

Horizon Care (Greenacres) Limited

Greenacres Grange

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?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service: Greenacres Grange is a care home that provides personal and nursing care for up to 80 people. At the time of the inspection, the home had 28 people living there. The home is separated into two suites. Downstairs is the Welbeck Suite, this is for people with residential care needs. Upstairs the Sherwood suite supports people with nursing and residential needs.

People's experience of using this service:

It is a legal requirement for a care home to have a registered manager. Whilst the service has had a manager in post, no manager has held the registration for the regulated activity. At the time of the inspection, a manager had been in position for a few weeks. They told us that they intend to register.

Care plans and risk assessments required more detail and to be more personalised. The manager told the inspector that in the absence of a regular manager the staff members had updated care plans. The manager had identified this area for improvement and was working to improve this as part of the service's continuous improvement action plan. There is a risk that without detailed and personalised care records, people may not be supported appropriately

It is a legal requirement for a care home to have a registered manager. Whilst the service has had a manager in post, no manager has held the registration for the regulated activity. At the time of the inspection, a manager had been in position for a few weeks. They told us that they intend to register and had started the process. We found some concerns at the service, which shows the service had not always been well led in the absence of a registered manager.

Risks associated with skin breakdown (pressure sores) were not thoroughly risk assessed and care planned. A month prior to the inspection, a Local Authority safeguarding investigation outcome had been sent to the CQC and provider. This outlined that poor skin related care planning also occurred in December 2017. We were concerned that learning had not occurred to improve skin care planning for people.

Medicines were stored at high temperatures for long periods which can impact on their effectiveness. Medicines were given as prescribed and otherwise managed safely.

The home was clean and infection control procedures were followed. There were enough staff, and these staff had received relevant training. We saw caring interactions from staff. People told us that they felt safe at the service and we saw procedures were in place to keep people safe. People and staff were engaged with, for improvements to the service. Complaints were responded to promptly and effectively.

People were given food and drink to meet their nutritional needs. People's feedback about food had resulted in change to the meals provided.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service support this practice.

Rating at last inspection: The report was published as 'Good' (22 September 2018.)

Why we inspected: Since the last inspection, we have received multiple anonymous concerns. These concerns included; low staffing levels, a lack of person centred care, medicine errors, unwitnessed falls, poor staff training and unsafe moving and handling procedures. We decided to complete a responsive inspection due to these concerns. Due to the variety of concerns, we completed a comprehensive inspection to cover all of our key lines of enquiry.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our well led findings below.

Requires Improvement ●

Greenacres Grange

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted because the CQC had received some anonymous concerns. These indicated potential risk. This inspection examined those risks, including; falls, staffing levels, person centred care, insufficient care records, staff training, medicines, falls and moving and handling procedures.

Inspection team:

The inspection team included two inspectors, a nurse 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. The expert by experience for this home had experience of supporting people with health and social care needs.

Service and service type:

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

Greenacres Grange accommodates up to 80 people across two separate suites, each of which has separate adapted facilities.

The service is legally required to have a registered manager in place. There has been an absence of a registered manager for over a year. The registered manager is legally responsible for how the service is run and for the quality and safety of the care provided. In the absence of the registered manager, the provider is legally responsible for this.

Notice of inspection:

This was an unannounced inspection.

What we did:

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

Before the inspection took place, we gathered information known about the service. We considered notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law. We also considered any information received from the public and professionals. We used this information to plan our inspection.

During our inspection, we carried out general observations of care and support and looked at the interactions between staff and people who used the service. We considered this in relation to the concerns we had received.

