

# Horizon Care (Greenacres) Limited

## Greenacres Grange

### Inspection report

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Date of inspection visit:  
26 January 2022

Date of publication:  
08 March 2022

### 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

Greenacres Grange is a care home which provides personal and nursing care for up to 80 people. At the time of the inspection, the care home had 28 people living there. Greenacres Grange is a purpose-built care home which can accommodate people across five separate units, each of which has separate facilities. However, at the time of the inspection only three units were being used. Two units mainly supported people who had nursing needs or who were living with dementia. The third unit supported people who had mainly residential care support needs.

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

Visiting arrangements were not in line with government guidance at the start of the inspection. The provider had not allowed relatives to be essential care givers. This was discussed with the provider who subsequently decided to allow all people to have an essential care giver if they wished. This meant the provider was then in line with government guidance on visiting in care homes.

People's relatives gave us mixed feedback about how the provider responded to complaints. However, the provider had recently improved the way they responded to complaints, by enabling the registered manager to produce the initial complaint response, rather than the provider's head office.

People's prescribed medicines were safely managed, and the provider's medicines audits had improved. Improvements had been made in the management of people's individual risks. People were protected, as far as possible, from health infections by the provider's infection prevention and control processes.

People were supported by enough staff to meet their care needs at the time of the inspection. Staff received safeguarding training which helped ensure people were safe from potential abuse and neglect. People's care plans were comprehensive and available to staff. People were supported to have enough to eat and drink and had improved access to preferred snacks both during the day and at night.

People living in the areas of the care home, which were in use at the time of the inspection, benefited from the design and decoration of those areas. People were supported by staff who had received the necessary training to provide safe care. People were treated with kindness and compassion by the care staff. People's dignity and privacy was maintained when care was being provided.

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 communication and sensory support needs were detailed in their care plans. A range of daily activities were provided which people chose to participate in if they wished. People's end of life wishes were included in their care plans so staff could be guided to ensure care was provided sensitively and in line with

the person's wishes.

The provider had improved their communication links with external health and care agencies which helped ensure people received the care they needed. The provider had improved their quality monitoring processes and care management systems. The provider had improved their approach to sharing information with statutory agencies who requested information as part of their role to safeguard people from potential harm or abuse.

Staff told us morale at the service had generally improved now they had a permanent registered manager in place. The provider continued to encourage people and relatives to give them feedback on the service so they could identify further areas they could improve on.

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 and update

The last rating for this service was inadequate (published 9 April 2021) and there were multiple breaches of regulation. CQC issued the provider with two Warning Notices.

The provider completed an action plan after that inspection to show what they would do and by when to improve. On 20 July 2021 (report published 8 October 2021) we carried out a targeted inspection to check if the provider had complied with the Warning Notices. We found some improvements had been made and the provider had complied with the requirements of the Warning Notices which related to regulation 12 (Safe care and treatment) and regulation 18 (Staffing).

At this inspection we found further improvements had been made and the provider was no longer in breach of any regulations.

This service has been in Special Measures since 9 April 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# Greenacres Grange

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of three inspectors, one of whom was a specialist medicines inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience supported the inspection by telephoning a sample of people's relatives to obtain their feedback on the care home.

#### Service and service type

Greenacres Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 two managers 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. One of the registered managers was on long term absence from the care home at the time of the inspection.

#### Notice of inspection

This inspection was unannounced.

### 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 annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with four people who used the service and a relative of a person who lived there. We also spoke with nine staff members including, registered manager, healthcare assistants, nurse assistants, registered nurse, clinical lead, director, regional manager, catering and housekeeping staff. We also observed interactions between staff and people. We reviewed a range of records. This included four people's care records (in whole or in part), risk assessments and multiple medication records. We looked at three staff files in relation to recruitment and pre-employment checks.

