

Sunrise Rehabilitation Centre and Trading Associates Ltd

Greenfield Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Greenfield Care Home is a residential care home providing personal care to nine people at the time of the inspection.

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

Right Support

Updated training and refresher courses were needed to help staff continuously apply best practice. The service did not always have enough staff, including for one-to-one support for people to take part in activities. People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. People were supported by staff who followed systems and processes to administer, record and store medicines safely. The service worked well in partnership with other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.

Right Care

The service helped keep people safe through formal and informal sharing of information about risks. People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed. Staff were patient and used appropriate styles of interaction with people. Staff took the time to understand people's individual communication styles and develop a rapport with them. Staff spoke knowledgeably about tailoring the level of support to individual's needs. The provider sought feedback from people and those important to them and used the feedback to develop the service.

Right culture

People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. Staff provided person-centred support with self-care and everyday living skills to people. The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed. Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.

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 the service under the previous provider was good, published on 17 August 2018.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was well-led.

Details are in our well-led findings below.

Greenfield 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 Health and Social Care Act 2008.

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

Two inspectors carried out this inspection.

Service and service type

Greenfield Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Greenfield Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

The service had a manager registered with the Care Quality Commission. 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 inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including

important notifications.

During the inspection

We spoke with relatives about their experience of the care provided.

We spoke with three members of staff including the registered manager, the deputy manager and a support worker.

We used the Short Observational Framework for Inspection (SOFI)/ spent time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us

We reviewed a range of records. This included two people's care records and two 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 reviewed feedback from two people's relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People did not always receive support from adequate numbers of staff to meet their needs. We reviewed the rotas and found there were three staff on duty during the day but that this impacted on the interaction and stimulation people received.
- During the inspection we observed people spending significant time alone in the main lounge without adequate interaction from staff. Staff appeared focused on task-based activities, for example cleaning and washing. We have reported on this in more detail in the Responsive section of the report. However, we were assured that there were enough staff to care for people safely.
- The registered manager, and relatives told us that staffing levels were determined by people's funded hours and that as a provider they added additional cover where needed.
- Despite our findings, staff spoken with told us there were sufficient staffing levels. Relatives also feedback that they felt the provider did as much as they could to ensure staffing levels were safe. We raised our concerns with the registered manager who told us they would review their staffing levels with the director. We will check their progress at our next inspection.
- Staff were safely recruited. This included employment history and suitable references. During the inspection we identified one newly employed staff member's file did not contain satisfactory references. The registered manager sent us these after our inspection, we were satisfied with their prompt response.
- Staff were subject to Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People received support from a service that protected them from abuse. Relatives said, "I have continued to feel that [person] is well looked after and kept safe by all the staff within Greenfields."
- Staff had an adequate understanding of how to respond to and escalate suspected abuse. A staff member told us, "If [the registered manager] didn't do anything about it, I would report it to the director and then CQC. I could report it to [local funding authority] and the police."
- At the time of the inspection there were no safeguarding concerns being investigated by the local funding authority. Records showed that the provider complied with any previous investigations.

Assessing risk, safety monitoring and management

- Risk assessments were clear in guiding staff on how to monitor and manage potential risks. For example, where one person needed support with their mobility clear steps guided staff as to when people may require

additional support.

- Staff were aware of the ways in which to support people when they displayed behaviours that may cause distress. A staff member said, "We do have one person here who will [engage in behaviours they exhibit when anxious, distressed and overwhelmed]. We speak to them to try to calm down, we try to find out the triggers as to why they're upset. I've had behavioural management training and the risk assessment tells you what to do."

Using medicines safely

- People received their medicines safely and at the times they needed them. Protocols were in place for 'as required' [PRN] medicines so that staff were clear on when people could need these. Medicines administration records were accurately completed.
- Staff knew how to respond to any medication concerns. A staff member told us, "I would call 111 and seek advice if I thought there was a medicines error. I would also report it to the [registered] manager and the pharmacy." "[Staff members] do give people PRN to help calm [people], so we give it to [one person] when they're very agitated in the morning."

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 using Personal Protective Equipment (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's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager ensured that incidents and accidents were effectively responded to. Records showed that when incidents occurred these were fully recorded. Reviews were undertaken by management to ensure that any learning could be shared with the staff team.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received support from staff that underwent training to enhance their skills and knowledge and reflected on their working practices to drive improvements.
- We reviewed the training matrix which showed staff received training in mandatory areas, for example, health and safety, medicines management, food hygiene and safeguarding. We spoke with the registered manager regarding person-specific training, for example, epilepsy. The registered manager showed us confirmation they had liaised with the training manager to request such training and were awaiting their response.
- We identified staff received several training courses in one day, this meant we could not be assured the training provided was thorough. After the inspection, the registered manager sent us an updated record of booked training which assured us staff would have sufficient time to cover all relevant training areas.
- Despite our findings, staff spoke positively about the training they received and confirmed they could request more should they feel the need.
- Staff received one to one supervisions with the registered manager. Records showed the supervisions were held frequently and staff discussed all aspects of their role and were given feedback and guidance on how to improve. Staff confirmed they found the supervision process beneficial.
- Newly employed staff underwent an induction to ensure they were competent in the role prior to working without direct support. The induction process followed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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.

- Not all staff had a clear understanding of their roles and responsibilities under legislation. The member of staff was new to the service and the registered manager told us they would review this as part of their induction. However, one staff member told us, "[The MCA is about] asking people for their consent and giving them choices. We do have DoLS in place for everyone for leaving the home. If they [indicate] they would like to go out, we will take them."
- Any DoLS applications were applied for in a timely manner and made accessible in people's care files.

