

Worcester Garden Limited

Greenacres Care Home

Inspection report

Fieldside
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Tel: 01724711661

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Greenacres Care Home is a residential care home providing personal care to 27 people aged 65 and over at the time of the inspection. The service can support up to 39 people.

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

Whilst no-one was harmed, there were some concerns regarding how individual risk to people was assessed, managed and kept under review. There were also some shortfalls in aspects of management of medicines, care plans for people's specific needs, and staff training and supervision. The quality assurance system needed strengthening so issues could be highlighted and addressed in a timely way. The provider had employed a consultancy agency to support them in formulating an action plan to improve the service and to help develop management skills.

There were mixed comments about staffing levels, although people spoke positively about the staff and told us they didn't have to wait long for call bells to be answered. Staff supervision and support to specific people at mealtimes needed adjusting to enhance the mealtime experience for them.

Staff knew how to protect people from the risk of abuse and harm. The registered manager had used safeguarding reporting systems when required.

People told us they liked the meals provided; menus offered choices and alternatives to ensure nutritional needs were met. People had access to a range of health professionals, which included dietitians, when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 12 December 2019).

Why we inspected

We received concerns in relation to staff practices. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements.

Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 effective?

The service was not always effective.

Details are in our effective 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 ●

Greenacres 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

The team consisted of three inspectors.

Service and service type

Greenacres 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 service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the provider, the registered manager, the activity coordinator and the cook. We also had a discussion with a visiting health professional and members of the consultancy team employed by the provider.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and action plans. We spoke with further staff which included a senior carer, a care worker, a domestic worker, the administrator and maintenance staff. We also spoke with two more relatives.



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 good. At this inspection, this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments did not consistently include full information to guide staff and had not always been updated when people's needs changed. Not all staff who completed risk assessments fully understood the process. This led to discrepancies in risk scoring and the use of generic risk assessments when they did not apply to people.
- Some people with anxious or distressed behaviours, which posed a challenge for staff did not have these risks identified. One person had unsafe bedrails and no risk assessment for their use; this had not been identified in daily use or maintenance checks. The registered manager addressed this during the inspection.
- Equipment used in the service was maintained, fire drills were completed, and each person had a personal emergency evacuation plan.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- There were systems in place to ensure people received their medicines as prescribed. However, on two occasions during the inspection, staff practice regarding administration of medicines fell short of good practice. This was mentioned to the registered manager in feedback.
- Stock management needed review to prevent excessive waste of medicines.
- Clear and descriptive plans were needed for people prescribed specific medicines to be administered on an 'as required' basis.

We recommend the provider consider current guidance on administering and ordering medicines and act to update their practice including documenting specific instructions for staff.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. The provider had policies and procedures to guide staff in the action to take should they have concerns.
- Staff completed safeguarding training and knew what to do if they witnessed abuse. They were knowledgeable about the different types of abuse and signs and symptoms which may alert them.
- Accidents and incidents were monitored and analysed to learn from them and to prevent reoccurrence.

Staffing and recruitment

- The provider had a safe system in place to recruit staff. This included full employment checks before staff started work in the service.
- There were enough staff to support people's needs, however, care staff reported being very busy and rushed at night. We also noted at lunchtime, people needed more supervision and on occasions more support to ensure they ate their meal whilst it was still hot. The provider and registered manager were to discuss concerns around staffing levels with the consultancy team and staff team to manage deployment more effectively.
- People gave positive comments about care staff stating they didn't have to wait too long when they called for assistance. Professionals visiting the service also commented staff were quick to respond to call bells. A relative said, "I am quite happy with the care and feel they are being looked after."

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.

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 good. At this inspection, this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Staff knew people's needs but there was an inconsistency regarding assessments and care plans. Some care plans contained person-centred information, for example specific to a person's diabetes management, personal care or preferences for male or female carer. However, others had shortfalls.
- There were limited risk assessments and care plans to guide staff to support people with anxious or distressed behaviour. Monitoring measures were not consistently in place to provide information for these care plans.
- The registered manager and provider said plans were underway to move to an electronic care documentation system during which all care plans were to be reviewed; this should resolve the issues.

