

# Greenlane Care Homes Limited

## Greenlane House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This unannounced inspection took place on 07 November 2017. Greenlane House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates 28 people. At the time of the visit there were 25 people who received support with personal care as nursing care is not provided at this home.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 04 August 2015, the service was rated 'Good'.

During this inspection we found breaches of Regulations 11, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found people's consent had not been sought and recorded, medicines were not always managed safely and quality assurance systems were not effective in identifying and generating improvements to the quality of the service. You can see what action we told the registered provider to take at the back of the full version of the report.

Feedback from people and their relatives regarding the care quality was positive. Views of a professional we spoke with were also positive. People who lived at Greenlane House told us that they felt safe. There was mixed feedback about the staffing levels in the home. Visitors and people who lived at the home spoke highly of the registered manager and the owner who is also the provider.

People received their medicines as prescribed and staff had been trained in the safe management of medicines. However, there were shortfalls in medicine practices in the home as the management and storage of topical creams was not robust.

The staff who worked in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible. However there was a lack of understanding of the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Although people's consent to various aspects of their care was considered and where required DoLS authorisations had been sought from the local authority, the systems for assessing and recording mental capacity assessments were not in place. The registered manager had applied for DoLS authorisations however no mental capacity assessments had been undertaken as required by the law and associated codes of practice.

Staff had received safeguarding training and knew how to report concerns to safeguarding professionals.

Accident and incidents had been recorded, however improvements were required to demonstrate what support people had received following incidents such as falls. Recruitment checks were carried out to ensure suitable people were employed to work at the home.

Risk assessments had been developed to minimise the potential risk of harm to people who lived at the home. These had been kept under review and were relevant to the care and support people required. We found further risk assessments were required for people who required the use of bed rails. Risk associated with fire had been managed and fire prevention equipment serviced in line with related regulations. However people did not have personal emergency evacuation plans for staff to refer to.

There was an infection control policy however the risk of infection was not adequately managed. Staff did not always wear personal protection equipment such as aprons when providing personal care. The environment was clean however adaptations and decorations had not been adapted to suit the needs of people living with dementia and create a dementia friendly environment. We made a recommendation about this.

Care plans were in place detailing how people wished to be supported. People and their relatives were involved in care planning. However, this had not always been recorded. People's independence was significantly promoted.

The provider had not formally sought people's opinions on the quality of care and treatment being provided. Relatives and residents meetings and surveys had not been undertaken to seek people's opinions although a suggestions box was in place at the entrance.

We observed regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. People's nutritional needs were met. Risks of malnutrition and dehydration had been assessed and monitored. Comments from people who lived at the home were all positive about the quality of meals provided. We found people had access to healthcare professionals and their healthcare needs were met. Relevant health care advice had been sought so that people could receive the treatment and support they needed. Health and safety concerns were identified and rectified.

We observed people being encouraged to participate in activities of their choice. However feedback from people about activities was mixed. There were no formal records to demonstrate what people had participated in. People were supported to continue to access their community to reduce social isolation. People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns.

All staff had received induction and training including the care certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life. There was a policy on staff supervision and appraisals and staff had received regular supervision.

Staff told us there was a positive culture within the service. Staff we spoke with told us they enjoyed their work and wanted to do their best to enhance the experience of people who lived at the home. We received positive feedback from a visiting professional and relatives of people who lived at the home.

The registered manager used a variety of methods to assess and monitor the quality of care at Greenlane House. However we found shortfalls in the systems and processes for monitoring and assessing quality in the home. There were no formal medicine audits, care plan audits, health and safety audits by the registered

manager. Governance and management systems in the home were not robust and required improvements. Internal audit and quality assurance systems had not been effectively implemented to assess and improve the quality of the service and to proactively identify areas of improvement. There were up to date policies and procedures in place however these had not been followed to ensure compliance with regulations and continuous improvement of the care provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was not consistently safe.

Relatives felt their family members were safe. Feedback was positive.

Staff knew how to protect people from abuse and had received safeguarding training.

