

HC-One Oval Limited

Greengables Care Home

Inspection report

54 Sandbach Road
Congleton
Cheshire
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11 November 2020
18 November 2020
26 November 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Greengables Care Home is a residential care home registered to provide nursing and personal care to a maximum of 30 people. The premises is a detached, two storey Victorian house standing in its own grounds. Accommodation is provided over two floors accessed by stairs and passenger lift. There are two lounges and a large dining room for people to use within the building. People also have access to secure outdoor space. At the time of our inspection there were 20 people living in the home.

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

The atmosphere in the home was welcoming, warm and sociable. People told us they felt safe and well cared for.

Safeguarding systems, policies and procedures ensured people were safe and protected from abuse. Risks to people's health, safety and welfare, were identified and managed safely with the involvement of the person or their representatives.

There were sufficient numbers of suitably trained and experienced staff on duty and safe recruitment procedures were followed.

Medicines were safely managed, and systems were in place for reporting accidents and incidents and learning from them.

We were assured by the additional measures in place to help prevent the spread of COVID-19. Risks relating to infection prevention and control (IPC), including in relation to COVID-19 pandemic were assessed and managed. Staff followed good IPC practices.

People's care, treatment and support achieved good outcomes and promoted a good quality of life. A visiting general practitioner described the standard of care as "fantastic." Staff were seen to be consistently caring. Staff treated people with dignity, kindness and respect and, promoted people's choice. They sought people's consent, promoted independence and offered emotional support when needed.

People and their visiting relatives praised the staff and the quality of care provided. Their comments included: "absolutely brilliant" "care is exceptional" and ""wouldn't have mum anywhere else. They treat her with dignity and respect."

The manager and senior staff team were clear about their roles and responsibilities and they promoted a positive, person-centred culture. Staff worked well together as a team, and there was good partnership working with others to meet people's needs. Staff morale was good, and staff felt well supported.

Effective systems were in place for checking on the quality and safety of the service and making

improvements where needed.

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 July 2019) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service In April and May 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, consent and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greengables Care Home on our website at www.cqc.org.uk.

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 effective findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our effective findings below.

Greengables Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. 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

This inspection was carried out by one 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.

Greengables Care Home is a care home. People in care homes receive accommodation and nursing and personal care. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager who had made application and was in the process of registering with the CQC. When the manager is registered, both the registered manager 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

We announced the inspection visit 48 hours before it took place. This was because we needed to give the manager time to prepare in advance of our visit due to the COVID-19 pandemic. Inspection activity started on 11 November 2020 and ended on 26 November. We visited the service on 11 November 2020.

What we did before the inspection

We reviewed the information we received about the service since the last inspection. We sought feedback from the local authority. We looked at the report published by Healthwatch subsequent to their visit to the

home on 24 January 2020. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 nine people who used the service and five visiting relatives about their experiences of the care provided. We also spoke with the manager, and eight members of staff including a nurse, three care staff, the head of housekeeping and the quality manager. We 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 reviewed a range of records. This included several people's care records and multiple medication records. We looked at the recruitment files for two staff employed since the last inspection. A variety of records relating to the management of the service were also reviewed.

After the inspection visit

Due to the impact of the COVID-19 pandemic we limited the time we spent on site. Therefore, we requested records and documentation to be sent to us and reviewed these following the inspection visit and continued dialogue with the manager by telephone. Our Expert by Experience spoke with people who used the service and some of their relatives on the telephone. We also spoke with a visiting doctor and sought their views of standard of care provided.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, hazards and risks were not always adequately controlled so people had remained at risk. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, significant improvement had been made and the provider was no longer in breach of this regulation.

- Risks to people's health and safety including those presented by the covid 19 pandemic were identified and well managed so people were safe and protected from avoidable harm.
- The service had contingency plans in place to manage unforeseen emergencies and each person had an up to date personal emergency evacuation plan.
- Regular safety checks were carried out on the environment, equipment and utilities.

Using medicines safely

- Medicines were received, stored, administered, recorded and disposed of safely.
- Staff involved in administering medicines had received training around medicines and had access to relevant guidance regarding the administration of medicines which may be required on an 'as and when required' basis.
- Medicines audits were carried out monthly.

Staffing and recruitment

- There were enough suitably, skilled and experienced staff on duty to meet people's needs safely and consistently.
- The number of staff on duty and skill mix were determined based on people's needs and dependency levels. We could see that staffing levels had been increased in recent weeks to meet the changing needs of people who lived at the home.
- The provider followed safe procedures for the recruitment of staff and all appropriate checks had been completed before new staff were employed in the home.
- The people who lived at the home, and their relatives were unanimous in their praise for the standard of care at Greengables Care Home. Their comments included "the home is "absolutely brilliant, care is exceptional," "staff are very good" and "the atmosphere is very good, staff are kind, caring and know me well, will do anything for you."

Preventing and controlling infection

- We were assured by the additional measures in place to help prevent the spread of COVID-19.
- The provider's infection prevention and control (IPC) policies, procedures and practices had been reviewed and where appropriate revised in the light of the Covid19 pandemic to ensure people were safe and protected from harm.
- Risks relating to IPC, including in relation to COVID-19 pandemic were assessed and managed. Staff followed good IPC practices.
- Increased cleaning schedules had been developed implemented and maintained. All areas of the home were seen to be clean and hygienic.
- Sufficient supplies of personal protective equipment (PPE) were available and staff knew how to wear and dispose of it safely.
- When asked about the cleanliness of the home, people and their relatives told us, "the home is clean, I have never found fault with anything" and "the home is kept clean and the cleaning staff are smashing."

