

Leonard Cheshire Disability

Greathouse - Care Home with Nursing Physical Disabilities

Inspection report

Swindon Road
Kington Langley
Chippenham
SN15 5NA
Tel: 01249 750235
Website: www.lcdisability.org

Date of inspection visit: 5 & 7 November 2014
Date of publication: 25/12/2014

Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

We carried out this inspection on 5 and 7 November 2014. During our last inspection on 11 November 2013 we found the provider to be in breach of Regulation 20, Records. The provider wrote to us with an action plan of improvements that would be made to their record keeping.

During this inspection we found the provider had taken steps to make the necessary improvements. Care plans had been up dated and were well organised with required signatures and dates in place.

Greathouse Care Home are part of Leonard Cheshire Disability who are a charitable organisation providing care and support to people living with disabilities. They provide accommodation and nursing care for up to 25

Summary of findings

younger adults. At the time of our visit there were 24 people living at the home. The home was adapted to provide a safe environment for people living there. There was specialist ceiling hoists to support the safe moving and handling of people. Doors were wide enough so that people who were in wheelchairs could move freely around the building.

The service had a registered manager who was responsible for the day to day operation of the home. 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 and associated Regulations about how the service is run.

Some people told us they did not feel safe living at Greathouse. People were not always protected from abuse. This was mainly due to the interactions with one individual living at the home. There were clear procedures in place to recognise and respond to abuse. Staff had received training in this area. We spoke with the registered manager who explained the actions they were taking to try and resolve this situation and additional resources they were seeking.

The service had appropriate systems in place to ensure that medicines were stored correctly and securely. However people's medicines were not always administered safely. Records we looked at contained significant gaps in recording when medicine should have been given.

The registered manager had knowledge of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards is where a person can be deprived of

their liberties where it is deemed to be in their best interests or for their own safety. They understood DoLS and where required had made applications to ensure people were supported appropriately.

People were protected from risks associated with their care because staff followed appropriate guidance and procedures. Staff understood the needs of the people they were supporting. We saw that care and support was provided in a considerate and compassionate manner. People spoke positively about the home and the care and support provided. Staff took time to talk to people. There was an 'activities team' which provided activities such as cookery, day trips and arts and crafts.

People were supported by staff that had been through a thorough recruitment process. Staff were appropriately trained and understood their roles and responsibilities. The staff had completed training to ensure that the care and support provided to people was safe and effective to meet their needs. Staff received a comprehensive induction. The registered manager explained that supervision of staff (one to one meetings with line managers) had previously been sporadic. However actions to address this were in place and staff were now receiving supervision to support them to carry out their roles correctly.

The registered manager and senior management had systems in place to monitor the quality of the service provided. Audits covered a number of different areas such as care plans and health and safety. Staff were aware of the organisation's visions and values and there was a positive culture where people felt included and their views sought.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People's medicines were not always administered safely. Records we looked at contained significant gaps in recording when medicine should have been given.

Some people living at Greathouse told us they did not feel safe living there due to the actions of one individual.

There were clear policies and procedures in place to support staff to recognise and respond to abuse. Staff had received training in how to follow these procedures.

Requires Improvement



Is the service effective?

The service was effective.

Care plans were in place which clearly described the care and support the person wished to receive.

People were supported by staff that had the necessary skills and knowledge to meet their needs. Staff were knowledgeable about the care needs of the people they were supporting.

People had access to food and drink throughout the day and staff supported them when required.

Good



Is the service caring?

The service was caring.

People were treated in a kind and friendly manner. People were respected as individuals. Their care was tailored to the person, which promoted their rights and choices.

People's choice and preferences had been recorded. Care and supported was provided in accordance with people's wishes. People were asked what they wanted to do daily and their decisions were respected. Care records were person centred.

People were supported to maintain contact with family and friends.

Good



Is the service responsive?

The service was responsive.

The service was responsive to people's needs. We saw that people had been actively involved in the planning of their care and reviewing this.

People were supported to live active lifestyles of their choice. Care was delivered flexibly taking into consideration the person and their wishes.

Good



Summary of findings

People knew how to raise their concerns. Staff we spoke with knew how to respond to complaints if they arose.

Is the service well-led?

The service was well-led.

The organisations values were clearly understood by staff and there was a positive culture where people felt included and their views sought.

Regular staff meetings took place and staff confirmed they were able to express their views.

The provider had systems in place to monitor the quality of the service.

Good



Greathouse - Care Home with Nursing Physical Disabilities

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 checked 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 5 & 7 November 2014. The inspection was unannounced. We spoke with seven of the 24 people living at Greathouse Care Home. We spent time observing people in the dining and communal areas.

