

Meridian Healthcare Limited

Greatwood House

Inspection report

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23 January 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 19, 20 & 23 January 2017 and the first day of the inspection was unannounced.

Greatwood House is situated in the Haughton Green area of Denton in Greater Manchester. The home provides care, support and accommodation for up to 60 people who require personal care without nursing.

At the time of our inspection 41 people were residing in the home, including two people on respite stays.

All rooms provide were single occupancy with 37 of those rooms having en-suite toilet facilities. The home was split into three units named Elderberries, Green End and Shrewsbury. These units provided separate communal and dining areas that supported people spending time together. There was a paved garden / courtyard to the rear of the property and a small car park.

There was a registered manager in post at the time of this inspection. 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.

The service was last inspected in June 2015, at which time we found there were multiple breaches of the Health and Social Care Act (Regulated Activities) 2014. During this inspection we found that some improvements had been made and a number of breaches of the Health and Social Care Act (Regulated Activities) 2014 found at the last inspection had been satisfactorily addressed. However we still found breaches of the Health and Social Care Act (Regulated Activities) 2014 in relation to staffing levels at certain time of the day and records and governance systems. We also made one recommendation which relates to securing the satellite kitchen on Shrewsbury Unit. You can see what action we told the provider to take at the back of the full version of the report.

We saw there were insufficient staff on duty during the main meal times to ensure that people received a calm, relaxed and supportive dining experience.

People living in Greatwood House told us they felt safe and had no worries about the care being provided to them.

We looked at a sample of staff personnel records which indicated a robust recruitment process was used when employing new staff to work with vulnerable adults.

Staff we spoke with understood their roles in keeping vulnerable people safe and what procedure they should follow if they had any concerns about a person's safety.

Although new care plan documentation had been put in place, further work was required to ensure all relevant details about a person's individual support needs, including identified risks to their health and safety had been included.

Medicines were being safely managed and staff with the responsibility for administering medicines in the home had been appropriately trained, with competency checks taking place.

On-going maintenance and improvements to the building were taking place, including the replacement of furnishings, carpets and equipment.

We found that applications had been made to the appropriate authorities for Deprivation of Liberty Safeguards (DoLS) authorisations, to ensure that people using the service who lacked capacity to make certain decisions received care lawfully.

We saw positive relationships between individual staff and people who used the service and we saw that care was provided with sensitivity and kindness. Staff employed at the home had received training in various topics to help them provide care and support to people that would help to meet people's needs.

People using the service and their relatives had opportunities to say how they found the management of the service by completing an annual quality audit questionnaire and attending resident/relative meetings held by the registered manager of the service.

We found improvements are needed to the quality auditing processes used to monitor the effectiveness and suitability of the service being provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

There were insufficient staff on duty during main meal times which meant that people's support needs might not be fully met.

Staff understood their role in keeping vulnerable people safe.

Some individual risk assessment documentation had not been fully completed.

Medicines including controlled drugs (CDs) were safely managed.

Is the service effective?

Good 

The service was effective.

Staff supervision was taking place.

Staff received training appropriate to the job they are employed to do.

Where people lacked capacity to make an informed decision, Deprivation of Liberty Safeguards (DoLS) authorisations had been sought.

Is the service caring?

Good 

The service was caring.

People using the service were happy with the care and support provided by the staff team.

Staff were respectful of people's right to make choices and showed kindness and friendship to them. This helped to make sure people's wellbeing was promoted.

People received sensitive and compassionate support when nearing the end of their life.

Is the service responsive?

The service was not always responsive.

People's pre-admission assessment documentation had not always been fully completed.

Information contained in people's care plans was not always person centred and did not identify people's individual needs.

A complaints procedure was in place and was accessible to both people using the service and their relatives.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

People were complimentary about the registered manager and senior management team.

Systems in place to monitor the quality and safety of the service were not robust enough to ensure the wellbeing of both people using the service and staff working in the home.

Requires Improvement 

Greatwood 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 took place on 19, 20 and 23 January 2017 and was carried out by one adult social care inspector.

