

Coverage Care Services Limited

Greenfields Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 15 August 2017 and was unannounced.

Greenfields is registered to provide accommodation with personal care for up to a maximum of 75 people. There were 64 people living at the home on the day of our inspection. Some people were living with dementia.

A registered manager was in post and present throughout this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received support with their medicines from staff who were trained to safely administer them. Medicines were locked away safely and in accordance with their individual risk assessments.

People were safe as staff had been trained and understood how to support people in a way that protected them from harm and abuse. People's records had individual assessments of risk associated with their care. Staff knew what to do in order to minimise the potential for harm.

People were supported by enough staff to safely meet their needs. The provider followed safe recruitment practices and completed checks on staff before they started work. The provider had systems in place to address any unsafe staff practice including retraining and disciplinary processes if needed.

People received care from staff that had the skills and knowledge to meet their needs. New staff received an introduction to their role and were equipped with the skills they needed to work with people. Staff attended training that was relevant to the people they supported and any additional training needed to meet people's requirements was provided.

People's rights were protected by staff who were aware of current guidance and legislation directing their work. People were involved in decisions about their care and had information they needed in a way they understood.

Staff received support and guidance from a registered manager who they found approachable. People and staff felt able to express their views and felt their opinions mattered. People had good relationships with the staff who supported them. People's likes and dislikes were known by staff who assisted them in a way which was personal to them.

People had their privacy and dignity respected by those supporting them. People had access to healthcare when needed and staff responded to any changes in needs promptly. People were supported to eat and drink sufficient amounts to maintain good health.

The registered manager completed regular quality checks of the service. The operations and performance manager visited regularly and produced a report of the oversight of the service. The provider engaged with people and their families at their visits to the service. The provider encouraged feedback from people in order to improve the service. People felt confident they were listened to and their views were valued.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risks of abuse by staff who knew how to recognise signs and what to do if they had concerns. People had individual assessments of risks associated with their care. The provider had contingency plans to support people at times of emergency. The provider followed safe recruitment practices. People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

People were assisted by staff who were trained and supported to undertake their role. People had their rights protected by staff who followed current guidance. People had access to healthcare to maintain wellbeing. People were supported to eat and drink enough to maintain their health.

Is the service caring?

Good ●

The service was caring.

People had good relationships with the staff who supported them. People were supported by staff who showed a caring and compassionate manner. People had their privacy and dignity protected when assisted by staff. People were provided with information relating to their care in a way they understood.

Is the service responsive?

Good ●

The service was responsive.

People and those that mattered to them were involved in their assessments of care. People had care and support plans that were personal to them. People received care from staff who knew their individual likes and dislikes. People and their relatives were encouraged to raise any issues. The management team had systems in place to address any concerns or complaints.

Is the service well-led?

Good 

The service was well led.

People had regular contact with the management team who they found approachable. People felt involved in the service provided and felt their views mattered. The provider had systems in place to monitor the quality of support given and to make changes when needed.

Greenfields 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 inspection took place on 15 August 2017 and was unannounced.

The inspection team consisted of two inspectors 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.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning.

We spoke with 11 people, eight relatives, four care staff, three nursing staff, the deputy manager, the registered manager and the operations and performance manager and a visiting health care professional.

We looked at the care and support plans for two people, records of quality checks, maintenance records, accident and incidents records and medicine administration records. We also checked the recruitment process details with staff.

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

Is the service safe?

Our findings

Three relatives we spoke with all confirmed that they were regularly consulted about their relatives' medicines. We saw people received their medicine safely and staff checked they were happy to take them. Staff checked each person's medicines with their individual electronic records before administering them and records were completed correctly. Staff told us they were not allowed to administer people's medicine's until they had received the training they needed to do this safely, and their competency had been checked.

Checks were regularly undertaken by the registered manager to ensure medicines were given as instructed. The provider had systems in place to investigate any medicine errors to minimise the potential for reoccurrence.

All people we spoke with told us they felt safe and protected by those assisting them. We spoke with seven relatives who all confirmed their family member was safe and secure in the service. One said, "The family have no worries with (person) being here. They are very happy and we know they are safe and secure at all times. The service has a great group of staff here who really care and enjoy giving the care they do. The staff are all well organised." Staff we spoke with told us they had received training to help them identify and respond to any concerns of abuse or ill-treatment. One staff told us, "We know we have a safeguarding policy in place. We would report any issues to the registered manager." Staff told us that the contact details for reporting incidents of concern were located in the home. The registered manager had made notifications to the local authority in the past in order to keep people safe.