This inspection was carried out by one adult social care inspector. Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. Before the inspection, we asked the

provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking to people, looking at documents and records that related to people's support and care and the management of the service. We looked at a range of records about five people's care and support, staff training records, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices throughout the day.

During our inspection we spoke with the registered manager, the service co-ordinator, the chef, 4 nurses, five support staff, the on-site physiotherapist, the head of maintenance and housekeeping and two staff from the activity team. We also spoke with the head of operations who supports the registered manager.

Is the service safe?

Our findings

The service had appropriate systems in place to ensure that medicines were stored correctly and securely. However people's medicines were not always administered safely. Records we looked at contained significant gaps in recording for when medicine should have been given. When we asked staff about this they confirmed there should have been either a signature or a recording of why the medicine had not been administered. Whilst there was a 'weekly medicine checks' form these errors have not been identified. This meant it was unclear as to whether the medicine had been taken by the person. Care staff told us that sometimes people's medicines were left in the person's room by nursing staff for care staff to administer. They said they were not always aware the medicine was there or for how long. People were therefore at risk of not receiving their correct medicines and at the required time. The care supervisor told us they were currently in the process of compiling an audit tool to ensure robust monitoring of safe medicines management. We have spoken with the provider and asked that they take actions to resolve this.

People were prescribed medicines. All but one person could not manage these themselves. The arrangements for the person managing their medicines were documented in the person's care plan. Actions were identified to minimise any risk.

Some people living at Greathouse Care Home told us they did not always feel safe living there. This was mainly due to the actions of one person who could be both physically and verbally aggressive. Behaviour management support plans were in place for this individual but staff said that they did not feel that these were being consistently followed by all staff. One person we spoke with told us of a recent incident with this person. They said they didn't feel safe and wanted "protection." We fed this back to the registered manager who explained the actions they were taking to try and resolve this situation.

Staff said that they did not feel they had the experience or training to support the individual with their behaviour. Whilst they had received recent training for people with acquired brain injuries they still felt they did not have the experience or resources to support the person correctly.

Some staff told us they were "scared" to work with the individual as their behaviour was so unpredictable. Staff also felt unable to protect other people living in the home without impacting on people's independence.

The Registered manager told us in the Provider Information Return (PIR) that people living at the home had access to a personalisation and involvement officer who offered support and advocacy services. People we spoke with confirmed they could talk to this person if they wished and that they visited the home to discuss their issues and concerns. Minutes of these meetings were available to the manager if there were actions arising from the discussions. Information on how people could contact this person independently was also available on the notice board in one of the communal areas.

Staff told us they had received training in safeguarding people and would raise any concerns to management. One support worker talked about how their training had made them aware of potential signs of abuse, such as people being withdrawn or unexplained bruising. They said they would inform their manager straight away. Staff showed a good understanding of the different types of abuse and were confident any concerns they raised would be dealt with.

The layout of the building promoted people's independence, dignity and safety. All of the bedrooms had double doors which meant that people in wheelchairs could easily and safely go into the room without knocking the person or wheelchair against the door frame. Each bedroom had plenty of space for moving around and there was suitable storage to ensure that people's possessions were kept secure. The hallways, lounge and dining area were spacious and we saw that people moved around freely, either in their wheelchair or using a walker.

There were suitable arrangements for keeping people's money safe with records maintained of any transactions. Care documentation included how people were supported with their financial affairs.

Staff had time to talk and engage with people. We looked at the home's rota which indicated there was a consistent level of staff each day. The registered manager explained that they had recently increased staff to meet the needs of people using the service. This included having 'floating'

Is the service safe?

staff that could offer support where it was most needed. People told us they didn't have to wait long for staff support. One person said "The staff are excellent. I have a call bell in my room and they always come pretty quickly."

There were safe recruitment and selection processes in place to protect people receiving a service. People living in the home attended interviews as part of the selection process. All staff were subject to a formal interview in line with the provider's recruitment policy. Records we looked

at confirmed this. We looked at five staff files to ensure the appropriate checks had been carried out before staff worked with people. Records showed that references had been obtained and a check made with the Disclosure and Barring Service (DBS) before new staff started working. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Is the service effective?

Our findings

People spoke positively about the care and support they received. One person said “The physio sessions are excellent. I tell him what I want to work on to improve my movement and he helps me.” Another person told us “The staff treat me nicely and with respect.”

People told us staff were always available to support them. We looked at care records which clearly described how people liked to be supported and detailed their preferences and daily routines. Daily records were maintained detailing the support people received. Staff we spoke with were very knowledgeable about the people they supported. They were able to tell us about people’s likes, dislikes and preferences.