Greatwood House is situated in the Haughton Green area of Greater Manchester. The home provides care, support and accommodation for up to 60 people who require personal care without nursing.

Before we visited the home, we checked the information we held about the service including notifications sent to us by the provider. Statutory notifications are information the provider is legally required to send to us about significant events. We also reviewed the Provider Information Return (PIR) that the provider had completed in June 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. No concerns had been reported to us from the local authority since the last inspection of the service on 25 & 26 June 2015.

The overall rating for the service following the last inspection was found to be 'Requires Improvement'. This inspection was carried out to see if the required improvements had been made.

During the inspection we spoke with the registered manager, the deputy manager, one acting senior care assistant, four care assistants, a visiting area director and a visiting assistant area director. We also spoke with five people who used the service.

We reviewed a variety of record, including the care files of five people, medication administration records (MARs) of six people, five staff recruitment files, staff training records, staff supervision and appraisal records, records of servicing and maintenance of equipment and premises and records of quality audits.

Is the service safe?

Our findings

People who used the service who we spoke with told us they felt safe and had no worries or concerns about the care being provided. One person told us, "I feel quite safe and settled living here, it gets easier as time goes on."

At our last inspection of the service we found that two staff personnel files did not contain a completed application form or two references from previous employers. This resulted in a breach of regulation being identified.

During this inspection we reviewed four staff personnel files, including two recently employed staff. All relevant pre-employment checks had been completed, with documentation in place to demonstrate this. Discussion with the registered manager confirmed that stringent and robust recruitment procedures were now being followed.

These findings meant that the breach in regulation found at the previous inspection had been satisfactorily addressed.

At our last inspection of the service it was found that staff spoken with, although having a broad understanding of safeguarding procedures, including whistleblowing, were unclear about how to report their concerns to an external agency such as the Care Quality Commission. This resulted in a breach of regulation being identified.

During this inspection of the service we found that staff we spoke with clearly understood their role in keeping vulnerable people safe and the procedure to follow if they needed to report their concerns to an external agency, such as the Care Quality Commission. We also found there was a safeguarding procedure in place, which was in line with the local authority 'safeguarding adults at risk multi-agency policy'.

These findings meant that the breach in regulation found at the previous inspection had been satisfactorily addressed.

At our last inspection of the service we found that not all individual risks to people's safety had been properly reviewed and some risk assessments did not identify how risks would be managed. This resulted in a breach of regulation being identified.

During this inspection we found that new risk assessment documentation was being used and had been reviewed on a monthly basis. In those care plan records we reviewed, no moving and handling risk assessments had been transferred over to the new format. In our discussion with the registered manager, it was acknowledged, that this documentation had not been included when transferring information over to the new risk assessment documentation. However, our discussion with care staff indicated that they understood how to manage the risks to keep people safe when supporting them to transfer and mobilise.

These findings meant that the breach in regulation found at the previous inspection had been satisfactorily addressed.

Whilst on Shrewsbury Unit we saw that staff used an 'open plan' satellite kitchen area to prepare breakfasts and drinks for people who used the service. Staff also told us that people's relatives often made themselves and their relatives a 'brew' when they were visiting. After making a fresh drink for people, we noted that a recently boiled kettle of water was left accessible to people who were on the unit. As most people had varying levels of dementia, there was a risk that someone could easily attempt to move or use the kettle with a greater risk of getting scalded from the recently boiled water. When discussing this with the registered manager we were told that action would be taken to 'close off' the area when not in use.

We recommend that the provider takes appropriate action to close off the satellite kitchen area when not in use.

At our last inspection of the service we found that medicines were not safely managed. This resulted in a breach of regulation being identified.

During this inspection we found that the registered manager and senior care staff had taken appropriate action to achieve compliance with the regulations in ensuring medicines were managed safely.

