floor where a person could access them if they had a fall. We spoke with the registered manager about this and he untied the cords. Staff told us they were helping to explain to people what the emergency bells and pull cords were for and when to use them. Staff told us they had already had occasion to use the system and other staff had come to their assistance promptly. We did note that the old call bell system had not yet been removed from the walls and this may cause confusion to people as to which call bell to press in an emergency. The manager explained the old system would be removed as soon as possible.

We saw a cupboard in the laundry room and a cupboard under the sink in the main kitchen contained a variety of cleaning materials and chemicals were not locked as they should have been to protect people from the danger of hazardous substances. Also a notice on the door of the small kitchen stated 'keep locked at all times,' we found this door open. In this kitchen non-perishable foods and plastic products were stored inside the oven. Staff told us the oven was no longer used but it appeared to still be connected to the electricity supply and could therefore still pose a risk if accidentally switched on. The registered manager told us the items would be removed from the oven.

Staff were aware of the steps to take to keep people safe should a fire occur and people had an up to date personal emergency evacuation plan (PEEP). Records showed the PEEPs had last been updated in May 2016. Records showed that a fire drill was held on the 17 July 2016 and everyone safely left the building. After the inspection the registered manager sent us the dates for the night fire drills that had been planned. We saw that the service had contracts for the maintenance of fire equipment used in the home, including fire extinguishers, fire blankets and emergency lighting.

Records showed that people were now receiving their medicines within the timeframe the GP had prescribed for taking the medicines. Staff were now administering night time medicines at 8pm and not as previously recorded at 6pm. We also saw evidence that medicine required when a person was agitated, should be given by staff only after 20 minutes of agitation or self-injury. However, there were no guidelines about how to support the person in this 20 minute window to try and help them calm down and avoid the need for medicines. Staff told us that since they had more staff on duty and the range of activities had increased people were less agitated than before and the need for medicines to help people become less agitated had been reduced.

On the 19 and 21 April 2016 we inspected the service and identified a breach of the regulation in relation to insufficient numbers of staff deployed to care for and support people to meet their needs. We judged this breach to be serious enough that we served a warning notice on the provider and told them to make the

necessary improvements by 20 June 2016.

At this inspection, we found the provider was meeting the legal requirements of the breach of this regulation. They had made improvements to ensure there were sufficient staff to meet the needs of the people at Greenfield Care Home.

Staff rotas showed that additional staff had been employed across all the shifts. More staff were available in the mornings to support people getting up. People now had a choice at what time they got up and went to bed. Staff told us that if someone was still sleeping in the morning they could leave them to sleep and come back to them later on. These additional staff meant that people did not have to get up at 6am in order to be ready to go to the day centre at 8.30.

Additional staff were also employed in the late afternoons, evenings and weekends when the majority of people were at home. During our visit we heard and saw staff and people engaged in a variety of activities together. There were sufficient staff to both organise activities and to support people with their personal care needs without people having to wait. People were given the opportunity to go out to a place of their choosing but the times and frequency people could go out were sometimes restricted if they required one to one support in the community. An additional cleaner had also been employed which meant that staff did not have to leave their caring duties to attend to ancillary tasks. The registered manager told us the staff levels would be constantly reviewed and additional staff employed if needed.

We looked at staff files and saw that recruitment processes had been followed to ensure that staff were checked appropriately before they were assessed as suitable to work with people using the service.

Also at the inspection in April 2016 we identified a breach of the regulation in relation to cleanliness of the home. The provider sent us an action plan and told us they would make the necessary improvements by the end of June 2016.

At this inspection, we found the provider had made improvements to meet the legal requirements of the breach of this regulation. We saw the provider had employed an additional cleaner to help improve the cleanliness of the home. New showerheads had been fitted in the bath and shower rooms. New carpet had been fitted on the stairs and in the small lounge. New carpets were to be fitted in people's bedroom where required. The registered manager told us people would be consulted on the type and colour of carpets they would like in their room and be kept fully updated when the carpet was to be fitted.

