Greenacres Care Home Limited

Greenacres Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Greenacres is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It provides accommodation for older people and those with mental health conditions or dementia. The home can accommodate up to 28 people. At the time of our inspection there were 26 people living in the home.

There was a registered manager in post. 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection the service was rated, 'Requires Improvement'. This was because we found the provider's checks did not consistently identify the concerns we had and not all risks had been identified. At the present inspection the service was 'Good'.

Guidance was in place to ensure people received their medicines when required. Medicines were managed safely. However, we found that improvements were required to medicine records to ensure these contained accurate information.

Where people were unable to make decisions arrangements had been made to ensure decisions were made in people's best interests.

Suitable quality checks were being completed and the provider had ensured that there were enough staff on duty. In addition, people told us that they received person-centred care.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Most risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Background checks had been completed before new staff had been appointed.

There were arrangements to prevent and control infections and lessons had been learned when things had gone wrong.

Staff had been supported to deliver care in line with current best practice guidance. People were helped to eat and drink enough to maintain a balanced diet. People had access to healthcare services so that they received on-going healthcare support.

People were supported to have maximum choice and control of their lives. Staff supported them in the least

restrictive ways possible. The policies and systems in the service supported this practice.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their views and be actively involved in making decisions about their care as far as possible. People had access to lay advocates if necessary. Confidential information was kept private.

Information was provided to people in an accessible manner. People had been supported to access activities and community facilities. The registered manager recognised the importance of promoting equality and diversity. People's concerns and complaints were listened and responded to in order to improve the quality of care. Arrangements were in place to support people at the end of their life.

There was a registered manager who promoted a positive culture in the service that was focused upon achieving good outcomes for people. They had also taken steps to enable the service to meet regulatory requirements. Staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. People, their relatives and members of staff had been consulted about making improvements in the service. The provider had put in place arrangements that were designed to enable the service to learn, innovate and ensure its sustainability. There were arrangements for working in partnership with other agencies to support the development of joined-up care.

Further information is in the detailed findings below.

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 consistently safe.

Improvements were required to medicine records to ensure they contained accurate information? Medicines were administered and managed safely.

Risks to people's safety had not always been assessed, monitored and managed so they were supported to stay safe. Arrangements were in place to safeguard people against avoidable accidents.

Arrangements were in place to ensure there were sufficient staff to care for people safely. There were systems, processes and practices to safeguard people from situations in which they may experience abuse.

Arrangements were in place to prevent the spread of infection.

Is the service effective?

Good

The service was effective.

The provider acted in accordance with the Mental Capacity Act 2005. Arrangements were in place to protect people from having their liberty restricted unlawfully.

Staff had received sufficient training to support them to meet the needs of people who used the service.

People had their nutritional needs met. People had access to a range of healthcare services and professionals.

The environment was appropriate to meet people's needs.

Is the service caring?

Good

The service was caring.

People had their privacy and dignity maintained.

Care was provided in an appropriate manner.

Staff responded to people in a kind and sensitive manner.

People were able to make choices about how care was delivered.

Is the service responsive?

Good

The service was responsive.

Care records were personalised and regularly reviewed.

People had access to a range of activities.

The complaints procedure was on display and people knew how to make a complaint. Complaints were responded to appropriately.

The provider had arrangements in place to support people at the end of their life.

Is the service well-led?

Good

The service was well led.

Quality assurance processes were effective in identifying shortfalls in the care people received and improving the quality of care. Action plans were in place.

Staff were listened to and felt able to raise concerns.

The provider notified the Care Quality Commission of events in line with statutory requirements.

The previous rating was displayed correctly.

Greenacres Care Home

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 was a comprehensive inspection.

This inspection took place on 27 March 2018 and was unannounced.

The inspection was carried out by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information the registered persons 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. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

During the inspection we spoke with seven people who lived at the service, three members of care staff, three relatives, the deputy manager and the registered manager. We also looked at four care records and records that related to how the service was managed including staffing, training and quality assurance.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe living in the service. We saw evidence of people being supported to maintain their feeling of safety. One person said, "They have to hoist me now because my legs have given up but I always feel ok when the do it." Relatives also told us they were confident that their family members were safe.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that care staff had completed training and had received guidance in how to protect people from abuse. We found staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm. We also noted that the registered persons had established transparent systems to assist those people who wanted help to manage their personal spending money in order to protect people from the risk of financial mistreatment.