The registered manager and senior care staff were responsible for administering medicines in the home. We saw that all had received relevant training including a competency assessment. We observed staff administering the morning medicines on Shrewsbury unit. Each person was administered their medicine individually, with the member of staff signing the medication administration record (MAR) to confirm this. Where people were prescribed medicines to be given as needed (PRN), we saw that a protocol was in place for each person requiring such medicine, with a separate record being maintained when these medicines had been administered.

Medicines were kept in a locked clinic room or medicine trolley when not in use. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These are called 'controlled drugs'. We saw that controlled drugs were stored securely in a locked metal cupboard bolted to a wall. We checked the balances of these drugs and found that balances tallied with the number recorded in the records. Since our last inspection of the service, the registered manager had introduced a system whereby staff with the responsibility for administering controlled drugs completed a 'handover' from the day staff to the night staff and vice versa to minimise the risk of errors occurring.

These finding meant that the breach in regulation found at the previous inspection had been satisfactorily addressed.

At our last inspection of the service we found that staffing levels were insufficient to meet the individual assessed needs of those people using the service. This resulted in a breach of regulation being identified.

During this inspection the registered manager told us that, although staffing levels had improved since our last inspection, they still felt more staff were needed at particular times of the day, such as meal times.

During this inspection the registered manager informed us that one of the units in the home, Rose Cottage had been 'closed' due to a reduction in the level of service users living in the home. We were informed that staffing the remaining three units was much better and provided people with a better ratio of staff to assist them. We looked at the staffing rota which indicated that a total of six care staff were on duty throughout the

day (8am – 8pm) with support from one senior carer working 8am – 8pm and one senior carer working 8am – 6pm, with the registered manager available between 9am – 5pm. Ancillary staff were also on duty, including, two laundry assistants 9.30am – 4pm, two domestic staff 9am – 4pm, a cook and two kitchen assistants.

Staff spoken with told us that they thought staffing levels were, at the time of the inspection, much better and allowed time to be with the people on more of a one to one basis. Comments we received from staff included, "Staffing has got load's better in the past few weeks, but we could do with an extra person to work between the units, especially at meal times when a lot of people need assistance", "Staffing levels have improved but I feel we still need some more staff at meal times" and "Weekends can be difficult if staff ring in sick at the last minute, but we usually cope well between us. The main time that can be difficult is supporting people at meal times. Although the senior carers and the manager do come and help, we could still do with extra staff just to help over that time."

One person using the service told us, "I'm lucky, I don't need any help with my meals, but sometimes people have to wait because staff are so busy helping a lot of people who need support." Another person said, "If someone wants the toilet and needs two staff to go with them, that sometimes leaves no-one in the room to watch or help the rest of us."

As part of our inspection, we observed the lunchtime meal experience in both the Shrewsbury and Green End dining rooms. Eight people were sat at tables in the Shrewsbury dining room, with a further three people sat in armchairs. A member of the kitchen staff was serving up the meals from a heated trolley. The two care staff asked each person what meal choice they would like and then proceeded to assist those people requiring support. Although the staff tried to assist everyone needing support in turn, it meant that, at times, people had to wait for support, with their meals going cold. One person who had dementia was struggling to eat their meal with just a fork and was unable to keep food on the fork or on the plate. After twenty minutes this person decided to stop trying to eat and the inspector pointed this out to the staff, and suggested fitting a plate guard to stop the food sliding off the plate, which one of the staff did. This indicated that not all staff had a clear understanding of the support needs of people living with dementia.

In Green End dining room people were being assisted by two care staff and the registered manager. Most people required assistance, and, if the registered manager had not been supporting them, some people would have waited much longer to be assisted to have their meal. One person had fallen asleep with a meal in front of them and, by the time the care staff were able to assist them, their meal was cold. We also saw that the sweet, bread and butter pudding and custard had already been served up and left on a trolley before people had finished their main meal. This meant that staff then had to spend extra time re-heating the sweet in the microwave.

As found in the last inspection visit, the lack of appropriate levels of staffing to meet people's needs safely is a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection of the service we found that poor infection control, especially when dealing with soiled linen, was placing people at risk to their health. This resulted in a breach of regulation being identified.