While inspecting the premises we did see in one en-suite bathroom that the shower area was not clean and was malodorous. The registered manager explained this shower was not used by the person whose room it was but the toilet and sink were. The registered manager assured us the shower would be cleaned and the drain checked for any blockages and in future the shower would be run regularly to help with the prevention of malodours and the possible build-up of water borne infections. We also saw in the small kitchen that the front panels of some drawers were dirty where liquids appeared to have dripped from work surfaces but most of the area was clean. Overall the remainder of the home looked and smelt cleaner and fresher.

There were policies and procedures available to staff which set out how they should protect people from abuse, neglect or harm. Training records showed staff had received recent training in safeguarding adults at risk. Staff we spoke with were aware of what constitutes abuse and the action they should take to report it.

The provider had a medicines policy which was kept in the front of the medicines administration records (MAR) folder and staff had signed to say they had read it. Our findings during the inspection showed that

overall medicines were being managed appropriately.

Is the service effective?

Our findings

On the 19 and 21 April 2016 we inspected the service and found staff did not have the support they needed to understand and meet the needs of people with a learning disability. This was because staff had not received the training they would need to support people in the most effective way. Specifically, staff had not received training in supporting people with learning disabilities or in Makaton signing which several people at the home used. Makaton is a language programme using signs and symbols to help people to communicate. Also staff had not received refresher training about the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS).

During this inspection records showed staff had attended Makaton training the day before our inspection and the whole staff team had attended "Supporting People with Learning Disabilities" training in July 2016. There were four people at the home who had epilepsy and staff had received training in 2015 and were booked onto a refresher course later this year. The registered manager told us they were trying to arrange diabetes awareness training, so staff could better support people who had diabetes. Records showed that during the staff meeting in August staff were tested on their knowledge of MCA and DoLS and the changes needed to people's care plans to ensure people were not deprived of the liberty unnecessarily.

Staff told us, "It was good [the training], really helped us" and "the training has been very helpful." During our last inspection two people who we had seen becoming anxious because they were struggling to be understood by staff did not show the signs of anxiety that they had shown last time; we saw them smiling and happier during this visit. We could see staff had a better understanding of their needs and how to put their training into practice.

Staff told us they were fully supported by the registered manager. Staff received one to one supervision every two months. Staff records showed they received an annual appraisal and this covered competencies in various areas, scored by the member of staff and the appraiser. This was used to identify areas for further training and development and goals were set for the next year.

We saw staff were being supported through regular staff meetings and we looked at the minutes and could see the issues we found at the last inspection had been discussed including the new alarm system, extra staffing, activities for people, people's nutrition needs and the new cleaning schedules. The minutes showed that all staff would now complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life.

As part of this inspection, we checked whether the provider was meeting the requirements of the Mental Capacity Act (MCA). The 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. Staff we spoke with were aware of their duties and requirements within the MCA. We found that the provider had assessed people's mental capacity to consent to different aspects of their care. The

assessments covered criteria specified in the MCA Code of Practice. Where people were determined not to have capacity, there was evidence that "best interests" decisions had been made, involving those who knew the person well such as family and doctors, in line with the MCA Code of Practice.

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 service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw the correct procedures had been followed to deprive people of their liberty and these had been authorised by the local authority.

The care files we looked at had the correct DoLS authorisations included but for one person with several restrictions relating to their movement the care plan did not explain why they had to have the restrictions. We spoke with the registered manager about this and they said they would ensure full explanations were documented to help staff support people appropriately.

Staff monitored people's weight as a way of checking a person's nutritional health, but there was no information about what changes in a person's weight would trigger a review. Records showed one person's weight had fluctuated between April 2015 and April 2016 with an overall loss of 6kg. We could not see what steps had been taken to ensure the person's weight remained stable. We discussed with the manager who agreed he will address this in the person's care plan.

Care plans and daily records contained information on people's food preferences such as their likes, dislikes, the food consistency and type of drinks they preferred so staff had the necessary information to support them appropriately with their nutrition. Fresh fruit was available and we saw one person enjoying an apple. Another person sat with us and had a cup of tea and piece of cake and told us what they liked to eat.