### After the inspection

The Expert by Experience and inspector spoke on the telephone with nine relatives of people who used the service. We received feedback on the service, by email or phone, from four members of Greenacres staff. A variety of records relating to the management of the service, including policies and procedures, were also reviewed. We looked at training and quality assurance data and continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At our last ratings inspection we rated this key question Inadequate. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were safely managed. The provider's medicines audits had improved and routinely identified any minor issues which the provider's clinical lead addressed with the staff team. For example, further guidance was being given to staff on how to record when people's prescribed topical skin cream medicines were administered.
- The provider had improved their re-ordering processes to reduce the likelihood of people running out of their prescribed medicines.
- Staff responsible for administering prescribed medicines to people had received training on the provider's electronic medicine administration record (eMAR) system. A staff member told us their confidence in using the eMAR system had improved since they had received the training.

### Assessing risk, safety monitoring and management

- People were protected from the risk of developing pressure ulcers. The provider had improved the co-ordination of staff to ensure people were generally repositioned at the intervals they required to reduce the risk of developing pressure ulcers.
- People had access to continence equipment if they needed it. The provider had improved their re-ordering processes to ensure people did not run out of the supplies they needed.
- People's continence support needs were met. The provider had improved the co-ordination of staff to ensure, where required, people had their continence pads checked and changed at regular intervals. This helped reduce the likelihood of skin deterioration.
- The provider carried out regular health, safety, and hygiene audits. This helped ensure the living environment was safe for people.

### Preventing and controlling infection

- The provider had improved access to handwashing facilities in the clinical rooms. This helped reduce the risk of the spread of health infections.
- The provider had implemented improvements to ensure the hot water temperature at the non-handwashing sinks in the sluice rooms, commercial kitchen, and laundry were in accordance with recognised safety guidance. This helped reduce the potential for the spread of health infections in, and from, those areas of the care home.
- The provider had improved their clinical waste storage arrangements in their external bin area. This reduced potential infection hazards.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider's approach to visiting was not in line with the government guidance in place at the start of the inspection. The guidance stated each person should be able to choose an 'essential care giver'. This is someone who provides not only companionship but also additional care and support to the person in the care home; and can continue to visit even during a COVID-19 outbreak at the care home.
- The provider did not allow relatives to become essential care givers. The inspector raised this with the provider who subsequently reviewed their decision. The provider then wrote to all the relatives of people living at Greenacres Grange to inform them essential care givers would be recognised. This meant the provider was now operating in line with current government guidance.
- The provider supported planned visits by relatives, when not subject to COVID-19 outbreak visiting restrictions. An online visit booking system was in place and those relatives who could not access the online system were able to telephone the care home to book a visiting slot.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

#### Staffing and recruitment

- People were supported by enough staff to meet their assessed care needs. The registered manager decided staffing levels by using a dependency assessment tool and took account of the layout of the care home. This process identified the numbers of staff required to meet the needs of the specific people residing in the care home at the time of the inspection.
- People were supported by staff who were safely recruited. The provider had an effective recruitment policy and procedure, and pre-employment checks were routinely carried out.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had arrangements in place to ensure staff received safeguarding training. Staff told us they understood how to raise any safeguarding concerns either to the provider or to external statutory agencies.
- The provider's safeguarding policies and procedures were available for staff to refer to. This helped to ensure staff were aware of their individual responsibilities to report safeguarding issues.

#### Learning lessons when things go wrong

- The provider had improved the way they learned from issues that arose. Action had been taken to implement the required improvements identified by external quality audits, such as Infection Prevention and Control audits carried out by external health professionals.
- The provider's use of internal quality audit processes had improved. For example, the provider's recent

medicines audits had identified a wider range of minor issues which could be improved on. This then enabled the provider to implement the necessary improvements in a timely manner.

# 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 our last ratings inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection the provider failed to ensure the care and treatment provided to service users was appropriate, met their needs and reflected their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

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

- People had appropriate care plans in place. Care staff had access to information on how to support people and were aware of important information about each person.
- People received the support they required. The provider had an electronic care record system which staff accessed via handheld devices. The electronic system reminded staff when key care tasks were required to be carried out for individual people. This reduced the likelihood of people not receiving the care they required.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- The provider had improved their support to people to manage their diet. Referrals to specialist nutritional support were made when needed and advice from external medical professionals was followed. This reduced the risk of people's diet and nutritional needs not being met.
- The provider had improved people's access to their preferred drinks and snacks, as a means of helping them to maintain their weight. A night pantry box had been provided which contained a range of people's favourite drinks and snacks which they could access when the main kitchen was closed in the evenings and at night.
- People enjoyed the meals provided. Meals appeared appetising and were well presented. A person told us, "I had a good breakfast today. You can have a full English breakfast every day here if you want it."

