

# Accomplish Group Limited

## Greenview

### Inspection report

109 Coleshill Road  
Marston Green  
Birmingham  
West Midlands  
B37 7HP

Date of inspection visit:  
23 October 2019

Date of publication:  
09 December 2019

### 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

Greenview Care Home is a care home providing personal care to eight people. At the time of the inspection there were eight people living there.

Greenview Care home is in an adapted building with bedrooms available over two floors. People lived in self contained rooms with access to a communal kitchen and lounge.

### People's experience of using this service and what we found

People valued the care and attention they were given by staff who they treated as friends. People felt the environment was warm and welcoming.

People were cared for by sufficient staff who understood people's personal circumstances and risks to their health, and worked to keep them safe. Staff had undergone checks of their background as part of the recruitment process. Process were in place to ensure people received their medicines safely and these were checked regularly. Staff understood and practiced infection control techniques. The manager promoted learning from incidents and improving people's experience of care.

People's needs were assessed, and care was planned and delivered to meet legislation. Staff received training to meet people's needs. 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 were encouraged to have a healthy diet and lifestyle. People were supported to arrange their bedrooms in ways they chose. People accessed a number of health and wellbeing service. Where appropriate staff supported people to access these services.

The manager had applied to become the registered manager. People and staff were encouraged to share feedback about the home and suggest improvements to people's support. The registered provider undertook regular checks of the home and the manager understood where improvements were needed. The home was a part of the local community and people were encouraged to use local services to support them to feel part of the local area.

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

### Rating at last inspection

This was the first rating for this service.

### Why we inspected

This was a planned inspection based the registration date of the service.

### 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.

## 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 our 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

# Greenview

## 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

There was one inspector in the inspection team.

#### Service and service type

Greenview 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. 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.

#### What we did before 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. 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 all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the manager, assistant manager, and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. One person said they had experienced a number of different care services throughout their life and that they had felt the safest here.
- People told us they felt safe around staff and other people who lived at the home. Staff understood the process for recognising and escalating any signs of potential abuse. The manager was aware of their responsibility for sharing any concerns they may have with the relevant stakeholders, such as the CQC.

Assessing risk, safety monitoring and management

- Staff were familiar to the risks to people's health and wellbeing people currently lived with. Staff understood the guidance they were given about managing the risks to people's health and wellbeing.
- Known risks were recorded in care plans as well as guidance or any action to take. Behaviours for staff to minimise were also listed in order to help support the person to remain safe.
- Staff had also worked with people to minimise risks within their living environment. For example, window restrictors were in place where appropriate.

Staffing and recruitment

- People told us they had access to support from staff when needed. One person said, "I can always speak to someone if I need help." There had been a recent change in staffing at the home. However, people told us staffing had now become more stable.
- Processes were in place to check the background of new staff to assure the registered provider of the suitability of staff to work at the home.

Using medicines safely

- People were supported with their medicines. Systems were in place to check people had received their medicines appropriately.

Preventing and controlling infection

- The home was clean and odour free. We saw staff practice techniques aimed at reducing the spread of infection. Where appropriate personal protective equipment was used such as alcohol gels and plastic gloves. People were supported by staff to keep their own personal space clean and tidy.

Learning lessons when things go wrong

- The manager told us they were continually learning and responding to people's changing care needs. Where things had not worked well they had sought to identify causes and worked with people and staff to

identify solutions. They told us about an incident where they had to work with staff and the person to improve a person's personal safety. Once a plan had been agreed with the person, it was shared with staff to ensure the person was supported safely.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 were assessed prior to moving the home so staff had the necessary skills and knowledge to support people. Where appropriate healthcare professionals and family members were included as part of the care planning.

Staff support: induction, training, skills and experience

- People told us they were confident staff had the skills to support them. Staff said they had received plenty of training to support people living at the home. Staff told us about some of the more specialized training they had received and how this was imperative to ensure people were supported appropriately.

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

- People told us staff supported them to maintain a healthy balanced diet. Where appropriate, staff worked with people to achieve a healthier lifestyle. Risks associated with people's eating and drinking were known to staff who told us they understood how to support people.