We saw people had individual assessments of risk. For example, mobility, nutrition and skin integrity. These assessments were individual to the person and accounted for their personal needs and wishes. We saw that the risks to people were reviewed on a regular basis, or when there was a change in need. For example, we saw that a member of staff spoke with a relative about safety when a person was moving around their room. The staff explained that they used laser alarms and not pressure mats. They said they would arrange for one to be put in place for the person to alert staff to movement and keep the person safe.

Any incidents or accidents were reported and recorded. Systems were in place to examine incidents and accidents and the provider took action to minimise the risks of harm associated with people's care. The service used a falls management system whereby falls were audited to monitor trends.

All of the people we spoke with indicated they felt safe and secure in their environment. The relatives we spoke with also confirmed that they had no concerns about their relative's wellbeing. A relative said, "I can give you an example regarding security. We were being troubled by a particular person who is very disruptive and the staff managed them very well. But they kept going into (person's) room while we were out and throwing everything out of the window and they did this with three other families' relatives. So now we have a key and lock the door when we go out. It works well and of course the door is just alarmed at night." A person commented, "I am very happy, comfortable and settled here thank you. I know I am safe and I do not even worry about security. It is a marvellous place and my family do not have any worries about me at all." We saw the premises and equipment used by staff was maintained. This ensured a safe living environment

for people. Regular maintenance checks were undertaken by the staff team with the registered manager monitoring the progress.

People told us there were enough staff to meet their needs. One person told us, "They never seem short of staff. They are always about." We saw throughout this inspection that there were enough staff to meet people's needs. We saw staff had the opportunity and time to sit and talk with people and to socialise as well as meeting people's care needs.

Staff told us that before they were allowed to start work alone, checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members which included disciplinary action if required.

Is the service effective?

Our findings

People we spoke with considered those supporting them had the relevant skills and knowledge to care for them. They told us that staff knew and understood their specific medical condition and that was reassuring to them. One relative said, "I am always consulted and involved in any changes regarding (person's) care and notified immediately if there are any issues."

Staff told us they had access to ongoing training they needed in order to support people as they required. We spoke with care workers who confirmed that they received good training which made them feel confident in their role. A member of staff who had changed roles within the service said, "The change has been a challenge, but I was given lots more training in order to carry out my new role well."

People received care from a staff team who felt supported. Staff told us they had formal one-on-one meetings with a senior staff member. It was during these sessions that they were able to discuss aspects of their work, including what had gone well and what could be improved. In addition to formal sessions, staff told us they could seek advice and support from their colleagues and the management team at any time they needed.

A visitor told us, "I have nothing but praise for this place, for the first time in a while I can relax in the knowledge that (person) is safe and cared for as they just don't know what they are doing anymore. (Person) could be a danger to themselves. Staff have been marvellous with them and have calmed them and maintained the calm with patience and care." People were supported by staff who had the skills to effectively communicate between themselves and anyone else involved in their care and support. We saw staff passing relevant information to a visiting healthcare professional in order for them to make informed assessments of people's medicine needs. We saw this was done discreetly and confidentially.

We saw people were supported to make their own decisions and were offered choices. People were given the information in a way they could understand and were allowed the time to make a decision. Throughout this inspection, we saw people being offered choices and making decisions regarding a number of things. For example, where they would like to sit, what activities they would like to do and what to eat and drink. We spoke with staff that described how they would assist a person to have choice. One said, "You can't treat people all the same. We are all different. You have to go to a person at the time when they feel able to choose. Each day is different. One day a person will want to do something one way, and the next day will be different. We have to be flexible. There is no rush."

A relative said, "I am always consulted with all aspects of (person's) care as they are unable to make any decisions now. They are so good about it here." 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. At this inspection, we could see that the provider had trained and

prepared staff in understanding the requirements of the MCA. One staff said, "You cannot automatically assume that people cannot do things."

We saw people's capacity to make decisions was assessed and reviewed when needed. Staff had a clear understanding of the principles of the Mental Capacity Act and the process of best interests decision-making.