During this inspection we saw that laundry staff were using appropriate colour coded laundry equipment and staff wore protective equipment such as disposable plastic aprons and vinyl disposable gloves when dealing with their care duties and handling soiled linen. This helped to minimise the risk of cross infection occurring and placing people at risk.

These finding meant that the breach in regulation found at the previous inspection had been satisfactorily addressed.

We reviewed the maintenance and safety certificate records for the building and found all relevant monitoring and checks had been carried out and certificates of confirmation were in place, for example, Portable Appliance Testing (PAT) and Landlords Gas Safety.

Records of accidents and incidents were available for us to see, including any actions taken. All information was inputted into the Datix (electronic system) by the registered manager. This information is then sent through to the organisations head office on a daily, weekly or monthly basis for analysis by the senior management team. We were provided with evidence of the type of information sent through on the Datix system which indicated any actions taken to minimise the potential for future accidents / incidents to happen.

Is the service effective?

Our findings

People who used the service, who we spoke with, told us they felt the staff team working in the home were skilled and knew enough about people to provide care that met people's individual needs. One person told us, "The girls [staff] are very nice; I get on well with them. They do know how to do their jobs, as far as I'm concerned". Another person said, "Staff know how to help me, especially when they need to hoist me, they have had the training."

At our last inspection of the service we walked around the home and looked at a sample of bedrooms and communal areas. During that two day inspection it was noted that offensive odours were present throughout the home. We also saw some furnishings were stained with faeces and hadn't been cleaned properly. Some wheelchairs, walking frames, bedside protectors and pressure relieving equipment required cleaning to maintain a safe standard of hygiene and promote people's health and wellbeing. This resulted in a breach of regulation being identified.

During this inspection of the service we walked around the home and found action had been taken to replace odorous floor coverings, wheelchairs were clean, and people's walking aids and pressure relieving equipment were also found to be clean. The registered or deputy manager also now undertook a daily walk-a-round of the home to check on these areas.

These findings meant that the breach in regulation found at the previous inspection had been satisfactorily addressed.

At our last inspection of the service we found that the quality of bed linen in use was in a poor state and in some cases that mattress, sheet and pillow coverings were stained and had holes in them. We also saw that some dining furniture and armchairs were dirty and stained. This resulted in a breach of regulation being identified.

During this inspection of the service we saw that the registered manager had bought new bed linen, mattress and pillow covers and had ordered a number of new dining chairs and arm chairs, and copies of the orders were seen.

These findings meant that the breach in regulation found at the previous inspection had been satisfactorily addressed.

At our last inspection of the service we found that in Rose Cottage unit none of the radiators could be individually controlled. We were told that to turn the radiators down would mean removing the radiator guards which were screwed to the wall, turn the radiators off and then re-fixing the guards to the wall. The process would then be gone through again to turn the radiators on when the temperature dropped. The only other alternative was to switch the boiler off but this then affected the hot water which could present a hazard with regard to maintaining correct water temperature in the prevention of legionella. This was discussed with the registered manager. This resulted in a breach of regulation being identified.

During this inspection we found that some radiators still required work or replacing to enable the temperature of them to be individually controlled. The area director for the service was at the home for part of this inspection and immediately contacted the relevant maintenance engineers who came to the home and carried out an assessment of the heating and those radiators still requiring work or replacing with a view to completing the necessary work, once instructed to do so. We were subsequently told by the director of the organisation that all work to the heating at Greatwood House had been satisfactorily completed and provided written details of the work carried out to date on the heating system and radiators and further work planned and approved to be completed.

These findings meant that the breach in regulation found at the previous inspection had been satisfactorily addressed.

At our last inspection of the service we found there was no evidence that staff had undertaken training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We were also told that no people using the service were protected by a DoLS despite there being a large number of people who were unable to give their verbal opinion and consent about the care and support they received. This resulted in a breach of regulation being identified.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisations procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection 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 were being met. We found there had been mental capacity assessments carried out where there were any questions that the person may not have capacity to make specific decisions for themselves.