We spoke with eight people who used the service and three relatives. 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 five care staff, one nurse and the manager. We spoke with the nominated individual and the safeguarding and mental capacity lead. We looked at the relevant parts of the care records of five people who used the service. We also looked at three staff recruitment files and other records relating to the management of the home. This included audits, policies and incident records. Following the inspection, the provider sent us further information that we required to make our judgements.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- ☐ Care plans did not always provide enough detail on how to support people. One person's care plan explained that they need '1-2 staff to support personal care.' Whilst this person could display reluctance to engage with personal care, it was not clear when a second staff member would support. Or what the purpose of the second staff member was. Another person's care plan stated that they required two staff to walk with them, later on it stated they need one member of staff. This inconsistent guidance could put this person at risk. The manager acknowledged these risks and advised they are working to improve care plans.
- ☐ Care records did not adequately guide staff on how to support people at risk of skin related pressure damage. One person was at high risk of skin breakdown, the care plan guided staff to check their skin 'when possible'. Staff were able to tell us that they checked during personal care support, and what to look out for. However the lack of clear guidance meant new staff may not understand what is required for this person.
- ☐ One person had previously been reluctant for staff to reposition them. They had recently agreed for staff to re-position them throughout the night to prevent skin breakdown. This information had not been clearly reflected in the care plan to guide staff. This put the person at risk of this need not being met.
- ☐ Care plans did not explain the level of skin damage in enough detail to allow staff to track changes in their skin. Risk assessments did not always accurately reflect the risk of skin breakdown. For example, one person had significant skin breakdown, however their risk assessment recorded it as lower level. While this person received care in line with a higher risk pressure area, the inaccurate recording could result in lower level support being offered.
- ☐ People were given pressure relieving equipment to meet their skin needs. Staff had good knowledge of what equipment people needed.

Using medicines safely

- ☐ Medicines were not always stored at an appropriate temperature. The storing of medicine above 25°C can impact on its effectiveness. On the day of our inspection, one medicine room was recorded as being 26°C. The previous 4 days were also recorded as being 25°C or higher.
- ☐ Action had not been taken to reduce the temperature of medicine storage. The provider's guidelines were to 'record actions taken' if the temperature exceeded 25°C. Actions had not always been recorded. Staff told us that the air conditioning unit provided was not useable. On the day of inspection the temperature remained at 26°C without action being taken. After inspection, the provider informed us that they have provided staff with alternative methods of cooling the room. However no other methods were used on the day of inspection.
- ☐ The provider used an electronic medicine system to ensure medicines were given at the prescribed time. If attempts were made to give medicine incorrectly, the electronic system would notify staff of a potential

mistake. This created safe practice. The administration of medicine was effective. Staff gave people their medicine, explained what it was for and waited to ensure they had taken it appropriately.

Learning lessons when things go wrong

- ☐ Staff were aware of how to report concerns and incidents at the service.
- ☐ Risks associated with pressure related skin breakdown were not thoroughly risk assessed and care planned. Prior to the inspection, a local authority safeguarding investigation outcome had been sent to the CQC. This meeting outcome was agreed in January 2019 and outlined that poor pressure related care planning also occurred in December 2017. We were concerned that learning had not occurred to improve skin care planning for people. This put people at continued risk.
- ☐ Following the inspection, we found that the NHS Clinical Commissioning Group had already told the provider about high temperatures in the medicine storage area. They had asked for daily records to be taken and action taken to resolve this. We inspected four months later and found this to still be a concern.

Systems and processes to safeguard people from the risk of abuse

- ☐ All the people we spoke to told us that they felt safe.
- ☐ Staff had good knowledge of safeguarding procedures and when to report a concern. We saw that if concerns were raised, they had been referred to the Local Authority to investigate.
- ☐ There was a clear audit trail of investigations that had occurred at the home in order to keep people safe.

Staffing and recruitment

- ☐ Before the inspection, we had received concerns about the high use of agency staff at the service. We found some agency staff worked at the service. However, the same staff were used which provided consistency for people living at Greenacres Grange.
- ☐ There were enough staff during the inspection. Staff had time to talk to people and provide person centred interactions. Rotas showed that this staffing level was usual.