People were provided with a choice of nutritious food. The chef explained that whilst there was a set menu each day people could choose to have something different if they did not want the meals provided. People who were at risk of poor nutrition were assessed using a screening tool. Care plans also noted where people had specialist dietary requirements. We saw in one person’s care plan that they were to have a gluten free diet. During a cooking session we observed that the person’s dietary requirements were taken into account whilst preparing their food. Drinks were available throughout the day and we saw staff regularly asking people if they wished to have a drink.

People told us they liked the food served at the home. One person said “The food here is excellent. The chef is very competent. He comes and asks us how our food is.” Another person said “Nothing is too much trouble. The food is lovely.” However people did tell us that when the chef was not working the food was not of such a good standard. One person told us that they had raised their concerns with the chef who was addressing this. The chef confirmed this when we spoke with them.

Staff were aware of their roles and responsibilities. Staff said that they had received training appropriate to their role. Staff told us they had received a range of training to meet people’s needs and keep them safe. This training included safeguarding, safe management of medicines and moving and handling. Staff spoke positively about the training they received and how they felt it supported them to carry out their role correctly. Where required the

registered manager explained that they would source specialist training. They said staff had recently attended training in acquired brain injuries to help them provide the correct care and support to people.

Staff had regular contact with visiting health professionals to ensure people were able to access specialist advice and treatment. Care records included information about appointments people had attended and any follow up information. People had ‘health action plans’ which detailed medical conditions, prescribed medicines and treatment required. One person said “If I want to see my GP I just ask the nurse and they will make an appointment.” Where specialist health professionals were involved in managing people’s emotional health and behaviour, staff were clear of their responsibility to follow instructions provided by professionals, to monitor and report any concerns.

Staff told us they received regular supervision meetings with their line manager. The Registered manager told us in the Provider Information Return (PIR) that appraisals hadn’t happened and supervisions were sporadic. This was being addressed with an action plan. Records we looked at showed that staff had received recent supervisions and there was a system in place to monitor the frequency of these meetings.

One staff member said “I feel supported. The manager is very approachable. I can raise any concerns I have.” A new member of staff explained how they had been able to shadow experienced members of staff before being allowed to work alone. They said they had found this very supportive as a new member of staff.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are an amendment to the Mental Capacity Act 2005 which allows the use of restraint or restrictions but only if they are in the person’s best interest. During our previous inspection in December 2013 we found staff were not fully aware of the procedures to be followed for restricting people’s liberty. During this inspection we found the provider was meeting the requirements. Staff had received training in this area. We spoke with staff who were aware of the definition of restraint and their responsibilities in protecting people who lived in the home from unnecessary restraint. Risk

Is the service effective?

assessments were in place to keep people safe in the home and the community. Staff described how they kept people safe without restricting them and allowing them to have control over their life.

Mental Capacity assessments had been completed where required. For example one person had received a visit from

the police due to an incident. Staff completed an assessment to ensure the person had understood the purpose of the police visit. People had also signed to say they consented to assessments such as continuing health care assessments.

Is the service caring?

Our findings

People told us they were happy living at Greathouse and said staff were “caring”, “kind” and “friendly”. We spoke with seven people who were all happy with the care and support they received. One person said “I do enjoy living here. The staff are very nice. Do you know we had a donkey visit.” Another person said “The staff are very helpful. There have been quite a few agency staff recently which I’m not keen on.” A third person said “I can talk to staff if I have any problems.”

We spent time in communal areas and saw that interaction between people and staff were caring, respectful and there was an understanding from the staff of people’s individual needs and ways of communicating.

We observed people attending a group cookery session. Staff gave people time to express themselves and be involved in the activity. Staff shared jokes with people and chatted about the day’s activities. They used people’s preferred names and we saw people being spoken with in a kind and gentle manner. We saw that when people were approached by care staff they responded to them with smiles which showed people were comfortable and relaxed with staff. Staff took their time with people and did not rush or hurry them.

People’s bedrooms were personalised and contained pictures, ornaments and the things each person wanted in their bed room. People told us they could spend time in their room if they did not want to join other people in the communal areas.

Care records were written from the person’s perspective detailing how they wanted to be supported in all aspects of daily living. The information was recorded in a positive way and included positive attributes of the person for example their sense of humour. Records contained information about what was important to each person living at Greathouse Care Home. People’s likes, dislikes and preferences had been recorded. There was a section on people’s life history which detailed previous employment, family members and important events. Staff explained that information was used to support them to have a better understanding of the people they were supporting.

The service had policies in place in relation to treating people with dignity and respecting their privacy. We spoke with staff to check their understanding of how they treated people with dignity and respect. Staff gave examples of how they supported people for example asking permission before providing care. How they ensured curtains and doors were closed when providing intimate personal care. Staff described people as individuals and were aware of the person’s past history, preferences and needs.