We found that risks to people's safety had been assessed, monitored and managed so that people were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. For example, risk assessments were in place to manage the risk of falls. However we observed occasions when individual risks had not been assessed. For example a person preferred to have their medicines left with them and a risk assessment had not been completed in order to manage the risk. We spoke with the registered manager about this who told us they would address the issue. Arrangements were in place to protect people in the event of situations such as fire or flood.

Staff were supported to promote positive outcomes for people if they became distressed. For example, guidance was available in people's care plans so that they supported them in the least restrictive way. When we spoke with staff they were able to tell us about these. For example, allowing people to administer their own medicines.

We found that suitable arrangements were in place to safely manage people's medicines in line with national guidelines. We observed medicine administration records (MARs) were completed according to the provider's policy. Medicine front sheets were in place and included information about allergies and how people liked to receive their medicines. However we observed three MARs did not always reflect people's allergies. The senior carer who led on medicine management told us they were in the process of discussing with their medicines provider the best way to ensure allergies were correctly recorded on the MARs. We also found three MARs where the administration details had got written changes and these had not been signed and dated to ensure the changes were accurate. This meant the records did not accurately reflect when changes had been made and by whom.

Information to support staff when administering as required, (PRN) medicines, was available to staff to ensure people received their medicines when they needed them. Where people received their medicines in food to assist them to be able to take their medicines we observed the appropriate arrangements had not been put in place to ensure the method of administration did not affect the way the medicines worked. The

registered manager took action to address this during our inspection.

The provider had ensured there was enough staff on duty to provide safe care to people. Staff said they thought there was sufficient staff. People we spoke with told us that occasionally they had to wait for assistance, but felt it did not significantly impact on their care. One person said, "Sometimes I have to wait for help, but usually not too long." The registered manager told us they had put in place arrangements to ensure there were sufficient staff to support people. They said they had taken into account the number of people living in the service and the care each person needed to receive. They also told us they had a system in place which monitored response times to call bells to ensure people were responded to in a timely manner.

We examined records of the background checks that the registered persons had completed when appointing two new members of care staff. We found that in relation to each person the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained from people who knew the applicants. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

People told us they felt the home was clean. One person said of the home, "The cleaning girls work really hard. I'm a one for talcum powder and it gets all over, so she waits till I'm out and gives the room a good going over." Suitable measures were in place to prevent and control infection. Staff had received training and understood how to prevent the spread of infection. Audits including hand hygiene checks had been carried out. However we observed a malodour in one area of the home. During our inspection we observed this area being cleaned.

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Staff told us they received feedback on incidents and accidents. Records showed that arrangements were in place to analyse accidents and near misses so that they could establish how and why they had occurred. We also noted that actions had then been taken to reduce the likelihood of the same thing happening again.

Good

Is the service effective?

Our findings

We found that arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed the registered manager had carefully established what assistance people required before they were admitted. Initial assessments had also considered any additional provision that might need to be made to ensure that people did not experience any discrimination. An example of this was establishing if people had cultural or ethnic beliefs that affected the gender of staff from whom they wished to receive personal care.

People were confident the staff knew what they were doing and had their best interests at heart. Members of staff told us and records confirmed that they had received introductory training before they provided people with care. As part of their initial training, new staff also completed the National Care Certificate which sets out common induction standards for social care staff. In addition, they had also received on-going refresher training to keep their knowledge and skills up to date. When we spoke with staff we found that they knew how to care for people in the right way and where people had specific needs arrangements had been put in place to provide training to staff. For example, training about dementia care. The provider also encouraged staff to study for nationally recognised qualifications in care and management.

Staff told us they were able to speak with the registered manager at any time if they needed to. Arrangements were in place for staff to receive one to one support. Records showed supervisions on a one to one basis had taken place. This is important to ensure staff have the appropriate skills and support to deliver care appropriately.

People were supported to eat and drink enough to maintain a balanced diet. One person did not want their meal and we observed staff offering them a number of alternatives to ensure they received sufficient nutrition. We observed lunch and saw it was not a particularly sociable event as people preferred not to sit in the dining area. We saw people chose where they wanted to have their lunch but mainly it was either on trays in the lounge area or in their own bedrooms. The registered manager told us that this was since the lounge had been closed for refurbishment and they were trying to talk to people about using it again.