Risks to the health, safety and well-being of people who lived at the home were assessed and plans to minimise the risk had been put in place. Improvements were required for the management of head related injuries.

People's medicines were safely managed however there was no adequate written guidance for 'as and when' medicines (PRN).

Risks of fire had been managed and equipment had been serviced regularly. However people's records did not have person emergency evacuation plans (PEEPS) to guide staff in cases of emergency.

**Requires Improvement** ●

### Is the service effective?

This service was not consistently effective.

The rights of people who did not have capacity to consent to their care were not fully protected in line with the MCA principles. Authorisations to deprive people of their liberties had been submitted where required. However records demonstrating consent and mental capacity were not completed.

Staff had received training, induction and supervision to ensure they had the necessary skills and knowledge to carry out their roles safely.

The environment was not adequately adapted to meet the needs of people living at the home.

People's health needs were met and specialist professionals were involved appropriately.

**Requires Improvement** ●

### Is the service caring?

Good ●

The service was caring.

People and their relatives spoke highly of care staff and felt they were treated in a kind and caring manner.

People's personal information was managed in a way that protected their privacy and dignity.

Staff knew people and spoke respectfully of people they supported.

Improvements were required to ensure staff utilise accessible ways to communicate with people with communication difficulties.

### Is the service responsive?

Requires Improvement ●

The service was not constantly responsive.

People had plans of care which included essential details about their needs and outcomes they wanted to achieve.

Information was not always provided in an accessible manner to people with sensory impairment.

People had been provided with appropriate meaningful day time activities and stimulation to keep them occupied. However records had not been kept of what had been provided to people.

There was a complaints policy and people's relatives told us they felt they could raise concerns about their care and treatment. Complaints had been dealt with in line with policies and procedures.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There was a registered manager in post and people gave positive feedback about the manager and the provider.

Policies for assessing and monitoring the quality of the service were in place. However the systems and processes had not been fully established and were not robust to identify concerns relating to care and treatment.

There was a lack of clear and systematic approach to monitor

the overall quality of the service.

We found shortfalls relating to seeking consent, medicines management and audit systems in the home. Governance systems for assessing the quality of records relating to care delivery were not robust.

# Greenlane House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 07 November 2017 and was unannounced.

The inspection team consisted of one adult social care 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 service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

Before the inspection we reviewed the information we held about the service. This included safeguarding alerts and statutory notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events, which the provider is required to send us by law. We also contacted health and social care professionals who worked alongside the service. We also reviewed the information we held about the service and the provider. We spoke to a community podiatrist during the inspection.

We spoke with a range of people about the home including twelve people who lived at the home, seven visitors and six care staff. In addition, we also spoke with the registered manager, the maintenance officer (who was also the business partner) and the owner.

We looked at the care records of six people who lived at the home, training records and three recruitment records of staff members and records relating to the management of the service.



# Is the service safe?

## Our findings

People who lived at the home told us they felt safe living at Greenlane House and with the way staff supported them. Comments from people who lived at the home included, "I used to have a bungalow but I couldn't cope so I am safer here, they do come if you call", "I do feel safe here and it's nice" and "They come if you call, they don't like you to be wet or anything and they move me with a standing frame that's alright." A relative told us, "I have always found it very clean when I've come in and there is never that awful smell you sometimes get."

A community podiatrist told us that staff at the service were proactive in identifying any deterioration of people's conditions and work well.

We looked at how the provider ensured the proper and safe use of medicines in the home. There were up to date policies and procedures which clearly defined and described the service's responsibilities in relation to medicines. However; the policies and procedures had not always been followed to ensure people received their medicines safely.

We observed the staff on duty administering medicines during lunch time. We saw the medicines trolley was left open and unlocked while the staff member was attending to people. We observed people's medicines were tipped from the medicines pots on to the table and staff walked away without observing that people took all their medicines.

We found medicine administration records (MARs) for topical creams had not been signed to demonstrate that staff had administered these medicines as prescribed. This meant that it was not possible to determine if the prescribed creams had been given as prescribed. In addition topical creams were not stored securely in people's bedrooms. We discussed these matters with the registered manager and asked them to take immediate action to rectify this matter during inspection.