People were involved in decisions about their end of life care. At the time of our visit no one within the home was receiving end of life care. Staff told us that this would be discussed and planned with the person and/or their relatives when required. The home had links with a local hospice who had recently provided training to support someone who required end of life care.

Is the service responsive?

Our findings

People took part in activities that were relevant to their interests both inside the home and their community. People we spoke with were happy with the level of occupation and activity available to them. People told us that it was their choice to join in the activities on offer. Records showed that people were involved in planning the activities they would like to take part in. There was a plan to monitor the progress of when these activities had been achieved. For example one person had decided they would like to go and see a Michael Jackson tribute concert. The progress plan noted when this was to be organised by. The provider employed a team of staff to support activities and entertainments in the service.

The provider had completed a full assessment of people's individual needs. From this information care plans had been written which identified what support was required by the person and what they could do independently. Plans were in place to give staff guidance on how to support people with their identified needs such as washing and dressing, mobility, activities and nutritional needs.

Care records we reviewed showed people had their individual needs regularly reviewed and recorded and changing health needs were responded to. People's weight and general health was monitored and referrals to speech and language or other health professionals were made if there were any concerns.

Care plans reflected how people would like to receive care and support. They contained information on what choices

to offer the person, what time they liked to get up and go to bed. They also contained information on people's preferred routines and what support they required to achieve them. In one person's plan it had a section about 'What upsets me'. There was guidance for staff on how to support the person when new or lots of people were coming to look round the home. We observed people were given choice throughout the day. They were given choices about food, where they wanted to spend their time and activities.

There were regular residents meetings that encouraged people to provide feedback to help improve the home. People could meet first to discuss the agenda and then the manager would join them for the rest of the meeting. Minutes showed that people were able to discuss activities they would like to take part in and food choices they would like to see on the menu. They were also used to update people of changes happening within the home. The home had two 'Service user' representatives that could act as the voice of the people living in the home and take forward issues about the service outside of these meetings as well as during them.

The provider had a policy and procedure in place for dealing with any complaints or concerns. This was made available to people and their families. The registered manager showed us a recent complaint raised by a family member and the actions they had taken to resolve this issue. One person said "The manager asks my opinion on how I want things to be. Any concerns and I know I can speak to her. The new manager is splendid."

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a care supervisor. People knew the management well, saw them often and told us they felt comfortable speaking with them. Most staff told us the manager was approachable and that they could raise their concerns and were confident these would be addressed appropriately.

Satisfaction questionnaires were sent out yearly asking people and their families their views of the service. The results of the 2014 survey had not yet been collated. However we saw that where a relative had raised a concern regarding staffing this had been sent immediately to the registered manager so they could respond. The concerns had already been addressed through the registered managers action plan which was feedback to the person.

The organisation's values were explained to staff during their induction programme and training. Staff understood the values of the organisation, describing how they promoted people's independence and supported them as individuals. There was a positive culture where people felt included and their views were sought. Residents meetings took place regularly. Staff and nurse meetings were organised with minutes of discussions and any actions that were agreed. Heads of department meetings were held to discuss issues and developments in each area of the home.

We asked staff about Whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All the staff confirmed they understood how they could share concerns about the care and support people received. They said they were aware of the providers Whistleblowing policy and they would use it to report any concerns. They also said they would feel comfortable raising concerns with outside agencies such as Care Quality Commission (CQC) if they felt their concerns had been ignored.

Staff members' training was monitored by the registered manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training and when they should receive refresher training. Staff told us they received the correct training to assist them to carry out their roles. The registered manager explained that best practice was monitored through staff supervisions and observations of staff.

The provider had a system in place to monitor the quality of the service. This included audits carried out periodically throughout the year. There was a monthly audit carried out by a manager from another home within the organisation. The audits covered areas such as training, care plans and health and safety. The audits showed that although the service was meeting the standards at the time of our inspection they had identified areas where they could improve further. These were reviewed monthly as each audit was completed. The provider also carried out thematic audits. This is where the provider would carry out an audit on all their locations on the same topic to see if there were any themes or trends occurring. We saw a report of a recent audit on the Mental Capacity Act 2005 (MCA) with outcomes and actions noted. We saw a recent report of an audit undertaken by the local authority which was positive and included actions and timescales. A service improvement plan was in place with structured actions and timescales.

Records showed that staff recorded accidents and incidents. The registered manager and senior staff used this information to monitor and investigate incidents and take appropriate action to reduce the risk of them happening again. Where appropriate, changes to care plans were made and staff informed. Where required these were reported to CQC.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised. There was also a contingency plan in place to cover emergencies such as loss of utilities, fire or insufficient staffing.