Preventing and controlling infection

- ☐ We saw communal areas and people's rooms were clean and tidy.
- ☐ Staff had been trained in infection prevention and control as well as in food handling and hygiene. We saw staff washed their hands and wore personal protective equipment when required, for example gloves and aprons.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ People's support needs were assessed holistically to cover physical, mental and social needs. Further work was needed to ensure records were consistent and accurate. The manager was aware of this and advised they are working to improve records. This has already been reported in 'Safe'. Despite this documentation, staff knew how to support people effectively.
- ☐ The provider used assistive technology to provide effective care. For example, some people had automatic bed sensors to alert staff if they got out of bed. People had access to call bells, to request staff support easily. One person said, "They remind me to press my buzzer. I haven't had to use it but I know they'll come."
- ☐ We saw assessments had been completed where people were nutritionally at risk. This had resulted in effective care planning. For example, one person was having their weight checked monthly. The records showed their weight was stable with no evidence of any significant weight loss or gain.

Staff support: induction, training, skills and experience

- ☐ Staff told us that they received suitable training. Records showed us that training was up to date. The provider had clear processes in place to assess staff competency.
- ☐ We saw staff supporting people in line with their training.

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

- ☐ People's dietary needs were clearly assessed. Those who required a specialised diet were provided with this. One person who was described as having a poor appetite was encouraged to eat little and often. We saw snacks were available throughout the day.
- ☐ There was varied feedback about the quality of the food. We spoke to the Nominated Individual, they advised that they have regular feedback sessions with the food supplier. This includes tasting sessions. Records showed us that these sessions had occurred and resulted in food being changed for people.
- ☐ We saw food and fluid charts were completed for people who were nutritionally at risk. This meant staff were able to review if people had their hydration and nutritional needs met.

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

- ☐ Records showed us that people had access to health professionals to meet their needs. One person was at risk of falls, records showed us staff were working with the GP to see if medicines were affecting this

person's mobility.

- Care records encouraged staff to re-refer to professionals if concerns were noted. For example, one person had seen a health professional for their specific health condition. The care plan encouraged staff to contact this professional if further guidance was needed.

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

- The building was purpose built to meet people's needs. Corridors were wide to allow the use of mobility equipment. Lighting was bright and supported easy navigation around the building.
- People spoke positively about being able to decorate their rooms. One person said, "I'm only here a short time, but I still get my name and photograph on the door". We saw newer staff used these visual prompts on bedroom doors to ensure they knew who they were supporting.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw the service worked within this framework.
- Mental Capacity assessments were completed thoroughly. If a 'best interest decision' was required, this was carefully considered and the less restrictive option used. Staff understood how the MCA worked in their everyday work.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). People who required a DoLS had been referred to the Local Authority. There was a clear system to monitor people who had a DoLS in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ People's diverse needs were assessed before they came to live at Greenacres Grange. Where people required support to meet their religious needs, this was accommodated.
- ☐ People were able to express their preference to which gender of staff supported them. We saw this preference was respected.
- ☐ People told us staff knew them and understood what was important to them.
- ☐ We observed staff interacting positively with people who used the service. They gave each person appropriate care and respect while taking into account what they wanted.

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

- ☐ People were included in reviews about their care. Relatives were invited to these reviews where appropriate.
- ☐ People were encouraged to express their views. We saw that where changes had occurred in the home (for example, the food supplier), there had been in-depth consultation with people living there.

Respecting and promoting people's privacy, dignity and independence

- ☐ We saw people were given privacy. Care staff knocked on doors before entering private bedrooms. They asked permission before opening people's cupboards.
- ☐ People were supported with dignity. Doors were shut and curtains drawn while care staff supported personal care.
- ☐ People were encouraged to live independent lives. Staff encouraged people to do as much as they could for themselves, and support was offered as required

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ We had received a concern about people not being able to follow the routines that they preferred. However we saw that people were free to engage in whichever routines they preferred. One person said, "I have a routine I want to follow. I'm happy and content." People had a choice where they ate their meals, and what time they got out of bed.
- ☐ People's rooms were decorated to reflect their own preferences and interests. One person said, "I get a choice to bring things but I'm happy without." They had worked with the service to decorate their room.
- ☐ There were a range of activities provided by the service. We saw people were free to become involved with these if they wanted. If they did not want to sit in a communal area, they were supported with the activity in a private space. One person said, "There is a lot of activities. One of the ladies has come to suggest scrabble. I'm looking forward to it. We have our nails done. It's our choice what we do. They don't force you."