We recommend the provider considers current guidance in the assessment and care planning process to take account of people's specific needs in relation to anxious or distressed behaviour.

Staff support: induction, training, skills and experience

- Staff had access to training, supervision and support systems. However, training, supervision and appraisal for staff had slipped during the pandemic. Induction included new staff shadowing more experienced care staff.
- The gaps in staff training were being audited with help from the consultancy team so plans could be put in place to address shortfalls.
- There were mixed comments from staff regarding supervision and support systems; all mentioned staff morale was low and needed to improve.

We recommend the provider continues to seek guidance and support to improve staff training and supervision systems in the service in order to improve skills, and morale.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider acted within mental capacity legislation and applied for deprivation of liberty authorisations when required.
- Staff knew they had to seek consent before carrying out care tasks.
- There had been concerns raised that staff did not encourage people to return to bed if they awoke very early in the morning and assisted them to get up instead. The manager said all staff had been reminded of the importance of choice and ensuring people had the opportunity to return to bed with a cup of tea if desired.

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

- People's nutritional needs were met. People's weight was monitored, and speech and language therapists and dieticians were contacted when there were concerns about swallowing or their nutritional intake.
- Menus provided choices and alternatives; people were offered fortified snacks in between meals. Some people required more supervision at mealtimes, which was mentioned to the registered manager to address.
- People made positive comments about the meals provided. Comments included, "The food is lovely, and you get plenty; they ask me what I want."

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

- People had access to a range of health care professionals, such as community nurses, emergency care practitioners, dietetic services and GPs.
- The registered manager said, "We work really well with district nurses and GP's. They introduced a virtual ward round where everyone is discussed every Tuesday" and "The local authority staff are visiting to complete care reviews, prior to that, they were completed via teams."
- A health professional told us staff contacted them in a timely way, respected people's privacy and dignity, and were available to escort them to see people when they visited.

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

- The environment was suitable for people's needs.
- There was equipment in place to support people when moving about the service. There was plenty of communal space and bedrooms were personalised.
- The decoration in parts of the environment was tired but the provider was aware of this and investing in the service.

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.

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

- The governance systems in place had failed to pick up some of the issues we identified during our inspection. These included medicines management, environmental risks and recording people's care needs. As a result, the provider was unable to effectively identify and address quality shortfalls in a timely manner.
- Accidents and incidents were analysed and used to improve care. However, behaviour related incidents were not analysed to identify changing needs, to update care plans and so improve the delivery of care to people.
- The provider had recognised shortfalls in systems and records. A management consultancy team had been employed to support and direct the service to improve.
- A process of development was in place to support and mentor the registered manager.
- The registered manager understood the regulatory requirements and reported information appropriately.

We recommend the provider follows best practice guidance in relation to strengthening the quality assurance and documentation systems.

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

- The provider and management team were aware of the need to admit when things went wrong, to attempt to put things right and to offer apologies.
- The provider notified agencies such as the local safeguarding team and the Care Quality Commission when incidents occurred which affected the safety and wellbeing of people who used the service.
- People, staff and professionals were included in the development of the service. Meetings were held, and questionnaires were sent out and responses analysed to help identify how the service could be improved. Action plans were implemented to address any issues.

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

- The provider had mechanisms in place to gather feedback from people, their relatives and members of staff. Feedback was analysed to look for themes and trends, so appropriate and proportionate action could be taken.

- Staff and the management team have risen to the challenges presented by the Covid-19 pandemic. Communication and support throughout the pandemic was good. One relative told us, "The manager and staff have been brilliant in keeping us informed about everything."
- The registered manager introduced weekly wellbeing meetings with staff to support them throughout the pandemic.

Working in partnership with others

- People benefitted from partnership working with other local health professionals. For example, GPs, community nurses and a range of therapists.
- The registered manager encouraged staff to take on more responsibility through introducing lead roles to champion dignity, safeguarding and mental capacity legislation.
- The registered manager and provider attended regular network meetings to keep up to date with best practice.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured all risk was assessed, managed and reviewed in order to ensure people remained safe.</p> <p>Regulation 12(1) (2)(a)(b).</p>