Care plans included information about people's health care needs. Records showed that people received regular health checks with their GP. We could see that appointments people had with health care professionals such as dentists or chiropodists were recorded in their health care plan. Each person had a hospital passport. A hospital passport assists people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. Records showed that staff accompanied and support people with any medical appointments. This showed that people were supported to have their health needs met.

Is the service caring?

Our findings

During our inspection in April 2016 we found whilst staff were individually caring to people, the provider was not that caring. They had not ensured that people were always cared for in a way that was respectful and which promoted their dignity. Because of the lack of staff people could not choose the time they went to bed or got up, people had to wait for staff to support them with personal care and staff were not able to spend time with people.

During this inspection we found the provider had made progress towards being a caring provider. We observed staff and people communicating together and it was evident they knew one another well and were comfortable together. Staff understood people's behaviours, communication needs and how to help a person if they became upset or anxious. This help people needed from staff was documented in their care plans, which would help new staff to provide support in a consistent manner.

Because the provider had employed more staff, people now had a choice of what time they went to bed or got up in the morning. Records showed, and staff told us, that more staff on all the shifts meant they had more time to spend with people, they didn't need to get them up so early in the morning and people were staying up later in the evenings as was their choice.

We saw care plans showed that relatives had been involved in decisions about what time the person got up rather than the person being asked. We also saw relatives were involved in discussions about people's care preferences where they were not able to express themselves verbally. No explanation was given as to why the person had not signed or whether they had been involved in the care planning process. We could not find evidence that the decision making tools had been transferred into easy read or picture format to give a person the opportunity to decide for themselves if possible.

We recommend that the provider follow national guidance in providing information in an accessible format to people with a learning disability to enable them to make informed choices about their care.

In our April inspection the general practice of not providing toilet paper and paper towels in the toilets and bathrooms did not promote people's dignity and independence. During this inspection we saw all the toilets and bathrooms were now supplied with these hygiene products. This meant that people who were able could be independent in using the toilet in their own home.

Two members of staff we spoke with commented "There have been lots of changes, we [staff] and the residents are so happy" and "it's much better here now, staff are happier, less stressed. We have more opportunity to help people." We could see people were happier and occupied with an activity of their choice. Where a person required support staff were available to give this without the person having to wait. Staff were now able to help people without rushing and disadvantaging other people who previously would have had to wait for personal care. During our visit we heard staff speaking and helping people in a kind, gentle and respectful way. We also observed that staff showed people care, support and respect when engaging with them.

Residents meetings were now being held and we saw the minutes of the meeting in July 2016. People were asked about things they would like to do. One person said they liked participating in domestic tasks. This request had been built into a living skills care plan which included an assessment of the person's abilities to achieve this goal.

Is the service responsive?

Our findings

During our inspection in April 2016 we identified a breach of the regulation in relation to the provider not operating an effective system for identifying, receiving, recording, handling and responding to complaints and they did not use complaints as a way of improving the quality of the service people received. They sent us an action plan and told us they would make the necessary improvements by the end of June 2016.

During this inspection we found the provider was meeting this regulation because they had implemented a new system to record and action any complaints they received. This included complaints in person, over the phone, email or written. A new complaints policy had been implemented, including an easy read version. The registered manager explained the complaints recording process to us and the steps taken to action a complaint.

People's needs were assessed before they moved into the home and support was planned in response to their needs. Assessments detailed the support requirements of a person for daily living, including general health, medicines, and dietary and communication needs.

Care plans we looked at gave information about people's strengths, how sociable they like being, their hobbies and interests and how they expressed pain or anxiety. Also, information about how people liked to spend their time including sensory activities, which were available for people who were unable to communicate verbally or participate in complex activities.

We could see the range of activities on offer and the opportunities to be involved in an activity had expanded so that people now had more chances to participate in an activity of their choosing. During our visit we saw one person playing an electric keyboard, another listening to music. Another person sat with us chatting and completing a jigsaw. We also saw and heard a game of bingo taking place between staff and people, followed by a singing session.

This was possible because more staff were now employed to support people, including an extra staff member at weekends so that people could go out shopping, for meals or participate in a sporting activity. A discussion held at the relatives meeting was about holiday planning and we saw two holidays had been planned for September 2016.