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). They had systems in place to monitor the time scales for reviews or a repeat application if necessary to ensure people's rights were maintained.

Staff followed current guidance regarding 'do not attempt cardiopulmonary resuscitation' (DNACPR). People's views and the opinions of those that mattered to them were recorded. Decisions were clearly displayed in people's personal files and staff knew people's individual decisions.

All people we spoke with confirmed how good the food was and how much they enjoyed it. They felt the food was very good. We observed lunch and it was served in a very caring way. Meals were individually plated in line with people's preferences and placed carefully in front of them by the staff. It was a very dignified and respectful experience.

One person had pureed food and each component of the meal was individually pureed. The food looked and smelt appetising and the people we observed cleared their plates. People were assisted to eat their meal if it was their choice.

Tabards were available for people to protect their clothing and condiments were available. People's individual preferences were respected. We observed staff making sure that thickener was put into the drinks of those who needed it. Staff we spoke with understood why they had to complete a 'fluid chart' for some people. One said, "It gives assurance that the person is getting enough hydration to keep them well."

People had access to healthcare services, including GP, opticians and chiropodist and were supported to maintain good health. One person commented, "I see the chiropodist and GP when I need to. It is never a problem."

Is the service caring?

Our findings

People told us that staff were kind, friendly and looked after them well. A person said, "The care here is wonderful and nothing is too much trouble. The girls are all lovely and kind and I am never uncomfortable or made to feel awkward. I am very happy and contented." One relative told us "We are very happy, more than happy, with the overall care here from all perspectives. I couldn't have a much loved relative here if I had any doubts about the care or their continued health and wellbeing. They can be quite difficult at times, but the staff are all marvellous and very well trained." We saw people were supported at times of upset and anxiety. These people were responded to promptly by staff who assisted and reassured them. The staff recognised that people should be able to show their emotions when they needed and helped them to express how they felt. One staff said, "We make sure people are treated well. We give them privacy when they need it. We treat people how you would want your own mother to be treated."

We observed a tranquil environment throughout the home. After lunch when one person became very disruptive and spitting at people; they were very gently distracted by touch and talk and they calmed down quite quickly. We saw staff met people's personal care needs in a thoughtful and sensitive manner in order that they did not feel embarrassed. Staff behaviour was calm, caring and respectful and people confirmed that they never felt uncomfortable or undignified. People confirmed that they always felt clean, had regular baths or showers and that their laundry was always done and brought back. We observed everyone in clean clothes, hair done and they felt they were looking good. Everyone had good shoes or slippers on and socks or other hosiery. We observed staff actively listening and responding to all of the people and the care was very people-focussed and engaging.

The staff we spoke with talked about those they supported with warmth, compassion and respect. One said, "I love working with the people. It is satisfying and rewarding most of the time and it is a happy place." Throughout this inspection, we saw many spontaneous interactions between people and staff which were warm and relaxed. Staff members sat and chatted with people and reminisced about things they had in common for example where people lived and grew up.

People were involved in making decisions about their own care and support. People told us they were asked about everyday decisions that affected them, such as where they wanted to eat their meals, or what activities they wanted to be included in. Throughout this inspection, we saw staff members asking people how they wanted to be supported and if they needed any further assistance.

People were encouraged to be as independent as they could. One person told us that staff go in and see them every morning and see if they need any help in getting ready. Staff we spoke with told us they try and promote people's independence by gently coaxing them to do things for themselves. For example, one staff was trying to assist someone to have a drink. They said, "There you are, (person's name) your favourite glass for you."

A relative told us, "We are extremely pleased with all aspects of (person's) care here. The staff are overwhelmingly kind and compassionate and take such good care of them at all times. I visit every day and I

see the care given from a range of times and perspectives. It is consistently good, kind and caring. My (person) is unfailingly treated with dignity and respect as am I by all the staff at all times." People told us they were treated with respect and their dignity was maintained. We saw staff supported people with their personal care discreetly allowing time for the person to help themselves. During lunch, we saw staff supporting people with clothes protectors which were used for the minimal amount of time needed to support the person.

Staff had a clear understanding of confidentiality. Records personal to individuals were kept securely and accessed only by those with authority to do so. We saw staff sharing information with other professionals involved with the healthcare of people. Only information relevant to the health need was shared.