We found there had been appropriate applications made to deprive people of their liberty and we found that the registered manager had made 16 DoLS applications to the local authority, with six authorisations being granted at the time we reviewed this information. We also found that a total of 31 staff had undertaken training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. This meant the service was protecting the human rights of people by making sure any deprivation of their liberty was lawful, and best interest decisions had been made where necessary.

These findings meant that the breach in regulation in relation to training found at the previous inspection had been satisfactorily addressed.

At our last inspection of the service we saw that supervision sessions with staff were infrequent and future supervision dates had not been planned to make sure staff were regularly supported in their work. We also found that staff with the responsibility for administering medicines in the home had not received any up to date refresher training in this subject. This resulted in a breach of regulation being identified.

During this inspection, speaking with staff and reviewing supervision records, demonstrated that supervision

sessions were now being held on a more frequent basis with future dates for supervision planned. The registered manager confirmed that annual appraisals were due to be carried out for all staff within the next two months.

These findings meant that the breach in regulation in relation to staff supervision found at the previous inspection had been satisfactorily addressed.

At our last inspection of the service we found the staff learning and development (LD) plan did not show that staff had received regular up to date training in medicines handling and awareness. This resulted in a breach of regulation being identified.

During this inspection we found that staff with the responsibility of administering medicines in the home had received up to date refresher training and attended group supervision where safe handling of medicines was the topic of training. We also saw evidence that staff with the responsibility of administering medicines in the home had received competency checks.

These findings meant that the breach in regulation found at the previous inspection had been satisfactorily addressed.

The registered manager provided a copy of the latest training matrix for all staff working at Greatwood House. We could see that most training was being completed via e-Learning (electronic) with classroom training for subjects such as Safe People Handling, Manual Handling (inanimate objects) and Fire Drills. Staff we spoke with confirmed they received training that was appropriate to support them in their individual job roles.

When asked about the meals served in the home people had varying opinions and gave comments such as, "I'm not struck on the food; it is not the right menu for me. You get things like meat balls and pasta, not a lot of choice. I've been having cereals at teatime as the sandwiches don't have much taste. We could do with some piccalilli or onions to add taste. I have asked, but been told there is none", "The food is okay. I like most things, pasta and rice, chilli and spicy foods. I really liked the liver and onions we had today" and "No complaints, the food is grand, you get plenty, you get choice and I'm happy with that." We asked the registered manager if people could have things like onions or piccalilli with their meal or sandwiches should they request it. We were told that these sort of condiments were available and staff would be encouraged to offer them to people at meal times.

People had their dietary requirements, likes and dislikes included in care plans and copies of special diets were provided to the cook, including any updates received from dieticians or speech and language therapist (SALT). At lunch time, dining room tables had been set and cold drinks were placed in front of each person who were then encouraged to take a drink in order to maintain their hydration. Where required, people with poor dietary or fluid intake were monitored throughout the day, with records being maintained.

Is the service caring?

Our findings

People we spoke with who used the service said they received good care and support from all the staff. One person told us, "I have no complaints about the staff; they are all very nice, caring people." Another person told us, "All the staff are great; I get on with all of them. The night staff will make you a brew and a piece of toast if you can't sleep. The office staff are nice as well."

We observed the interactions between all the staff working at the time of the inspection and people who lived at Greatwood House. We found staff to be kind, patient and caring in their attitudes. Although we did not get the opportunity to speak with any visitors to the home, we saw staff responding to them in a courteous, respectful and friendly manner.

From our observations throughout the three day inspection we observed staff delivering care in a kind, sensitive and caring manner. We saw staff using an approach that was gentle and reassuring and the way in which people with dementia responded to staff indicated that the staff knew them well and that people trusted them.

We found that staff we spoke with knew people well, and could tell us all about a person's individual needs, likes and preferences. Staff also confirmed that they were kept up to date, on a daily basis (via daily handovers) about the health and wellbeing of each person and any changes that may have taken place to the person's needs within the last 24 hours.