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

- At the time of the inspection the provider was only using two floors of the care home. The design and decoration of the living environment in those areas met people's needs.
- The communal areas of the ground and first floor of the care home had objects of interest, and elements of personalisation, to help people to navigate the unit, and objects to engage with.
- The provider was reviewing how they could increase the personalisation of people's bedrooms and had

written to people's relatives to encourage them to bring in items which their loved one might recognise and enjoy.

#### 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 MCA 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.

- People had appropriate mental capacity assessments in place within their care plans. Care plans described people's care support needs and identified whether the person had the capacity to make decisions about those areas. People were supported to make their own decisions about their care where they were able to.
- The provider had made the necessary applications to the local authority when it had been determined it was in a person's best interests to be deprived of some aspects of their liberty. For example, where it had been identified a person would not be safe if they left the building without being supported.

#### Staff support: induction, training, skills and experience

- The provider had arrangements in place to provide staff with an induction to the service, training and ongoing supervision.
- The provider's training records evidenced staff had received the necessary training to safely support people. We observed staff putting their training into practice when they supported and interacted with people. For example, when supporting people to move.

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

- External professionals told us the service had improved their communication with them. Improvements in the communication with GPs and community pharmacists helped ensure people received the medical care they needed.
- The local authority told us the registered manager had a more open approach to sharing necessary information when requested, which helped the local authority to investigate any safeguarding issues to protect people from potential harm.

# 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.

At our last ratings inspection we rated this key question Good. The rating for this key question has remained 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 care needs were assessed by the provider before they moved into Greenacres Grange. The assessment included any equality and diversity support needs which informed people's care plans and were a guide for staff.
- Staff interacted positively with people. We observed people and staff communicating in a friendly and relaxed manner.
- People were well treated by staff. People spoke positively to us about the staff who supported them. A relative told us, "Carers are good, [person] would soon tell us if not!"

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

- The provider was encouraging people and their relatives to be involved again in the review of people's care plans. This had been more difficult to do previously when the care home had been required to 'lockdown' due to COVID-19 outbreaks.
- People were encouraged to give feedback to the provider about the service they received. The provider carried out satisfaction surveys with people and explained the action they had taken as a result of the feedback.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was maintained. A relative told us, "Staff are very caring, all the ones I have met. [Person] is always clean and tidy and is as happy as they can be."
- People's privacy was respected. Care staff knocked on the door before entering people's private bedrooms and doors were closed when personal care support tasks were carried out.
- People were encouraged to remain as independent as they wanted to be. For example, a person enjoyed making their own bed and staff understood this was important to them and ensured they were enabled to do that.

# Is the service responsive?

## Our findings

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

At our last ratings inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The provider had not always responded to complaints in a timely manner. We found they had not always responded within the timescales detailed in their own complaints' procedure.
- Relatives gave us mixed feedback about the response to complaints. Some relatives told us they had never had cause to complain about the service provided at Greenacres Grange.
- Some relatives told us they were satisfied with the registered manager's response to their complaints. A relative told us, "I have complained when I was not informed [person] was taken to hospital. I should have gone with them, and that is recorded in their care plan, to ease their anxiety. But they didn't tell me. They apologised, and it's not happened since."
- Other relatives were not satisfied with how complaints were dealt with. A relative told us, "There is no point in complaining. They just send you a letter, but nothing really changes. I felt fobbed off. I don't think it is the care home staff though. I think it is their company policy on complaints."
- The provider had apologised when a complaint had not been resolved in a timely manner. The provider had recently improved the way complaints were initially responded to. Complaints were now usually responded to by the registered manager at the care home rather than by the provider's central complaints team. This meant the time taken to respond to complaints had decreased.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication support needs, including details of any sensory impairments, detailed in their care plans. This meant staff had access to information about how to communicate with individual people.