We found there were no specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines (PRN). The protocols are important to ensure staff are aware of the individual circumstances when this type of medicine may need to be administered or offered. The organisation's policy required that all people with PRN medicines should have PRN protocols. This meant that the provider had failed to follow their own policy to ensure the safe management of medicines.

The registered manager had not carried out regular and formal medicines audits. They informed us that an audit had been carried out by an external pharmacist, once or twice a year. The lack of regular medicines audits meant that issues and concerns relating to medicines management could not be identified and rectified in a timely manner. This may expose people to risks of medicines mismanagement.

Where potential risks had been identified the actions taken by the service had been recorded. For example, we saw evidence of actions following falls. Staff had sought medical advice in majority of the cases. However we noted that although staff had sought medical advice after falls, cases involving suspected head injuries

had not always been referred to medical professionals for advice.

In addition we noted that three people in the service used bed grab handles (also known as bed sticks) which are designed to aid mobility in bed and whilst transferring to and from bed. Bed grab handles are an entrapment risk. Where they are used to support people, risk assessments should be completed to ensure that people are safe to use them. We found risk assessments had not been completed. We could not be assured that risks of entrapment had been considered before the equipment was fitted. We brought this to the attention of the registered manager and they immediately assessed people and sent us records to show what they had done. They also informed us staff will seek medical advice in the event of unwitnessed falls involving head injuries. This would ensure that people receive appropriate and timely support from medical professionals.

The provider did not have robust systems in place for the identifying and managing risks at the service. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

People were identified by a photograph on their MAR which helped to reduce the risk of administration errors. The MAR provided clear information on the prescribed items, including the name and strength of the medicines and dosage instructions. The care plans for medicines were mostly clear, up to date and appropriately kept. We found people's choice and independence to manage their own medicines was promoted. People who had been identified as able to self-administer and manage their own medicines had been identified and risk assessments had been put in place. People had been given lockable storage facilities and were monitored by staff to ensure they kept the medicines secure. This was an example of good practice.

We checked the procedures and records for the storage, receipt, administration and disposal of medicines. The process included staff having sight of repeat prescriptions before being sent to the community pharmacists.

We checked the arrangements in place for the management and storage of controlled drugs which are medicines which may be at risk of misuse. We found appropriate secure storage was provided and that the stock levels were in agreement with the recorded balance. There were appropriate security arrangements to monitor the medicines cupboard. The fridge and the temperature of where medicines were stored was being recorded on a daily basis to ensure those medicines were stored correctly and safely.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. These had been reviewed regularly and staff had received training in safeguarding adults. Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. There were arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong.

We saw the service had contingency plans in place. There was an overall fire risk assessment for the service in place. We saw there were clear notices within the premises for fire procedures and fire exits were kept clear. We found fire safety equipment had been serviced in line with related regulations. Fire alarms had been tested regularly. Fire evacuation drills were undertaken regularly to ensure staff and people were familiar with what to do in the event of a fire. However people did not have personal emergency evacuation plans (PEEPS). These are records that provide guidance to care staff should people who lived at the home ever need to be moved to a safer area in the event of an emergency. The registered manager immediately took action following the inspection and we received records to demonstrate this was now in place.

We received mixed feedback regarding staffing levels at the service. Most people we spoke with and their relatives told us they felt that there were adequate staff numbers during the day and at night. However two people who lived at the home felt staffing levels at night were not adequate. Comments about staffing included: "At night it can be a bit difficult with only two on as there are wandering men," "They do come if you buzz but sometimes you do have to wait if they are busy," "If I call at night they do come promptly." A visitor told us, "There is always staff about when I come in." We spoke to the registered manager about the feedback on staffing levels and they informed us they would review this.

The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home. There were five care staff in the day and two care staff for night shift. Comments from staff included, "There are enough of us and we help each other, if we are struggling the manager is hands on, she will help on the floor." We noted comments from people were mixed however 10 of the people we spoke with and all relatives felt there were enough staff. We discussed how the registered manager determined staffing levels and they informed us they had a staff dependency tool that they would use if they needed to.