Is the service responsive?

Our findings

People we spoke with told us they were involved in the development of their care and support plans. The involvement of friends or families was encouraged, when appropriate, to identify how the person would prefer to be supported. Staff we spoke with told us that before people took up residence at Greenfields their needs were assessed. This was to ensure their needs could be met in a way that they liked. The care and support plans that we saw reflected people's individual health and social needs. They contained details that staff needed to follow in order to provide person-centred care.

We saw that one person who liked to wear hats was supplied with their own hat stand. This made it easier to choose one that they wanted to wear that day. All the staff we spoke with knew the individual likes and dislikes of those they supported. We observed people moving freely around, deciding where to sit and what to do. Staff said that they had time to be with people in the afternoons and do activities with them or just sit and have a chat. We observed a very watchful group of care workers who clearly knew and understood individuals' level of dependency and risk. One staff said, "We have some people who have high dementia needs but we have assessed that they prefer a quieter environment than on the unit they initially were living on. We respected their feelings about this."

One person said, "This is a great place to live. There is always something going on and I am never bored or short of someone to have a chat with. I love the dog that comes to visit us, she makes straight for my room as she knows I always have a biscuit for her. The grand children come in mine and other peoples rooms and it's always lovely to see them." People told us that they were involved in a range of activities that they enjoyed and found stimulating at the service. There was a quite different approach to activities in the service. They were called 'daily opportunities' and there was always something going on. Visitors were coming and going at all times, some just popping in, some taking people out, some coming and staying for the day. People were queuing for the hairdresser as she was so popular. The visiting dog came weekly and was a great favourite. People's grandchildren came regularly and people with different behaviours loved seeing the children. They calmed down completely and the children actively went looking for them when they visited. A relative said, "Even though some people have quite bad dementia, with the children it's like it isn't there. It's quite magical really." Another relative said, "My wife and I are very active in the home and involved. We planted the garden and help take care of it. We are very proud of our achievements and a considerable number of the residents do enjoy the garden."

People were supported to meet their faith and cultural needs. Links had been made with local religious organisations to support people with their faith. For example, the local parish church Rector visited the home.

People and relatives felt comfortable to raise any concerns or complaints with staff or the registered manager. One relative told us, "There is no issue with airing my views with staff. They will always listen and respond." The registered manager had systems in place to investigate and respond to complaints. The registered manager had oversight of complaints to ensure they had been responded to appropriately.

Is the service well-led?

Our findings

People told us they knew who the registered manager was and that they found them approachable. One person said, "I know who they are and I can talk to them if I need to." People and their relatives felt involved in the running of their home and in the decisions that affected them. Those we spoke with told us they had regular meetings which were facilitated by the staff. During these meetings they could talk about what they would like for example, any changes to the menu or what activities they would like to do.

The provider had processes in place to gather feedback from people and their relatives on how their service was run. People we spoke with, and relatives, believed the provider was open and transparent and were able to openly discuss anything they wanted. Staff were aware of any incidents or key events so that improvements could be made. For example, at our last inspection we found improvements were needed to be addressed in some areas that we inspected. Staff we spoke with understood what these issues were and they had been discussed at team meetings. It was during these meetings that they could discuss any aspects of their work they needed. They also had the opportunity to make suggestions on how they could work better to meet people's needs. Staff told us the registered manager had recognised the improvements that were needed to be made and engaged the staff in assisting with the changes.

We asked staff about the values they followed and those which were promoted at Greenfields. One staff member told us, "We want people to feel happy and to feel at home. We want relatives to feel that they are coming to their parents' home and to feel relaxed." This reflected what people told us throughout this inspection. The registered manager said, "We look at things to see if we can make it a good thing for people."

Staff were aware of appropriate policies which directed their practice including the whistleblowing policy. Staff we spoke with told us they were confident they would be supported if they ever needed to raise a concern.

The registered manager understood their responsibilities in terms of complying with the terms of their registration. The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

The registered manager took responsibility for maintaining their knowledge and skills. They did this by attending training courses provided including the completion of a qualification in management. They also had regular contact with a provider's representative organisation where they accessed any changes regarding health and social care.

The provider and registered manager had systems in place to monitor the quality of service provision. The registered manager assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. Records of audits were available which meant that information was easy to access and demonstrated they were routinely referred to.