We observed staff supporting a person with their meal and saw they were focussed and attentive. Most people told us that food at the home was good. One person said, "The food can be a bit predictable, especially at the weekends. I know it's always gateau on a Sunday." Where people had specific dietary requirements we saw these were detailed in care records and staff were aware of these.

People were supported to live healthy lives by receiving on-going healthcare support. One person told us, "[Staff] always get the doctor if I need it. They never hang about. It's really good." Another person told us, "They got me an ambulance because of my breathing. That made me feel better knowing someone was coming."

Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians. Reviews were held

with people and professionals who were involved in their care. These included meeting with their GP, personal representatives and other health professionals. This helped to promote good communication resulting in consistent and coordinated care for people. Where people had specific health needs for example requiring oxygen care plans reflected this and detailed how to meet these needs.

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 law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff were supporting people to make decisions for themselves whenever possible. Records showed that when people lacked mental capacity the registered manager had put in place a decision in people's best interests. However these were not decision specific as required by national guidance. We spoke with the registered manager about this who told us they would address this.

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 authorisation procedures for this in care homes and hospitals are 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 were being met. We found where people were subject to DoLS the appropriate arrangements had been put in place.

Where people were able to consent documentation had been completed with them for issues such as access to records and photography. We observed the home had CCTV within the home and relevant consent documentation had been completed according to the provider's policy.

Do not attempt cardiac pulmonary resuscitation orders (DNACPR) s were in place where appropriate. However we observed two people's did not reflect their capacity. For example, one person's stated they did not have capacity to consent and their next of kin had consented on their behalf. However records showed the person did have capacity but required additional support with their communication in order for them to understand the issues. The registered manager told us they were in the process of reviewing DNACPRs with the GPs and would address this.

We saw that refurbishment had taken place since our last inspection and this was ongoing. The refurbishment had addressed issues raised at the previous environment and improved the standard of the environment. For example, putting in place window locks to ensure a safe environment.

Good

Is the service caring?

Our findings

People and their relatives were positive about the care they received. A person told us, "They are very caring people here. I don't know how they do it, its such hard work." Another said, "Certain staff members go out of their way to help. They are so thoughtful." A relative told us, "I'm very glad [my family member] has got a place like this because they are properly looked after. My [family member] is better than when they were with us. It really eases my mind." Another relative said, "They are very kind here, there are no problems."

People were treated with kindness and were given emotional support when needed. For example, staff used quiet tones when speaking to people and made eye contact. People told us staff were considerate. Where people required specific support to prevent them from becoming distressed this was detailed in their care records and guidance was in place to support staff. One person was upset at lunchtime and refused their meal. We observed staff reassured them and removed their meal at their request. They told us they would offer the person an alternative later in the day and this was something that occurred regularly.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. For example, a care record explained a person preferred to use a teaspoon to eat their meals with. We observed staff asked a person what type of cup they preferred to drink out of before serving them a mid-morning drink.

We observed staff supporting people to move and saw this was done safely and at people's own pace. Staff explained what they were doing and how people could assist them when moving.

Most people had family, friends or representatives who could support them to express their preferences. In addition, records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. Furthermore, we noted that the provider had access to local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. People told us staff were usually respectful when given personal care and they had never felt undignified or embarrassed. One person said, "They (staff) always knock on the door but then they walk straight in." Staff told us about and recognised the importance of not intruding into people's private space and maintaining their privacy. For example, staff asked people discreetly if they required assistance with their personal care.

The home had two double rooms however we observed appropriate screening was available to protect people's privacy and dignity. People told us they were given their choices of rooms when they became available. The registered manager also told us where people shared a room they were offered the opportunity to move when rooms became available.

We found that suitable arrangements had not always been maintained to ensure that private information was kept confidential. We observed people's monitoring charts were left in communal areas where

information could be seen by visiting relatives or members of the public. We spoke with the registered manager about this who said they would address this issue. Computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

People said that nurses and care staff provided them with all of the assistance they needed. We found that people received personalised care that was responsive to their needs. Assessments had been completed before people came to live at the service. Records showed that staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. Individual booklets were included in the care record to inform staff about what was important to people. For example, information about people's work history and life experiences. This helped staff to understand people's needs and wishes. Care plans were regularly reviewed to make sure that they accurately reflected people's changing needs and wishes.

Care plans and other documents were written in a user-friendly way according to the Accessible Information Standard so that information was presented to people in an accessible manner. We saw people had been involved in discussions about their care plans and staff told us how they involved people and their relatives. However only one of the people or relatives we spoke with confirmed they had been involved in formulating their care plan. We spoke with the registered manager about this who told us they would consider how they could ensure people felt they were involved in their care planning process.