We looked at recruitment processes and found the service had recruitment policies and procedures in place, to help ensure safety in the recruitment of staff. We reviewed the recruitment records of three staff members and found that safe recruitment procedures had been followed. We saw the required reference and character checks had been completed before staff worked at the service and these were recorded. The files also included proof of identity and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The recruitment policy required updating to ensure it reflected current legislation.

The building was clean with hand sanitising gel and hand washing facilities available around the premises. However during the inspection we observed staff were not always making appropriate use of personal protective equipment such as disposable gloves and aprons. We discussed this with the registered manager who is also the infection control lead for the home and they assured us that staff will be reminded of their responsibilities.

We found equipment had been serviced and maintained as required. For example records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use.

## Is the service effective?

### Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). When we undertook our inspection visit a significant number of DoLS authorisation requests had been submitted to the local authority. None of the requests had been authorised due to backlogs at the local authority. The registered manager was regularly checking progress of the other applications.

Although people and their relatives informed us that staff sought consent and considered people's mental capacity while providing care support, we found mental capacity assessments had not been completed in line with MCA 2005 principles. Consent to photographs and medicines management had not been completed. In addition DoLS authorisations had been submitted without consideration of people's mental capacity to make specific decisions. There was an up to date policy in relation to seeking consent and mental capacity however this had not been followed. We spoke to the registered manager and the owner regarding their responsibilities in respect of mental capacity assessments and they assured us that they would take appropriate action to ensure the shortfalls were rectified.

The provider had failed to comply with requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived at the home and their relatives told us they felt their needs were effectively met. Comments included, "We have got nice rooms, they're always clean and there is plenty of room", "The food is very nice and they do ask you what you want", "Yes I'm happy here they will send for the doctor anytime." and, "I have just seen a chiropodist this morning they are good at calling for help."

All staff we spoke with told us they knew the residents so well because they had worked at the care home for a long time. One staff member said, "I have been here for more than 12 years and I know most people."

Although consent was not recorded, on the day of the inspection we observed that people's needs and choices were assessed and care, treatment and support delivered in line with current legislation. For example we saw people being asked what they wanted to eat and where they wanted to sit. People told us they could get up anytime they wanted and chose to spend time in their bedrooms if they wanted to. There were processes in place to ensure there was no discrimination, including in relation to protected characteristics. For example, all staff had received training in equality and diversity and were aware of the human rights principles. There was a policy to protect people against discrimination and harassment.

We reviewed how people's individual needs were met by the adaptation, design and decoration of premises. We saw people who lived at the home had access to the garden which was enclosed and safe for people to use. In addition, there were three lounges and other quiet spaces for people to sit. We observed people moved around the building freely. We saw some people had brought their own furniture which helped

personalise their bedrooms and made it homely for them.

However, we found the premises had not been adequately adapted and decorated to meet the needs of people living in the home. For example we found there was a lack of signage to direct people and to orient them around their environment. The door numbering system was not clear. On the ground floor we found bedroom numbers were duplicated. There were three sets of bedroom doors with the same numbers. This was not user friendly for people living with dementia. There was a lack of items of visual or tactile interest for people living with dementia. We also found some parts of the home did not have adequate lighting. We discussed with the registered manager the need to adapt the environment in line with best practice and research guidance. They immediately improved the lighting.

We recommend the registered provider considers best practice and research in creating dementia friendly environment. This can be found on the Kings Fund research, Social Care Institute of Excellence or NICE guidance.

People's assessed needs, preferences and choices were met by staff with the right qualifications, skills, knowledge and experience. Records showed that staff completed an induction when they joined the service. They had received regular supervision and appraisals. A significant number of staff had also received national vocational qualifications levels two and three and the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life. The staff we spoke with felt they had completed all the training they needed to support people effectively and told us they could request further training if they felt they needed it. We noted that staff had not had their competence checked in areas such as medicines management and moving and handling. We discussed this with the registered manager; they informed us that they would introduce this in the service and already had policies to support this. This would ensure that staff are competent and their practice reflects current legislation, guidance and best practice.

