Runwood Homes Limited

Greenbanks

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Greenbanks is a residential care home providing personal care to up to 66 people. The service provides support to younger adults, people with sensory or physical disability and older people some of whom may live with dementia. At the time of our inspection there were 62 people using the service.

The environment was generous in space, bedrooms situated over two floors with several sitting areas for people to enjoy spending time together or in private.

People's experience of using this service and what we found
People and relatives told us they felt safe and trusted staff who knew what their needs were. Staff were trained and knew how to report any safeguarding concerns, however not all incidents were thoroughly investigated or reported to safeguarding authorities.

Staff knew people well and the risks to people's health and well- being. Risk assessments were in place and measures were taken to mitigate risk for people. When accidents or incidents occurred risk assessments and care plans were not always effectively reviewed to consider further measures to mitigate risks.

People, relatives and staff told us there were enough staff, however the registered manager had not always considered if staff had been effectively deployed. We found that there were peak time periods especially in the morning when there had been more falls. Although the registered manager identified higher number of falls occurring in the morning, they haven't considered re-deployment of staff to try to reduce the falls.

People's medicines were managed safely by appropriately trained staff. There were effective infection control procedures used to ensure people were protected from the risk of infections.

Governance systems in place were not always used to their full potential to drive all the improvements needed. Lessons learnt following accidents or incidents needed further developing and embedding in daily practice.

Everyone we spoke with praised the registered manager for being approachable and promoting a positive culture in the service. Training was in place for staff to keep up to date with current legislation and best practice guidance. The registered manager was planning training for their senior staff members to develop their skills and knowledge further. Following the inspection, the provider told us they were developing a strategy about meeting the needs of the people considered younger adults living in their homes.

People were supported to have maximum choice and control of their lives and staff supported /did them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection
The last rating for this service was good (published on 24 October 2017).

Why we inspected
The inspection was prompted in part due to concerns received about managing risk for people, staffing, recruitment and how the registered manager responded to concerns raised by staff. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenbanks on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Greenbanks

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 Health and Social Care Act 2008.

Inspection team
The inspection had been carried out by two inspectors.

Service and service type
Greenbanks is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Greenbanks is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with six people, three relatives and five staff. Job roles for staff we spoke with included care team managers, care staff and the deputy manager. In addition, we spoke with the registered manager and the providers regional manager.

We looked at five people's care plans. We checked daily monitoring records like turning charts, food and fluid charts for another three people. We checked medicine administration and recruitment files for three staff members.

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.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home. Relatives told us they trusted staff and they felt people were safe. Safeguarding systems and processes were in place to ensure people were safe from abuse.
- Staff told us they reported their concerns to the registered manager and the local safeguarding authority when there was a need for it. The registered manager reported incidents and safeguarding concerns to the local authority and CQC. However, we found that in some instances when people were found with unexplained bruises these were not always reported to the local authority or investigated thoroughly.

Assessing risk, safety monitoring and management

- Risk assessment tools were used by staff to help them measure the severity of the risk to people's health and well-being. However, these were not always completed correctly. For example, for falls risk the tool asked if people lived with any medical condition which could increase the likelihood of serious injuries in case of a fall. This had not been consistently identified for every person, therefore some people may have been at higher risk than the risk assessment indicated.
- Some measures were in place to mitigate risks for falls for people, however when people had falls further measures were not always considered. For example, a person had a fall from their bed and sustained a cut to their head. Their care plan had been updated and evidenced that emergency services were called, and the person received medical attention. However, staff had not considered how to mitigate the risk further by considering any other measures like a low raise bed, a crash mat or identifying the item causing the injury and removing it if possible.
- Staff knew people well and if they were at risk of falls, pressure ulcers or risk of weight loss. However, a more proactive approach was needed to prevent these from occurring. For example, we found that most of the falls people had occurred in the morning. The registered manager had not considered the deployment of staff for this period of the day to try and prevent falls.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

● People, relatives and staff told us they felt there were enough staff. We observed staff being attentive to people and responding to their calls when needed. One person said, "I am happy. Sometimes I wait a little. Maybe 10 minutes, but usually they come very quick."