At the residents' meeting on 13 July 2016 people had the opportunity to feed back about activities they wanted to do. Suggestions ranged from lunch or dinner at the pub, bowling, shopping and cooking. One person's care plan said they liked walks in the countryside and visiting old buildings. We saw a new photo album of some of the activities people had participated in and a brief note to say if people had enjoyed the activity. Many of the activities were based in the home or garden. But we could not find evidence that the activities people had specified they would like to join in with when they were asked, had actually taken place. For example a person had a social isolation risk assessment which said they should be supported to access social clubs/coffee shops in the community but their last recorded community based activity was a month previously on 2 July 2016. The registered manager said the planning of activities was an on-going

process and that they had made many improvements but there was still more to do.

Is the service well-led?

Our findings

At the inspection in April 2016 we identified a breach of the regulation in relation to the service not being well led. This was because the provider did not have effective arrangements to assess, monitor and improve the quality of the service. They had failed to assess risks to people and the quality of care they were receiving and to take appropriate remedial action where required. The monthly health and safety checks of the home were ineffective and systems were not in place to gather the views of people, relatives and staff to help improve the quality of the service.

We judged this breach to be serious enough, that we served a warning notice on the provider and told them to make the necessary improvements by 20 June 2016.

At this inspection we found the provider had made some improvements to their quality assurance systems. Areas where improvements were required had been identified so the provider could take the necessary action to address the concerns they found. We however also found that the provider had not identified some of the areas that needed to be improved which we found during our inspection.

The registered manager told us a new health and safety check list of the premises was being developed. After the inspection the registered manager sent us this document. This stated when items were inspected, any issues occurring and actions to take and the next review date. Checks on items included monthly hot water tests, fire evacuation drills, daily bedroom inspections, door and evacuation routes and electrical and manual aids checks.

The document we were sent was a summary of their findings. The daily checks of the bedrooms, which was not dated, stated 'no issues' but we found one bedroom where the shower area was not clean and was malodorous.

Although the provider took action when we mentioned it, their checks had not identified the concerns we found during the inspection such as the emergency pull cords that we found tied up, the storage of non-perishable foods and plastic bags in the oven in the second kitchen and the unlocked COSHH cupboards in the kitchen and laundry room where cleaning materials and chemicals were stored. The above paragraphs show there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Also at our inspection in April 2016 we identified a breach of the regulation in relation to the registered manager not submitting to CQC the notifications of relevant events and changes so the CQC could monitor how these had been dealt with. They had not sent CQC notifications about the outcomes of the DoLS applications they made in 2015, as they are required to do by law. They sent us an action plan and told us they would make the necessary improvements by the end of June 2016.

At this inspection we found the provider was meeting this legal requirement. The registered manager had sent us three notifications of DoLS application outcomes. They explained the remaining five applications

were with the relevant local authorities and the outcomes of the applications had not been sent to them yet. They said they would notify us once these were returned from the local authorities.

Systems were in place to gather the views of people, relatives and staff to help improve the quality of the service. The registered manager showed us the results of the relatives' survey in June 2016. Comments from relatives included, "We are totally confident that our relative is well looked after, settled and happy," "staff are very professional," "friendly; helpful staff" and "this is a calm and secure place." Several comments also mentioned the lack of activities, outings and holidays which confirmed our findings in this respect.

Meetings were held so that relatives could express their views. The minutes of the meetings showed a discussion had taken place about the previous CQC inspection report and the actions the provider was taking. We were told one relative had offered to conduct unannounced inspection visits to the home to check that what was being said was being done.

Residents' meetings were being held monthly to gain the views of people living at Greenfield Care Home. Where people did not attend the meeting their views were gained through meetings with their key worker. Staff were also sent a survey but only one staff member replied. The registered manager said they were gaining staff views at team meetings and through one to one supervision sessions.

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 17 HSCA RA Regulations 2014 Good governance
Personal care	The registered person did not have systems or processes established and operated effectively to assess, monitor and improve the quality and safety of the services, to mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. Regulation 17(1)(2)(a)(b)