We observed staff supported people to eat their meals. The atmosphere was calm and caring and people were not rushed with their meals. All people appeared to have enjoyed their meal and had eaten very well. Staff offered a choice of drinks. They encouraged individuals with their meals and checked they had enough to eat. We observed staff gave people an alternative choice if they did not like the meals on offer. Staff sat and had their meals with people which created a homely environment. Comments about the food were good. One person who lived at the home said, "The food is very nice and they do ask you what you want." We spoke to the chef who informed us people had two choices of hot meal at lunch time and two choices of hot meals in the evening. This meant meal choice was provided.

The care records we reviewed had a section which noted any special dietary requirements such as specialist cutlery, plate guards or soft diet. Staff recorded in care records each person's food and fluid likes and dislikes. This was good practice to provide preferred meals in order to increase their nutritional intake. People were weighed regularly. We found staff assessed people against the risks of malnutrition and made referrals to dieticians and Speech and language therapists (SALT) where appropriate.

People were supported to live healthier lives, have access to healthcare services and receive ongoing healthcare support. Care records we looked at contained information about other healthcare services that people who lived at the home had access to. Staff had documented when individuals were supported to attend appointments or received visits from for example, GPs and district nurses. Documentation was updated to reflect the outcomes of professional health visits and appointments. We spoke to one visiting professional who informed us the staff were proactive in involving specialist professionals and that they would seek advice if ever they were unsure about people's conditions. This meant that people could be

assured they would have access to specialist professionals if they needed them.

## Is the service caring?

### Our findings

During our inspection visit we observed people were relaxed, happy, smiling and comfortable. We confirmed this by talking with people. For example, comments included "It's very nice here, they are nice to you, they ask you what you want and my family comes in as often as they can," "It's very nice, they are very good to me, I have no complaints they look after me champion," "We are the younger ladies we like to be in here, we all have our lunches and teas together" and "It's very nice, they are very good to me."

Comments from relatives included, "[My relative] has been in for respite for the first time and we have had our hearts in our mouths but [relative] looks great and he is very happy" and "We trialled for a month and [relative] is so much better here. We can come in when we like and I am going to take [relative] out now for an ice cream. They are very attentive, and the staff are good at listening and are caring."

We observed staff engaged with people in a caring and relaxed way. For example, they spoke to people at the same level and used appropriate touch and humour. People were well groomed and staff took time to sit down with people and talk about their past experiences and interests.

Staff had a good understanding of protecting and respecting people's human rights. Some staff had received training which included guidance in equality and diversity. When we discussed this with staff, they described the importance of promoting each individual's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

We observed people being as independent as possible, in accordance with their needs, abilities and preferences. We observed people being encouraged to do as much as they could for themselves. For example we observed people eating independently and some people setting their own tables and clearing after themselves after meals. Staff explained how they promoted independence, by enabling people to do things for themselves. One staff member said, "We encourage people to do as much as they can, we have people who go out to attend the local church on their own."

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. Staff also addressed people in their preferred names. Care records that we saw had been written in a respectful manner.

Relatives told us the management team encouraged them to visit at any time. They said this gave them the freedom to access the home around their own busy schedules. We observed staff welcomed relatives with care and respect. For example, they had a friendly approach and one relative said, "They always make you feel welcome and offer me a drink."

We saw people were supported to express their views on matters that were important to them and were also involved in making decisions about their care as far as possible. We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered

provider had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.



## Is the service responsive?

### Our findings

The people who lived at the home made positive comments about the staff team and the care and support they received at the service. Their comments included, "Staff are very kind. If they can't do it that minute, they'll come back to it right away" and "They are kind and caring.", "If you need someone to sit and chat with you, they are there." And "They are most attentive and do ask before they do things."