We looked at how people who may not have capacity to express their views and opinions were supported with such matters. Information in records seen identified that people had the support of their relatives, friends or a nominated advocate where decisions needed to be made. An advocate is an independent person who speaks for and acts in the best interests of the person. We saw information available in the home to direct people on how to obtain the services of an IMHA (Independent Mental Health Advocate) or IMCA (Independent Mental Capacity Advocate).

Staff respected people's privacy by knocking on bedroom, toilet and bathroom doors before entering and by making sure doors remained closed when undertaking personal care for people.

There was a company policy and procedure in place to support staff when providing people with care and support when nearing end of life. Staff spoken with had a clear understanding of their role and the roles of other health care professionals when supporting people nearing the end of their life and also confirmed they had received training in end of life care. This meant people could live and be cared for at the end of their life in the place and the manner of their choosing. No person was receiving end of life care at the time of this inspection.

Is the service responsive?

Our findings

At our last inspection of the service we looked at the care records of five people. All of the care files we looked at were inconsistent in that they had a generic format; were not person centred and did not identify people's individual needs. For example, not all of the care plans seen showed that people had received a needs assessment before they moved into Greatwood House. We also saw that care reviews were held but there was no evidence of involvement by the person or an advocate (representative). There was a lack of dates, signatures and names on some documents including initial assessments. These findings resulted in a breach of regulation being identified.

During this inspection we reviewed the care files of four people. We found that new care plan documentation had been put in place for each person. There was evidence to demonstrate that improvements had been made to the contents of care plans since the last inspection of the service and efforts had been made to make the plans more person centred. However, some care plans seen needed further improvements to make them fully person centred. For example, in one plan where the person required support with personal care it stated, 'one staff to give [name] a wash nightly and assist into pyjamas'. There was no information to detail how the person should be supported to wash or how much independence they may have had in putting on their own night clothes. In another care plan it stated that staff 'must read the attached PRN (medication) protocols', no protocols were attached.

In one person's pre-admission assessment document not all the details had been completed, for example, care and support required, preferences and assistance needed and admissions risk assessment had not been completed.

In another person's care plan we saw that an updated nutritional care plan had been completed by a community dietician on 19/12/2016. This information then needed to be transferred to the person's individual nutritional care plan by staff. We found that the care plan had not been updated to reflect the re-assessment / details completed by the dietician on 19/12/2016. A monthly review carried out by staff on 26/12/2016 did not identify that changes were required to the care plan following the re-assessment by the dietician. The information following the staff review stated '[name] is losing weight, dietician has been informed, we are now working together to get a plan in place.' There was no evidence to indicate that the service user or nominated relative / advocate had been involved in this review of the care plan. We did find that this person's weight was being monitored by staff with records kept.

Although some care plans were more person centred than others, the lack of consistency in their contents / details and the lack of up to date information being recorded meant that people were at risk of receiving inappropriate treatment and support as staff did not always have the correct information provided to them in all care plans.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The range of organised activities had improved since our last inspection of the service and a dedicated activities organiser was in post. People we spoke with told us that they enjoyed the time they spent with the activity organiser and that they thought sufficient activities were being provided but would like more opportunities to visit the community when the weather improved.

We saw that the service had a written complaints policy and a procedure which was available to people who used the service and their relatives. All formal complaints were recorded electronically on the system known as 'Datix'. This information would then be processed at the head office of the organisation and the area divisional manager would then review the information to ensure the complaint had been dealt with to the satisfaction of the complainant. The registered manager provided us with copies of the complaints received since our last inspection visit. We found that all complaints had been appropriately dealt with and records detailed action taken.