A member of staff was employed to lead on coordinating activities for six days a week. We observed there was a designated area for and displays of the craft work throughout the home. During our inspection we observed people were making poppies for the local church which were going to be used to commemorate 100 years of the Armistice Day. We saw there were regular visits from entertainers and other groups, including animal therapy and movement to music. One to one sessions were also available for those people who were unable or did not wish to join group activities. In addition a volunteer worked at the home and spent time chatting with people and supporting them with their social needs. A relative told us, "□I think the social aspect is 100% and that is more important than anything else."

People were supported to maintain relationships, for example a person told us, "Visitors can come anytime, stay as long as they like. They can even have a meal." A relative told us, "I'm made to feel very welcome. It's a family run home and they are very good to my [family member]." We noted that staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs. For example, a person had chosen not to practice their faith and this was clearly detailed in their care record. Furthermore, the registered manager recognised the importance of appropriately supporting people if they identified as gay, lesbian, bisexual and transgender.

Arrangements were in place to support people who could not communicate verbally. For example, the registered manager told us that staff communicated with a person who had a hearing impairment by writing things down. We saw this was detailed in the person's care plan and when we spoke with staff they were able to tell us about this.

There were arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. Records showed that when complaints had been received these had

been investigated and resolved to the satisfaction of the complainant.

When we spoke with people they told us they knew how to raise concerns. One relative told us, "They are very approachable. If you've got a problem they deal with it straight away." Another relative told us, "I'd feel happy to make a complaint but have never needed to. They are very open and upfront." At the time of our inspection there were no ongoing complaints.
The provider had some arrangements in place to support people at the end of their life. Records detailed people's funeral arrangements and what care they would like at end of life. For example, one person had requested last rites. The same record also detailed how they wanted their care to be provided at this time of their life. The registered manager told us they were in the process of developing these and would work closely with the district nurses to ensure they were appropriate.

Good

Is the service well-led?

Our findings

Records showed that the registered persons had correctly told us about significant events that had occurred in the service, such as accidents and injuries. The registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.

People and their relatives told us that they considered the service to be well run. Staff told us they thought the registered manager and the owner were approachable and listened to them. One person told us, "There's a good management team here. The owner is a lovely chap. He visits every week and always has a chat with everybody." There was a registered manager in post who promoted a positive culture in the service that was focused upon achieving good outcomes for people. Staff described the home as a 'happy home' and said there was a 'nice atmosphere'. One member of staff told us there was a flexible approach that ensured both personal and work commitments were met. We saw that during the inspection the registered manager was seen around the home and engaged with people. It was clear that the registered manager knew people and they were familiar and comfortable with her.

Staff were confident that they could speak with the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe. The registered manager had developed working relationships with local services such as the local authority and GP services.

In addition, we found that the provider had taken a number of steps to ensure that members of staff were clear about their responsibilities and to promote the service's ability to comply with regulatory requirements. Regular staff meetings were held and staff received feedback from the managers with regard to issues in the home.

We found that people who lived in the service, their relatives and members of staff had been engaged in the running of the service. For example, regular residents and family meetings were held. We also noted that the registered persons invited people who lived in the service, their relatives and professionals to complete questionnaires to comment on their experience of using the service. A relative told us, "I think they listen to us here. They address issues. There is very good communication." A professional commented, "Home is welcoming and homely."

We found that the registered persons had made a number of arrangements that were designed to enable the service to learn and innovate. This included linking with local organisations such as the local authority to introduce improvements. The home also encouraged staff to develop so that their skills could be used to benefit the home. For example, a member of staff was being developed to move from a carer to a senior carer and they explained how they were given additional time to learn and shadow from staff.

A member of staff told us they thought there had been a number of improvements since our last inspection, including renovation and development of staff in specific roles such as leading on infection control issues. Where issues had been identified at meetings action plans had been put in place to address these.

Records showed that the registered persons had regularly checked to make sure that people benefited from having all of the care and facilities they needed. Checks were carried out on issues such as mattresses, handwashing and falls. These checks included making sure care was being consistently provided in the right way, and staff had the knowledge and skills they needed. In addition regular checks had taken place to ensure the service met regulation. We saw the results of these checks were reported back to staff at meetings.