One staff member told us, "We have got entertainment on this morning 'kiddley divey' and those that want to will come up to that. We do everything ourselves, we do quizzes, jigsaws bingo, there is a house newspaper and some residents have their own, but it is as people choose, sometimes they just want to be quiet." 'Kiddley divey' is an entertainer who was hired to perform for people. There was no dedicated activities co-ordinator however care staff assisted with activities. People told us there were able to play bingo and do puzzles and we observed this. Comments from people included, "We go up to the school sometimes for entertainments and I go out with my family," "I am doing the code word(word game) puzzle, I like to be in my own room, I do go down sometimes if there is anything on," "There are things to do downstairs but I prefer to be in here I like it and I listen to the radio, I go out in the garden in the summer" and "I like to play bingo, it's nice."

We looked at care records of six people to see if they received personalised care that was responsive to their needs. Care plans had been written in a detailed and person centred manner. The care records had been developed where possible with contributions from each person and their family where possible, identifying what support they required. We saw examples of care records written by family members to support staff with additional details about people's routines and life histories. People and their relatives told us they had been consulted about support that was provided before using the service. People's needs had been assessed before they started living at Greenlane House. This was to ensure that the home and staff were able to meet people's needs before they decided to admit them into the home.

Staff completed a range of assessments to check people's abilities and review their support levels. For instance, they checked individual's needs in relation to mobility, mental and physical health and medicines. Any specific requirements for each individual had been identified, for example, people who required assistance with moving, soft diet, people who were at risk of falling and people who were at risk due to their vulnerability. Assessments and all associated documentation were personalised to each individual who stayed at Greenlane House. Care plans and assessments had been reviewed and dated however the review details had not always been recorded. We spoke to the registered manager who informed us they would review and change the documentation which would allow staff to document what they had reviewed or any changes to people's needs and circumstances.

The provider had been responsive to the needs of people who lived at the home. For example, staff were aware of the need to support people who could manage their medicines and they had provided them with lockable cupboards. This ensured people continued to exercise their independence.

The provider had used technology to support people to receive timely care and support. For example there was a wireless call bell system which allowed people to move around with their call bells and allow them to

summon support from staff from wherever they were in the building. There was also a working telephone system that was easy to use and accessible to staff and people who lived in the home.

People were supported to maintain local connections and important relationships. People were also actively encouraged and supported to maintain local community links. For example, we saw two people who had stayed at Greenlane House had been supported to regularly visit the community church and local schools. We saw evidence of various activities had been provided however these had not always been records to show what people had been offered.

We found staff had not always sought accessible ways to communicate with people when their protected characteristics made this necessary to reduce or remove barriers. For example we found staff had not adequately supported a person with a hearing difficulty to ensure they could communicate effectively with them. Although visiting relatives had used writing pads to aid communication, staff had not adopted this which meant that staff had to shout during their conversations with this person. We discussed this with the registered manager and they informed us they will adopt other ways of communicating with people with hearing difficulties.

People we spoke to knew how to make a complaint or raise concerns and felt comfortable to do so if needed. We saw people were encouraged to do so by information that had been posted in the home in the service guide provided to them when they first arrived. People were confident to speak up. The service had a complaints procedure which was made available to people on their admission to the service. Copies were on view in the service and had been written in an easy read format to enable people who used the service to understand the procedures. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

No complaints had been received since the last inspection. We saw the complaints process in place. It guided staff to ensure that concerns and complaints were used as an opportunity to learn and drive continuous improvement.

Records we saw demonstrated that the provider and the staff had considered people's preferences and choices for their end of life care. For example there was a policy which asked staff to record where people wished to die, including in relation to their protected equality characteristics, spiritual and cultural needs. There was also guidance on communicating with families and professionals to support people towards the end of their life. Some of the care staff had received training which included guidance on how to support people towards the end of their life. This showed that there were plans to ensure that people were supported at the end of their life to have a comfortable, dignified and pain free death.

