

# Greenleigh Care Home Limited

# Greenleigh

## 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

### About the service:

Greenleigh is a residential care home for up to 35 people. There were 35 people living at the home at the time of the inspection. The accommodation was established over two floors.

### People's experience of using this service:

People were kept safe by staff who knew how to report concerns of abuse and manage risks to keep people safe. Staff were safely recruited and there were sufficient numbers of staff to support people. Medications were given in a safe way. Lessons were learned following accidents and incidents.

People's needs were assessed, and these considered protected characteristics under the Equality Act. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's dietary needs were met, and people had access to healthcare services where required.

People were supported by staff who were caring. People were involved in decisions around their care and were treated with dignity. Advocacy services were sought for people where needed to share their views.

Staff knew people well and supported them in line with their likes, dislikes and preferences. People were supported to access activities that met their individual interests. Where complaints were made, these were investigated.

People and staff felt well supported and told us that the service was well led. There were effective systems in place to monitor the quality of the service and gather feedback on people's experiences.

### Rating at last inspection

At the last inspection we rated Greenleigh as 'Good' (report published on 04 March 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

Good ●

The service was safe  
Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective  
Details are in effective findings below

### Is the service caring?

Good ●

The service was caring  
Details are in our caring findings below

### Is the service responsive?

Good ●

The service was responsive  
Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well led  
Details are in our well led findings below

# Greenleigh

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Greenleigh 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This was a planned unannounced inspection that took place on 21 August 2019.

#### 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 with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

#### During the inspection

We spoke with six people who use the service and one relative. We also 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 two members of care staff, the activity co-ordinator, the deputy manager and the registered manager.

We looked at four people's care records, two staff recruitment records and records relating to the governance of the service. This included quality assurance audits, records of accidents and incidents and complaints.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. One person told us, "I stay here because I want to, I could go home but chose to stay here I am well looked after, staff are excellent, and I have all that I need."
- Staff we spoke with understood their responsibilities to protect people from the risk of harm or abuse. All staff told us that they had training in keeping people safe and were clear about the reporting policy within the home.
- The registered manager understood their responsibilities to act and report on suspected abuse. Detailed records were kept of safeguarding concerns and alerts, and where necessary information was shared with the local authority and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- There were appropriate risk management plans in place for risks that may arise whilst supporting people. These were detailed in how to keep people safe while also encouraging independence, individuality and people's diverse needs. One person told us, "I am well looked after here, I can go to sleep at night and know I am safe."
- People were encouraged to stay as independent as possible and risk assessments were in place to manage the risk.
- Environmental risks were well managed to ensure people were cared for in a safe environment.
- Staff we spoke with had good knowledge of people's individual risks when they were supporting them. One staff member told us, "I give support with meals, so I have to make sure that the meal is not too hot, because they could get burnt." Another staff member told us, "We have to make sure that people have got their equipment nearby, such as their Zimmer frame to prevent them falling."

Staffing and recruitment

- The provider had safe recruitment practices in place. Documents we looked at included references and Disclosure and Barring Service (DBS) checks. This ensured only suitable people were employed to support people.
- Staff spoken with told us that there was enough staff to support people safely.
- People told us that staff were always around and there was a staff member who stayed in the lounge areas so if someone needed help staff were there. We observed this during the inspection.

Using medicines safely

- There were procedures in place to support the safe administration of medication. There was a medication

policy which covered the process that staff needed to follow. Medication was stored safely and checked regularly to ensure people received their medication as prescribed.

- Staff who were administering medication had been trained and had their competence assessed to ensure they were safe to manage people's medication. One person told us, "I have my medication as regular as clock work."

#### Preventing and controlling infection

- Systems were in place to safely manage and control the prevention of infection. Staff had received training and personal protection equipment was freely available. Staff understood the principles of infection control to prevent cross infection when supporting people and maintaining the environment.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. There were processes in place to track and analyse incidents and accidents, and the registered manager was able to pick out any patterns for further analysis and prevention. The registered manager notified (CQC) Care Quality Commission) when required.
- Action had been taken to reduce the risks of incidents re-occurring and were used as a learning opportunity for staff.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 needs had been assessed prior to them moving into home and their needs continued to be assessed as and when needed. These assessments considered any protected characteristics under the Equality Act, such as religious needs. Assessments of people's needs were detailed and identified the areas in which the person required support.

Staff support: induction, training, skills and experience

- Staff received an induction before they commenced work that included completing training and shadowing a more experienced member of staff. For new staff the induction was based on the 'Care Certificate'. The care certificate is a recognised set of standards for training of care workers. Staff spoke positively about the induction.
- Staff training was updated regularly, and the training given reflected the individual needs of people living in the home. Staff were happy with the training given and gave examples of how the registered manager had sought additional training for them to support them in improving their practice.

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

- The environment was decorated nicely with displays around the home of social events people had attended or taken part in. People's bedrooms were personal. The home was welcoming, warm and comfortable. A relative told us, "The staff are always welcoming, and I can visit when I want. They do ask not to attend at meals time, so people can have a relaxing meal."