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

- People told us they accessed a variety of services and staff supported them to attend and manage their appointments so they received the care they needed. Staff understood people's needs and understood when additional support from health professionals such as psychiatrists was needed to support people's health and well-being. Care plans detailed the advice and guidance sought and how this was incorporated into people's care.

Adapting service, design, decoration to meet people's

- People were keen to show us their bedrooms because they were so proud of them. One person told us about their furniture and about how staff supported them to obtain the style they wanted. They told us consequently they enjoyed spending time in their room.

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.

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.

- The manager understood when it was appropriate to consider a DOL and had taken the appropriate steps. Staff understood how to support people and the importance of obtaining a person's consent.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 identity and cultural backgrounds were celebrated. Where people had religious beliefs, people were offered support to maintain them if they chose to. People's culture was also included in care planning and people were supported to make choices about things that were important to them and which they wished to maintain.
- People told us they were well supported by staff. People at the home

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

- One person told us, "A problem shared is a problem halved" in their description about care staff. People said they understood they were central to discussions about their care. They told us they had regular meetings and discussions with their key worker. Where changes were needed, they told us these were talked through and worked upon. A key worker is care staff member that takes the lead in updating and helping plan a person's care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy. We saw throughout the inspection numerous examples where staff practiced this. For example, staff waited for people to invite them into their bedroom before entering. People also said staff are mindful of their personal possessions and understood their significance to people.
- People told us staff supported them to be as independent as possible. People said staff encouraged them and provided them with reassurance to help promote their confidence.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were central to decisions about their care needs.
- People told us they had regular meetings with their key worker to discuss their care needs and plan their care. People said their key worker was more of a friend who they could express their aims and objectives openly with. One person told us their key worker was, "An amazing person"
- Another person told us about how their care needs had changed since moving to the home and staff had supported the person to redefine their priorities as they became more confident.

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.

- Spoke confidently about how they supported people. They told us about how they understood people's different communication methods. For example, for some people their behaviour was key to demonstrating their feelings, such as anxiety whereas others were able to communicate verbally their needs. Staff told us they understood each person's communication and worked with them at a pace that was appropriate to the individual.

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

- People told us they were supported to maintain links with their friends and family where appropriate. One person's relative told us communication with the home was "Brilliant." They said they worked with staff to maintain important links. Another person told us they visited their family regularly and staff helped to facilitate these visits.

Improving care quality in response to complaints or concerns

- People and their families felt able to speak with staff or the manager if they had any concerns. A relative we spoke with told us they had not had any complaints but understood fully the process should they need to complain.
- The registered manager had a complaints process in place to review and respond to any complaints when they arose.

End of life care and support

- Where appropriate, staff knew the action to take and people to contact should a person pass away unexpectedly. The registered manager told us they had identified that they needed to better record discussions they had with people about their end of life wishes. They had already begun this work and hope to complete soon.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People felt able to speak with any of the staff or management team about anything they needed to discuss. We saw people throughout the inspection approach staff and management and engage in friendly discussions.
- People described an open culture within the home. They felt able to approach any of the staff and talk with them and felt they understood the challenges they faced.

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 manager was open and transparent about moving to the home and identifying issues that required attention. They described how they had identified care planning and reviews as requiring immediate attention and how they had begun work on updating people's care plans and documenting discussions about people's end of life wishes. We saw that staff knew people and their needs well and there had been no harm to people during the time care planning had been overlooked.

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

- The manager had applied to become the registered manager of the home.
- The registered provider undertook regular visits to the home and shared feedback with the staff at the home where improvements were needed.
- Staff at the home explained that as a small team, they worked closely together and understood the significance of quality performance. They shared with us an example of how they had worked together to improve people's safety at the home when an issue arose about a person's choice of clothing. This led to a positive outcome for the person.

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

- One person told us, "We have a house meeting every month and we talk through things that we want to discuss." They told us this led to improvements in understanding each other's needs.
- Staff also said they worked closely as a small team and that supported one another well.

Continuous learning and improving care

- The new manager was working with people and their families on strategies to improve their well-being and day to day experiences.

#### Working in partnership with others

- People told us about the opportunities they were able to access as a result of the links with the local community. People were encouraged by staff to attend exercise classes and social activities in the community so that they felt part of their neighbourhood.