

Purelake (Greenford) Limited

# Greenford Care Home

## Inspection report

260-262 Nelson Road  
Gillingham  
Kent  
ME7 4NA

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Greenford Care Home is a residential care home providing personal care to 14 people aged 65 and over at the time of the inspection. The service can support up to 18 people in one adapted building.

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

People told us they were happy living at Greenford Care Home. They felt safe and were supported to remain independent. People told us, "It's very nice here" and "The staff are very good".

The service had improved since our last inspection; however, further improvements were needed to bring the service up to a good standard. Records of the care people received had improved and checks and audits had found further improvements were needed throughout the service. Plans were in place to make the necessary improvements and we will check these have been effective at our next inspection. The manager was working with local authority staff to make the improvements.

Risks to people had been identified and action had been taken to keep people as safe as possible. The way risks were managed had been discussed and agreed with people. Staff knew how to protect people from harm and were confident the manager would act on any concerns. People were protected from the risk of infection. Lessons were learnt when things went wrong.

The manager had developed an open culture centred around people. People and staff were involved in planning changes at the service. Their views and feedback had been acted upon to improve the service. There were enough staff to meet people's needs. Staff had been recruited safely and had the skills and experience to fulfil their role.

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

The last rating for this service was requires improvement (published 24 December 2019) and there were breaches of one regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service remains rated requires improvement.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 15 and 16 October 2019. Breaches of legal requirements were found. We undertook this focused inspection to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. 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 remains requires improvement. 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

Greenford Care Home on our website at [www.cqc.org.uk](http://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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Greenford 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.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

Greenford Care Home 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 did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff including the provider, manager, senior care workers, care workers and activities staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality improvement plans. We spoke with two relatives about their experience of the care provided and three staff. We also spoke with one professional who regularly visits the service.

# 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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety.

### Using medicines safely

At our last inspection the provider had failed to ensure records in relation to some medicines were complete. 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 provider was no longer in breach of regulation 17.

- People's medicines were managed safely. Action had been taken since our last inspection to improve medicines records. However, no records had been kept of one medicine the service held for the community nursing team to administer. This was an area for improvement.
- Action had been taken to improve guidance around people's 'when required' medicines, such as pain relief. Guidance was not in place for all 'when required' medicines. The manager had arranged to meet with people's GP to put this guidance in place the day after our inspection. Staff checked with people during the day if they required pain relief and recorded when and why it had been administered.
- Shortly before our inspection the manager had noted staff had not always recorded when prescribed creams had been applied. The day before our inspection they had put a new process in place to ensure accurate records were maintained. There were clear guidelines in place for staff about where to apply each cream and when. Creams had been applied effectively. Other medicine records were complete. We will check action taken to improve medicines records has been effective at our next inspection.
- People told us they received their medicines when they needed them. Staff followed guidance in people's care plans about how they preferred to take their medicines. Medicines were ordered, stored, administered and disposed of safely.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure records in relation to the mitigation of risks were complete. 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.

- Risks to people had been assessed and action had been taken to keep people safe and maintain their independence. People had been involved in planning how risks were managed. Several people at the

service smoked. They all told us they were happy for staff to hold their cigarettes and lighters to reduce the risk of accidental fire. We observed staff gave people their cigarettes and lighter when they wanted them and supported them to smoke safely outside.

- Risks of people developing pressure ulcers had been assessed. Action had been taken to mitigate risks to people, such as using special mattresses and cushions. Staff knew how often to support people to change their position and improved records showed this was completed regularly.
- Risks associated with epilepsy had been assessed and guidance had been provided to staff about how to identify and respond if people had a seizure. This included when to call the emergency services.
- Action had been taken to mitigate risks related to the building. Contractors visited regularly to service and maintain equipment. The lift was serviced during our inspection. Plans were in place to keep people safe in the event of a fire. People had personal emergency evacuation plans and evacuation equipment was in place. Fire drills had taken place and fire equipment was checked regularly.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse and told us they felt safe at Greenford Care Home.
- Staff had completed training to identify and report potential abuse. They were confident to raise any concerns they had with the manager or provider. Staff knew how to whistle blow to outside organisations, such as to Care Quality Commission (CQC).
- The manager had identified any incidents of potential abuse. They had discussed these with the local authority safeguarding team and informed CQC.

Staffing and recruitment

- There were enough staff to provide the care and support people needed. The manager considered people's needs and preferences, when deciding how many staff to deploy on each shift.
- Staff knew people well and provided their care in the way they preferred. When people were worried or anxious staff responded quickly to offer them reassurance and comfort. People told us staff were always available when they needed them. They also told us staff gave them privacy and encouraged them to be independent.
- Staff were recruited safely. The manager reviewed the skills in the staff team before recruiting new staff to ensure there was a balance of skills and experience. Checks had been completed on staff's character and previous employment, including their conduct in previous social care roles. Criminal record checks with the Disclosure and Barring Service had been completed. Checks were being updated for staff who had worked at the service for several years.