Improving care quality in response to complaints or concerns

- ☐ We asked people if they felt able to make a complaint. One person said, "I've got no complaints. But if I did I'd tell them and I'd get a good response I'm sure."
- ☐ There was a formal complaints procedure. We saw people had accessed this, and the staff had followed company policy to provide a clear investigation and response.

End of life care and support

- ☐ End of life care plans were basic. We compared a care plan of someone who was near the end of their life, with a care plan of someone who had passed away. We found both care plans had limited information to guide staff.
- ☐ Despite the limited information to guide staff, we saw kind and considered care was provided to these people. Staff were able to explain how and why they supported each person's end of life needs and wishes in a person centred way.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- ☐ There has been no registered manager in position for over a year. A registered manager is a person who has been registered with the Care Quality Commission (CQC) to manage the service. Like registered providers they are "registered persons." Registered persons have the legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.
- ☐ A new manager had been recruited a few weeks prior to the inspection visit. They advised us that they intended to register. During our May 2018 inspection visit we identified another manager who intended to register. The provider told us that they had terminated this person's employment due to concerns. The service has not recruited an appropriate registered manager at the service for over a year.
- ☐ The service had provided notifications to the CQC. The provider has a legal duty to notify us of incidents that occur at the home. This allows the CQC to monitor and assess risk at a service. This is an improvement, as we found this had not occurred at our May 2018 inspection.
- ☐ It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had clearly displayed this in the home and on their website.
- ☐ Staff understood the scope of their roles. They felt supported by the management team.

Continuous learning and improving care

- ☐ Records did not always give staff clear or sufficient detail to support people safely. The manager advised that this is because non-senior staff had been editing these during the absence of a manager. We are concerned that in the long term absence of a manager, there was insufficient governance to ensure continuity of good care plans. The manager had identified this area for improvement and was working to improve this as part of the service's continuous improvement action plan.
- ☐ We were particularly concerned about care plans for skin care. The Local Authority had considered a skin care plan concern over a year previously. They felt that skin care plans needed improving. The provider had been informed of this outcome a month prior to our inspection visit. Despite this recent local authority learning outcome, skin related care plans required improvement."
- ☐ We identified long term high temperatures in medicine storage areas. This is a risk as medicine may be less effective when stored at high temperatures. This storage issue had already been identified by the local clinical commissioning group (NHS) 4 months previously, but improvements had not been made.

- Audits were in place. These included a daily manager walk around to ensure care was managed safely. The manager advised that they had done an audit soon after arriving at the service, they had identified that care plans required improvement. Audits had also identified other concerns, and these areas had been rectified. Audits had not resulted in improvements of skin care planning, and medicine storage.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Despite unclear care plans, care staff had a good knowledge of the people they supported. Staff understood how to promote high quality care and people told us that they felt well supported. We saw person centred care was provided to people at the service, staff understood people's preferences, for example how people liked their bed time routine. Time had been taken to ensure preferences were followed.
- Where incidents had occurred (for example a fall), the staff team had been open and transparent about what had occurred. They had made referrals to professionals as needed.

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

- We saw there was a complaints procedure in place. Complaints that had been made had been recorded, investigated and responded to.
- There were regular residents, relatives and staff meetings. Notes from what was said in the meetings were clearly recorded. We saw people had been encouraged to be involved with this process. We saw that meetings had a varied agenda to ensure a variety of topics were discussed.
- People were provided with accessible information, including easy read formats.

Working in partnership with others

- The provider had made referrals to other professionals as needed. For example, if someone was at risk of falls, a referral had been made to a falls specialist.
- There was an ongoing commitment to health and social care commissioners working in partnership with the service.