## Is the service well-led?

### Our findings

There was a registered manager employed at Greenlane House. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at how the registered provider demonstrated how they continuously learnt, improved, innovated and ensured sustainability in the service. The registered manager and registered provider had an up to date policy which required them to establish auditing systems to assess quality assurance and the maintenance of people's wellbeing. We saw an infection control audit had been undertaken. However we found that regular audits had not been completed by the registered manager and the provider in areas such as medicines management, care plans, staff files and health and safety. This meant that issues or concerns in these areas could not be systematically identified and acted upon in a timely manner. This also meant that shortfalls had not been picked up, rectified and lessons learnt. For example we found people's records did not contain mental capacity assessments, personal emergency evacuation plans (PEEPS) and records of medicines did not have PRN protocols. We also found topical creams had not been signed and some areas of the building had poor lighting. The systems and processes in place did not enable the provider to identify where quality and/or safety was being compromised and to respond appropriately and without delay.

We checked how people who used the service, the public and staff were engaged and involved in the running of the service. We found the registered provider had not established formal systems for seeking feedback from people, their relatives and staff. They informed us they spoke to people and staff informally. There were no residents and relatives meetings, newsletters or relatives and residents surveys. One person commented about meetings, "No never had any of that but I can speak to the manager when I want, I need to speak to her today actually." In addition there were no formal staff meetings or staff surveys. This meant that the provider had not demonstrated how they had actively encouraged feedback about the quality of care and overall involvement with people.

We found several areas where the provider had failed to follow their own organisational policies, for example on audits, meetings, surveys and medicines management. The registered manager informed us they would put formal systems into place soon after the inspection.

Although action was taken immediately by the registered manager to address some of the concerns, these shortfalls had not been identified by the providers' quality assurance system before our inspection. There was a vision to deliver high-quality care and support, and promote a positive culture that is person-centred, open, inclusive and empowering. However it was not supported by robust governance systems and quality assurance processes.

The provider had failed to maintain good governance. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

Staff we spoke with told us they felt the registered manager worked with them and supported them to provide quality care. For example, we only received positive comments from staff and relatives and they included, "The registered manager is well involved in the day to day running of the service. They will get involved if we are running short." Also, a relative said "Before [my relative] came here, the manager came out and checked everything and explained it all to us, that was good."

Staff we spoke with demonstrated they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place. The registered manager was experienced and had an extensive health and social care background. They were knowledgeable and familiar with the needs of the people they supported. Care staff had delegated roles including medicines ordering and catering and domestic duties. Each person took responsibility for their role and had been provided with oversight by the registered manager who was also the owner.

We looked at how staff worked as a team and how effective communication between staff members was maintained. Communication about people's needs and about the service was robust. We found handovers, were used to keep staff informed of people's daily needs and any changes to people's care. Information was clearly written in people's care plans records showing what care was provided and anything that needed to be done. However, the quality of daily records required further improvements to ensure they were detailed.

We checked to see if the provider was informing the Care Quality Commission (CQC) of key events in the service and related to people who used the service. No notifications had been submitted as there had been no notifiable incidents however the registered provider knew their regulatory responsibilities for submitting statutory notifications to the CQC. A notification is information about important events which the service is required to send us by law.

We found the organisation had maintained links with other organisations to enhance the services they delivered and to support care provision, service development and joined-up care. They worked with organisations such as local health care agencies and local commissioning group, local pharmacies, and local GPs. The registered manager had a system to ensure the service shared appropriate information and assessments with other relevant agencies for the benefit of people who lived at Greenlane House. Feedback from a professional showed the service had worked in an open and transparent manner. During the inspection we found the registered manager and staff open and transparent with the inspection and keen to address the shortfalls we identified.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to ensure that legal consent for care and treatment was obtained from people who used the service. This was because people's mental capacity had not been considered and records to demonstrate consent had not been kept -Regulation 11(1)(2) HSCA RA Regulations 2014 Need for consent</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that risks to receiving care and treatment were identified and managed robustly.-Regulation 12(2)(a) (b)(d)(g)(h)HSCA RA Regulations 2014 safe care and treatment.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure governance systems were robust and systems or processes were not established and operated effectively to ensure compliance. Regulation 17 (1) (2)(a)(c)(d) (e)(f) HSCA RA Regulations 2014 Good governance</p>