We saw people had made compliments about their experiences of the services they had received. Such information provided the management team with an insight into how effective and responsive the service was in meeting people's needs. One person had commented, 'Since my relative moved into Greatwood House they have become more outgoing and sociable, the staff are very helpful in every way. My relative loves it in there and we love them being there, it's great!' Another person had stated, 'My relative has been a resident at Greatwood forThis has given them a better quality of life thanks to all the staff. All staff including management have been very attentive to my relative's needs, regarding their deteriorating mental health, incontinence and mobility. My relative is very challenging to say the least, but staff have developed a rapport with them. They make their stay a pleasant one. I feel management and senior staff are always available and approachable.'

The registered manager had held a resident / relatives meeting in August, October and November 2016. From the minutes we could see that people using the service and their relatives had opportunity to participate in discussions about how the service was managed and about any issues of concern they may have had. We could see the discussion's included, food, staffing, training, activities, smoking, trips out, medication, clothing and planning for holiday 'festivities'. We saw that the registered manager and staff team had taken action where concerns had been raised, for example, about care of clothing when being laundered.

Is the service well-led?

Our findings

At the time of this inspection a Registered Manager was in post and was available throughout the time of the inspection.

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

Following this inspection and whilst drafting this report, we have been notified by the provider that the registered manager has left Greatwood House. We have also been informed that a newly recruited manager will take up post on 13 March 2017. In the meantime, the service is being managed by the deputy manager with support from the area director.

People who used the service and staff we spoke with were very complimentary about the registered manager and the senior team in the home. Comments received included, "[Name] has been the registered manager since June 2016 and she is a good manager. She is very 'hands on' and knows what is going on in the home. She is also supportive and a good listener and firm, but fair", "[Name] is very, very approachable and has turned things around in this home for the better. [Name] is a good manager, walks around and sits with the residents, getting to know them" and "[Name] is lovely, she comes around every time she's on duty and says hello and asks how we all are. Sometimes she sits with us at dinner time."

Throughout the inspection process we observed the management team were visible within the home, supporting staff and interacting with people. A visiting area director also visited the service during the inspection to offer support to the registered manager and senior team.

We saw that staff had access to corporate policies and procedures which helped to make sure staff were clear about their duties when supporting people with their healthcare needs and maintaining their wellbeing.

Since the registered manager had been in post, regular staff meetings had taken place to ensure everyone was kept aware and update with plans, changes and the future planned developments for the service.

At our last inspection of the service we found a system was in place used to gather and record information about the quality of the service provided and this had last been used in 2014. No up to date feedback had been sought from people using the service since that date. We also found that although there was an auditing system and processes in place, we found that these were not being used effectively. These findings resulted in a breach of regulation being identified.

During this inspection we found a system was in place to gather and record information from relatives about the quality of the service provided at Greatwood House. We were provided with an analysis of the results

from the June 2016 audit. We saw that eight relatives had returned completed survey questionnaires to the service. The results were captured under the domain headings, safe, effective, caring, responsive and well-led. Percentages were used to denote the overall results of feedback to each of the questions asked. However there was no evidence of any planned action being developed or taken in response to the results.

Systems were in place to monitor the quality and safety of the service which was being delivered, including audits of all key functions of the home for example, medicines management, care planning, infection control, dignity in dining standards and falls audit. Although records indicated most of these audits were being carried out on a daily, weekly or monthly basis we did find that in areas such as care planning and dignity in dining standards, the audits carried out had failed to recognise the concerns identified during this inspection and therefore were not robust enough to ensure the wellbeing of both people using the service and staff working in the home.

As found in the last inspection visit, the lack of effective use of the management systems and processes in place to monitor and mitigate the risks relating the health, safety and welfare of people using the service and others is a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>We found that the provider was not using the management systems and processes in place effectively to monitor and mitigate the risks relating to the health, safety and welfare of people using the service and others.</p> <p>Regulation 17 (2)(a)(b)</p> <p>We also found that the provider was not maintaining accurate, complete and contemporaneous records in respect of each service user.</p> <p>Regulation 17 (2)(c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>We found that the provider had not deployed sufficient numbers of staff to make sure people's individual support needs could be met during mealtimes and to prevent them from receiving unsafe or inappropriate care.</p> <p>Regulation 18 (1)</p>