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

- During the inspection we observed people being supported during the lunch time meal. Mealtimes were a relaxing experience. People sat together and chatted. People were offered a choice of drinks and condiments were available for people who wanted these.
- People were happy with the meals they were provided with. People told us they had choice and that there was flexibility in their mealtimes if they did not want to eat with others. One person told us, "The food isn't bad here. We get a choice and so there's always something that I like".
- People's specific dietary needs were met. Where people had religious requirements, this was respected. We saw where people were supported to eat their meals, staff took their time and people looked relaxed.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff worked with other healthcare providers when required and understood the action they should follow if a person was unwell and required medical assistance. Records we looked at showed that people had been



supported to access health services and that staff provided support to health appointments where required.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us that staff sought their consent before supporting them and we saw staff do this. One person told us, "I'm able to make all of my own decisions".
- Staff understood the importance of seeking consent and could provide examples of how they do this. Where people were unable to verbally consent to support, staff understood the need to use non-verbal cues such as facial expressions and gestures to communicate consent.
- Where people lacked capacity to make specific decisions, the registered manager had acted in line with the MCA and had made appropriate applications to deprive people of their liberty, in their best interests. Staff understood who had a DoLS authorisation in place and how this would impact on their support.

# Is the service caring?

## Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's equality and diverse needs were assessed, and measures were put in place to effectively provide the support that people required. People's care records were written in a personalised way, which outlined their likes, dislikes and preferences.
- Staff were able to tell us about people's personalities likes and dislikes and demonstrated their knowledge about people's culture, religion and health condition.
- People told us staff were very kind, pleasant, and looked after them well. One person told us, "I came here because I had a few problems, I am able to go home now, but I stay here because I choose, not because I have to." Another person told us, "It's the best decision I have made in a long time, I am very happy, and the staff treat everyone with respect, I am socially active now and join in everything, rather than sitting and looking at the four walls at home."

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

- People and relatives told us they were involved in making decisions about their care and people were actively encouraged to make their own choices.
- Staff were able to give us examples of how people were supported to make choices. For example, we saw staff asking people what they wanted to do in relation to activities, meal choice, where they wanted to sit. We saw where people were unable to fully convey their care and choices staff repeated what they were doing and gave them the opportunity to make a choice.

Respecting and promoting people's privacy, dignity and independence

- People told us they were involved in decisions about their daily care, such as whether to have a wash or shower, what clothes to wear and what they wanted to eat and drink. If they needed something else doing staff would help them. One person told us, "The staff are always willing to help."
- Staff told us that the care people have is based on people's abilities and what they ask them to do. One staff member told us, "We encourage people to be independent as much as they are able." We saw staff treat people in a dignified way maintaining their privacy and dignity.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People told us they were involved in decisions about how they wanted to receive their care.
- Staff knew the people they cared for well and could describe the support they provided including people's personal preferences. One person told us, "They [staff] treat people well here, there are some people here who don't understand, they [staff] are very kind and repeated what they are going to do, so the person don't get scared." Care records we looked at were up-to-date, personalised and reflective of people's needs.
- Information about people's health and support needs was available for staff to refer to so people received safe care.

Improving care quality in response to complaints or concern

- People told us they knew how to complain if needed. One person told us, "I don't have any complaints".
- Where complaints had been made, these were investigated and resolved. People were involved in this process and outcomes shared with them.

End of life care and support

- Although no one currently at the service required end of life care, the registered manager had gathered information about any wishes people would like at the end of their life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people needed support in relation to communication the registered manager had ensured that this was considered when planning the person's care and where needed the registered manager arranged an advocate to support the person. Information was available in different formats if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interest and take part in activities that are culturally relevant.

- People spoke positively about the activities available to them. One person told us, "There is always something going on never get bored, we have a band on today". Another person told us in the next week we are going on a barge, the horse is due to come in, always something going on.
- The service had a dedicated activity co-ordinator who had taken time to get to know people and what social activities they used to enjoy. The activity co-ordinator told us, "I ask what people want to do and if its within my power we do it. I could choose for them but it's what they want, someone always has an idea for

an activity, so we do it."

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had comprehensive audits and checks in place. We saw that the registered manager had ensured that people's views and opinions were sought? about the service provided.
- The registered manager spoke with people daily, relatives told us they completed questionnaires to share their views about the service provided. We found the staff used a range of formats to engage with people for example pictorial menus was currently being introduced for meals.
- People were complimentary about the leadership and management of the home and told us the registered manager was friendly and approachable. People and staff felt supported to share their views and concerns. there were systems in place to monitor the quality of the service provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and; promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was clear about the organisation's visions and values. People were involved in reviews of their care, so staff had information to support people safely.
- People's care records were clear, and person centred. The support provided was personalised and well managed.
- The registered manager was aware of their regulatory responsibilities and the importance of notifying CQC of serious events and incidents, and the provider had up-to-date policies and procedure in place to support the delivery of care and maintain people's wellbeing.
- The registered manager had created a culture where high standards were expected.
- Staff meetings were held so staff could share any ideas with the management team. One staff member told us, "If you have any good ideas they [management team] will try it."

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 registered manager understood and met their duty of candour, where incidents occurred an investigation had been completed and people, their relatives and staff had been involved. Where the concern was raised, the registered manager had referred these to CQC and the local authority safeguarding teams. Staff knew how to whistle blow if required. There were policies and procedure in place, so staff could refer to if needed and the registered manager was open and transparent throughout the inspection.

Working in partnership with others

- The service had worked in partnership with other health care organisations for people's benefit. For example, the staff told us that working relationships were good with the district nurses, and other health care professionals such as GP and physiotherapist.

#### Continuous learning and improving care

- We found an open and transparent culture, where constructive feedback was welcomed and areas for improvement were also welcomed. We found that comments and suggestion and complaints meant the information was used to ensure that the service was providing a good service to the people hat lived there.