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

- At the time of the inspection the service was undergoing redecoration to ensure it met people's needs. Families were being consulted so that people's personal living environments met their preferences.
- The service was in clear need of updating, as there were areas of the service that had chipped and flaking paint, marks on the walls and holes in the wall.
- The provider told us they were trying to undertake the work with as little disruption to people's lives as possible. We will monitor the provider's progress in the updating of the décor.
- Despite our findings, people's rooms were decorated in a manner they chose and contained personal items, such as photographs, pictures and stuffed animals.

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

- People's needs were assessed prior to them moving into the home. This included assessments in line with best practice guidance and collaboration with the local authority to accommodate people's funded support hours.

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

- People were supported to eat food and drink that met their dietary needs and preferences. Where people required specific support with meals we found clear guidance with their care files and risk assessments.
- Staff had a clear understanding of the support people required to eat their meals. One staff member told us, "We do have people that we have to help eat. We give two people blended foods and make sure it's only half a spoonful [at a time], we have to make sure they swallow the food then we will give them some more." There were enough staff to support with care giving tasks.

Supporting people to live healthier lives, access healthcare services and support

- People were well supported to access healthcare professionals. Staff knew how to highlight changes in people's presenting needs so that they could access medical support when needed.
- Clear oral treatment care plans were in place so that people could be sufficiently supported by dentistry. People had hospital passports so that if transferred to hospital supporting professionals would have clear guidance on their needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's diverse needs were respected. Care records detailed if people had any religious needs. Staff told us, and records showed that one person was supported to eat cultural foods of their choosing.
- Relatives told us staff were caring. Comments included, "We are certain that the staff are caring and understanding of [person's] unique needs" and "Even during the COVID-19 lockdown, staff continued to care for residents in their daily lives."

Supporting people to express their views and be involved in making decisions about their care

- Care records reflected that people had been consulted on how they wished for their care to be delivered. Where people had needed support to express their views family members had been consulted.
- People were allocated a keyworker, who they met with regularly to discuss their day to day lives. This enabled staff to update care records so that care was delivered in line with people's preferences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People had keys to their rooms; which meant they were able to make choices in how they maintained their privacy.
- Where people were able to do so, staff supported people to be independent. One person's care records detailed the tasks they could undertake in the kitchen with minimal support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good

This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a wide range of activities in the community to meet their social needs. However, we identified in-house activities could offer more stimulation. The relatives we spoke with told us they believed this concern was an impact of funding from the local authority; and not the providers efforts.
- During the inspection we observed people were without frequent interactions from staff. Some people were engaged in activities of their choosing, however people were often lacking in stimulation. We raised this with the registered manager who told us they will review activity provision alongside staffing levels.
- Records showed people at the service attended a day service once a week and accessed the community. This included local shops and restaurants; as well as outings with family. Recently people had attended the beach with staff.
- Following the inspection the provider sent us evidence of records that detailed the in-house activities people participated in. They took prompt action to review activity provision and we will review their progress at our next inspection.

We recommend the provider take measures to utilise in-house activity provision.

End of life care and support

- The provider discussed people's end of life wishes where people wished to do so. We spoke with the registered manager about ensuring care records reflected where people declined these conversations. The registered manager told us they would update the care records accordingly. We will review the provider's progress with this at our next inspection.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were personalised in reflecting people's preferences. This included a full overview of how they wished to live their lives and their day to day routines. This provided clear guidance for staff so that people contributed to their care delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records clearly stated how people preferred to communicate, and how they would express themselves if they were non-verbal. Where people had any sensory impairments these were recorded within their care files.

Improving care quality in response to complaints or concerns

- There were no open complaints at the time of our inspection. Records showed that historical concerns had been appropriately responded to.
- A suitable complaints process was in place to ensure that people were able to raise any concerns.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

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.

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

- The provider sought the feedback of people, their relatives and staff but it was not clear how they planned to respond or make improvements as a result. We reviewed the most recent quality assurance questionnaire and identified six relatives had responded. The questionnaires covered all aspects of the service, including, staff, food and drink, activities and communication.
- Comments received included, "It's no fault of the home that [people] can only attend the day centre one day a week, or there isn't the money to take them on trips or outings to compensate. If [the service] had some money, it would improve [people's] lives a great deal.", and "The staff and home are very caring and supportive. There needs to be more staff to assist in social activities." As reported under 'responsive' we will review the provider progress with this at our next inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Prior to our inspection the provider had not ensured that end of life care discussions were clear within people's care records. Some adjustments were needed to ensure in-house activity provision was enhanced. We were satisfied that the registered manager took prompt action to address our findings; however these had not been identified prior to our inspection.
- The registered manager was clear on their responsibilities in ensuring important events were notified to the Care Quality Commission.
- Quality assurance audits were carried out to review the performance of the service. This included checks of medicines audits, care files and health and safety of the premises. We reviewed recent audit record and were satisfied these were completed thoroughly and identified actions in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Working in partnership with others

- Staff spoke positively about how they worked as a team. Comments from relatives included, "He [registered manager] has a good handle on what must be a very challenging job, and is very approachable and ensures that we are kept informed both in respect of [person], and any developments at the home which may affect [person]/us" and "I have always found the home well managed and the management open to discussions."

- The registered manager was positive about care delivery and working alongside other professionals to meet people's needs. They regularly liaised with a named professional in the learning disability team to ensure continuity of care for people living at the home.
- Staff were positive about the management support they received. They told us, "The registered manager is very good, I can talk to him and he is very friendly" and "He [registered manager] is very good and any issues you can go to him and he will help you with them."

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

- The registered manager understood the importance of taking ownership of any mistakes and apologising, when things went wrong. They told us, "When something or an incident happens, I have to be transparent, make sure other professionals working with us are aware."