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to safeguard people from the risk of abuse.
- Staff had completed safeguarding training and were confident in recognising and reporting abuse.
- People who lived at the home told us that they felt safe. Visiting relatives were confident that their loved ones were safe and well cared for.

Learning lessons when things go wrong

- Records of accidents and incidents were maintained and analysed to help identify any patterns or trends. Where patterns were seen, action was taken to see if lessons could be learnt or whether additional action needed to be taken.
- A visiting doctor who was the home's clinical lead in the local Primary Care Network spoke highly of the home and the standard of care provided. They told us that the manager and staff worked in partnership with them to ensure people received safe and effective care. For example, there had been collaborative working on falls and prevention and nutrition.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the registered provider was not always operating in accordance with the Mental Capacity Act. This was a breach of regulation 11 (Consent to care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, significant improvement had been made and the provider was no longer in breach of this regulation.

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.

- Staff had completed training around the MCA and they understood the principles of the Act and associated DoLS.
- Applications for DoLS authorisations had been made when needed and were regularly reviewed.
- Mental capacity assessments had been completed to identify whether a person had capacity to make a specific decision and where appropriate best interest decisions were recorded.
- People were supported to be involved in daily decisions about their care and staff sought their consent.

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

- People's needs and choices were assessed, and care plans were developed with the involvement of the person. These provided clear guidance for staff on how best to meet people's needs in the way they wanted them to be met. The manager advised that all care and support plans were being reviewed to make clear

that the person or their representatives had been consulted.

- People told us they were involved in discussions about their care and they experienced good outcomes. One person said: "the staff know me well, and they know what they are doing, marvellous people can't see how it could be bettered."
- Monitoring charts were in place and used effectively to monitor and evaluate aspects of people's care.

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

- Peoples' nutritional needs were assessed and planned for using a nationally recognised tool.
- Records showed that people were offered and supported with sensitivity and care to eat a balanced and nutritious diet.
- People had access to drinks and snacks throughout the day and they praised the standard of catering. Comments from the people who lived at the home and their relatives included: "The food is good, nice and fresh", "food is good". and "The food is very good, (relative) has choices, sometimes too many and staff will offer alternatives to the main menu."
- We observed that the dining experience was relaxed, pleasant and sociable. Staff showed skill and sensitivity in the way they assisted people to eat their meals.

Staff support: induction, training, skills and experience

- New staff received an induction training which consisted of training in key areas, and shadowing more experienced staff, to ensure they were competent before they could work unsupervised.
- Staff presented as caring professionals. They were skilled and knowledgeable about meeting people's needs. They had received training in a variety of appropriate and specialist topics including Covid19 to help guide them in their role.
- Staff told us that they were well supported and appreciated the support and direction from the management team. They told us communication was good and they had benefited from regular group supervision sessions led by the manager.
- Records showed that not all staff had received one to one supervision in accordance with the provider's policy. The manager was aware of this and had begun a programme of regular supervision meetings for all staff going forward into the new year.

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

- People had routine access to healthcare professionals and had been referred to specialists when required.
- Information regarding people's changing health needs was shared between staff during shift handovers, and people's care was adjusted as required.
- A visiting General Practitioner told us that the manager and staff worked in partnership with them to ensure the health care needs of people were met.

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

- The design and layout met the physical needs of people living at the home.
- Rooms were personalised and contained people's own photographs, furniture and pictures.
- A lift gave access to all floors of the home. Bathrooms had been adapted to help ensure all people could access them.
- A new collapsible hoist had been acquired to enable access to bedroom where corridors are narrow.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection systems in place to monitor the quality and safety of the service were not always effective. This was a breach of Regulation 17 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.

- The management team had learned from issues identified during our previous inspection and had taken effective action to improve the standard of care provided. This was demonstrated by the improvements we found during this inspection.
- Effective systems for checking on the quality and safety of the service and for making improvements were in place and were being followed.

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

- The manager promoted a culture of person-centred care by engaging with staff, everyone using the service and relevant others such as family members.
- Visiting relatives told us that the home was well managed. Their comments included: "The home is well led, everything seamless and they listen to (relative) big time, very open to questions" and "The new manager is very supportive and knows everything about my (relative). I have attended relatives' meetings and felt that staff would act upon any points raised."
- People who lived at the home were unanimous in their praise of the standard of care and when we asked whether the home was well managed their comments included: "nothing to find fault with" and "the manager is very approachable and she comes around and talks to us. The staff support (new manager) well."
- Morale amongst the staff team was good. Staff told us that they appreciated support, guidance and direction of the manager, and colleagues. They told us that they enjoyed a sense of teamwork and were proud to be associated with the home and the standard of care provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 understood their responsibilities to act in an open and transparent way when things went wrong. Incidents and accidents were analysed, and arrangements in place to ensure learning was shared with the staff team, to help ensure people received safe and effective care.
- The manager and staff completed training and kept up to date with the law and current good practice guidance to update their knowledge and learning.
- The provider met the regulatory requirements to be open and transparent with people using the service when things went wrong.
- The CQC had been notified about incidents and events which occurred at the service, in accordance with the regulations.
- The ratings from the last inspection were clearly displayed at the service and on the providers website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service continued to involve people and their relatives in discussions about the quality of care provided and were kept up to date through telephone discussions, residents meetings and emails during the COVID-19 pandemic.
- Staff told us that they felt involved in decisions made about the service; and were confident sharing their ideas and views and felt they were listened to.
- Managers and staff worked in partnership with other agencies to ensure good care. A visiting general practitioner said: "There can be no doubt the manager and staff work in partnerships in the best interest of the people who live at the home, the care is fantastic."