Learning lessons when things go wrong

- Effective action had been taken to prevent accidents from reoccurring. The manager reviewed all accident reports and took remedial action to prevent accidents happening again. For example, one person fell in their bedroom. With the person's agreement an alert mat was placed next to their bed, to inform staff when the person was at risk of falling.
- Analysis of accidents was completed to look for patterns and trends. When necessary the manager had referred people to specialist health services, such as the falls team. Any recommendations were acted on and people had not fallen again.
- Action was taken when staff's practice fell short of the standards the provider and manager required. The manager followed the provider's disciplinary procedures and supported staff to develop to avoid issues arising again.

Preventing and controlling infection

- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection the provider had failed to ensure effective checks were completed on the quality of the service people received. This was a continued 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.

- The service had improved since our last inspection; however further improvements were necessary to bring it up to a good standard. The provider had acted on our recommendations. Everyone had been invited to discuss their end of life wishes and these had been included in people's care plans. Changes had been made to the décor of the service to support people living with dementia find their way around. The manager had rewritten nine care plans and planned to rewrite the remaining five. The new care plans were personalised and included information about people's wishes and preferences.
- Effective checks on the quality of the service had been completed and actions had been planned to address any shortfalls found. The provider has made resources available to fund improvements. For example, a number of new activities had been purchased which people enjoyed. Activities now took place in the evening as well as during the day, such as bingo.
- The manager had plans in place to continue to develop and improve the service. Improvements were based on people and staff's views and good practice guidance. A plan was in place and the manager reviewed and added to this regularly. Staff were responsible for different areas of practice, they were developing action plans to improve these areas. We will check to make sure the actions taken have improved the service to a good standard at our next inspection.

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

- There had been several managers at the service in the past two years and this had led to inconsistent leadership and constant change. The last manager had left in March 2021 with no notice. In response to this the provider had appointed a manager from within the management team. They had been in post for approximately three months. An experienced manager from another of the provider's services, was supporting them in the role. The manager had begun the process of applying to be registered with CQC. They planned to recruit to the vacant head of care position to strengthen the management team.

- The changes in management had unsettled the staff team, as each manager changed systems and processes. Staff told us the appointment of the current manager had given them some stability as they knew people, staff and systems well.
- Staff were clear about their roles and were reminded of these at daily meetings. Staff were informed immediately of any changes. They worked together as a team across the service and supported each other.
- Records maintained by staff had improved since our last inspection. The manager and staff knew further improvements were needed and had plans in place to do this. Detailed records had been maintained in relation to any important decisions made in people's best interests.
- Services that provide health and social care to people are required to promptly inform us of important events that happen in the service. This is so we can check appropriate action had been taken. The manager had notified us of events that happened at the service.
- The manager and provider understood their responsibility to be open and honest when things went wrong.

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

- The manager and staff had a shared goal and encouraged people to remain independent. People told us they were supported to remain as independent as possible, one person told us, "Staff stay with me in the shower in case I fall, but I wash myself". The aims of the service were included in the statement of purpose which the manager was updating. The aims had not been shared with people and were not included in the service user guide given to people on admission. This was an area for improvement.
- There was an open culture where people and staff were encouraged to share any concerns they had so they could be addressed. People told us they were confident to raise any concerns with staff. Staff were confident to chat about concerns at their daily meetings and resolutions were agreed. Relatives told us staff were open and kept them updated about any changes in their relative's needs.
- Staff felt supported by the new manager. They told us the manager was approachable and listened to them. Staff worked together as a team to offer people the care and support they needed. The manager had spoken with staff about areas of the service they were specifically interested in. Several staff had become champions and were taking the lead on developing and improving areas of the service. These included medicines, health and safety and infection control. Staff told us they were proud to have the responsibility and were enthusiastic about making improvements.

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

- People were asked for their views at regular meetings and these had been used to improve the service. For example, meals including spam fritters, bolognese and 'a fry up' had been added to the menu at people's request. Other important issues had been discussed such as the lifting of Covid restrictions and people were planning days out. People were pleased their friends and family were able to visit them at the home following current government guidelines.
- The manager had begun to ask staff for their views of the service using surveys. These had been returned shortly before our inspection and the manager planned to analyse the feedback and use it to develop the service. Plans were in place to ask people, their relatives and visiting professionals for their views.
- The manager was planning to hold meetings with people and their representatives when Covid restrictions allowed. This was at the request of people and their families.
- The manager was working with the local authority commissioners to improve the service. They had agreed an action plan and this was regularly reviewed to check actions had been completed.