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

- There were a range of activities provided by the service. We saw people were free to become involved with these if they wanted. A relative told us, "[Person] enjoys some of the activities, especially music and bingo. She is very happy at Greenacres."
- When COVID-19 restrictions had allowed, the provider had arranged for external entertainers to visit the care home; including therapy animals for people to interact with.

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

- People's care plans were individualised. Care plans guided staff to ensure people were able to have as much choice and control over their own care as they were able to.
- People's preferred activities were supported. For example, a person enjoyed gardening and the registered manager ensured they were supported to engage in their preferred hobby.

End of life care and support

- People had end of life care plans in place. These had enough details to guide staff on how the individual people wished to be supported during that difficult time.

# 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 our last ratings inspection we rated this key question Inadequate. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider failed to establish effective systems to assess, monitor and improve the service quality and safety of the services provided to people. The provider had also failed to share relevant information about safeguarding incidents with the local authority in a timely manner. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had improved their governance systems. Quality audits were more effectively used to identify potential risks to people's health and safety. For example, recent medicines quality audits had identified a wider range of issues which the provider then acted on. This helped reduce the potential risk of harm to people.
- The provider had improved their processes for sharing the learning from mistakes. Daily meetings of designated members of staff took place so issues could be shared and addressed.
- The provider's electronic care management systems had improved. The registered manager continued to adapt the care management system, so it generated useful reports. For example, following previous concerns raised about the condition of people's air flow mattresses, the registered manager had used the electronic care management system to ensure that air flow mattresses were regularly checked by staff. This helped ensure the mattresses were set to the correct settings to reduce the potential for people to develop pressure ulcers.

Working in partnership with others

- The provider had improved the way they shared requested relevant information, such as about incidents or risks, and copies of care records, with the local authority safeguarding social workers in a timely manner. This meant the provider was supporting the local authority to exercise its duty to carry out any necessary enquiries to safeguard people from abuse and potential harm.

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

At our last inspection the provider had failed to act in an open and transparent way with the relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity. This was a breach of regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 20.

- The provider had improved their approach to sharing information with people and their relatives when things go wrong. The registered manager was clearly committed to ensuring people and their relatives were notified about any issues and incidents.
- The provider had made all necessary statutory notifications to the CQC. This is a legal requirement placed on care providers. Receiving notifications enables the CQC to monitor regulated services and identify where there may be potential risks which need to be addressed.

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

- The registered manager had developed a more positive culture within the service. A staff member told us, "Greenacres has had some problems in the past, but the team we have now are all committed to driving the improvements. The managers we have in the care home now are supportive and approachable."
- Most staff told us that morale had improved. A staff member told us, "Staff morale has been a massive struggle, especially during the COVID-19 pandemic. But I do believe the difficulties have brought us closer together as a team. Our staff team now has such a passion to try and be better and offer the best care we possibly can."
- Support for staff from managers had become more consistent. Previously there had been several changes in the management of the service within a short space of time, and staff had told us that unsettled the service. During this inspection, most staff spoke positively about the registered manager and other senior staff based permanently within the service.
- Some relatives told us they were not sure who the registered manager at the service was. For example, a relative told us, "I don't really know who the manager is. But I get good updates via email, and the staff let me know if my relative is unwell." The registered manager had joined Greenacres during the COVID-19 pandemic and so opportunities to meet with relatives had been limited due to COVID-19 restrictions. We were assured the registered manager was addressing this as the pandemic restrictions started to ease.

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

- The provider had regularly sent out email updates and letters to relatives to inform them about issues relating to Greenacres. This had been especially important in respect of COVID-19 precautions and updates regarding infection outbreaks.
- The provider had an appropriate equality and diversity policy in place and staff received training in how to ensure people's equality characteristics were considered when providing care to them.
- Details of people's individual equality and diversity characteristics were recorded in their care notes and considered when care was being planned.