● Staff had been recruited safely. Completed recruitment checks ensured staff working at the home were suitable. Checks included Disclosure and Barring Service (DBS) checks. The checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

● Some staff were recruited through sponsorship from another country. The registered manager ensured the appropriate right to work checks were completed and identification was verified. Those staff who were sponsored were working within the conditions imposed as part of the working arrangements.

Using medicines safely

● Medicines were safely managed. Medicines were stored safely with temperatures of the room and fridge monitored daily.

● Medicine administration records, (MAR's) were completed correctly and checked to ensure all medicines had been administered and signed for.

● Staff administering medicines were trained and their competency checked. Staff were knowledgeable about people's medicines and conditions and ensured these were given on time and as directed.

● Protocols were in place for 'as required' medicines. These indicated how and when to use the medicines and recorded the effects,.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

● Staff told us they were given information about accidents incidents in handover meetings.

● A lesson learnt process had not been fully embedded in practice. For example, staff were not always involved in reflective practice meetings or given the opportunity to engage with lessons learnt to improve.

Requires Improvement

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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.

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

- The provider had in place a wide range of audits and checks to assess, monitor and continually develop the service. However, these were not consistently effective in identifying and addressing the issues within the safe section of this report.
- We found anomalies in recording, both in care records and management audit tools. For example, when reviewing weights, the provider audit noted for July 2022 that five people lost weight. However, we found that in July 2022 there were seven people who lost weight between one and four kg. We found recording errors within care records when assessments had not been totalled correctly and some records like repositioning charts were completed retrospectively. We also found errors when we checked the staff dependency tool used by the provider.
- The registered manager carried out a monthly falls' analysis looking at any themes or trends. However, this considered only whether falls occurred morning, afternoon or night-time, and not analysed this in more depth. They did not consider staff deployment as part of this audit, or whether other factors may be contributing to the falls, such as recent weight loss.
- The registered manager did not always report incidents as required to CQC in a timely way. We found that the provider's internal procedures delayed the notifications being made. We noted some incidents that were not reported to the local authority or CQC as required. For example, one person was found with swelling and bruising to their face and unable to recall how this occurred. Staff recorded that no referral to safeguarding authority was needed but had not evidenced why this was not a potential safeguarding concern.
- When incidents happened, further development around sharing improvements with staff was required. Lessons learned was not an embedded process. For example, in September 2022, the registered manager held a staff meeting due to concerns raised by the local authority. The discussion to improve the area of care was recorded as, "Staff need to give high quality of care to residents and make sure residents don't get bruises while giving personal care." There was no further consideration of how people were bruised, and staff views had not been sought.
- The overall approach to reporting, investigating, reviewing the risks and monitoring required development to ensure it was effective across all areas within the service.
- The registered manager and staff were experienced, knowledgeable and familiar with the needs of people they supported. Staff were enthusiastic about their role and had a clear understanding of how to provide people with personalised support.
- Staff reported incidents, injuries and safeguarding concerns as they happened without discussing the

themes and re-occurring patterns as a whole team. Risk assessments were at times completed as a reactive response to people's changing needs, and not always used as an opportunity for prevention.

The provider's quality assurance systems and processes were not always effectively used to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager and the provider immediately started remedial actions in updating risk assessments and care plans, including implementing electronic care records. They told us they would access higher level training around risk management for senior staff to develop their skills in considering people's needs holistically when managing risk.

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

● The provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

● Care was provided to people who were considered to be younger adults. The approach to supporting people's needs was based upon the existing care philosophy within the team. We spoke with the registered manager and provider that this one sized approach did not always meet those diverse needs, which they acknowledged and told us they would review their philosophy.

● The service engaged with people, others acting on their behalf and staff in an inclusive way. The registered manager used face to face meetings as a way to receive feedback and share information. Satisfaction surveys were used, however the most recent one completed had only sought the views of relatives and was not reflective of people's experiences.

● People and relatives told us, the registered manager had created a culture that was open, inclusive and put people at the heart of the service. They praised the registered manager for being approachable and always ready to help. One relative said, "[Registered manager] is always available if we want to talk to them. They are very good."

Working in partnership with others

● The service worked in partnership with a range of healthcare professionals. This included healthcare professionals, but also local groups who provided additional support and development for staff.

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 The provider's quality assurance systems and processes were not effectively used to assess, monitor and improve the quality and safety of the service.