Greenacres Nursing Home Limited

Greenacres Care Home

Inspection report

Pighue Lane
Wavertree
Liverpool
Merseyside
L13 1DG

Tel: 01512597899

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Greenacres Care Home on 1 November 2016. The inspection was unannounced. Our last inspection of the service was in October 2013 when we found that the service was compliant in all areas we looked at. The service is registered to provide accommodation with personal care for up to 41 people.

The home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home had a registered manager who had been in post for a number of years.

During our visit we saw that there were enough staff to support people and meet their needs. People we spoke with considered there were enough staff and they described the staff as kind and caring. We observed positive and respectful interactions between staff and people who lived at the home.

Robust employment procedures had been followed when new staff were recruited. Staff received regular training and supervision and most staff had a national vocational qualification.

The home was clean and well maintained. Medicines were stored and managed safely and records showed that people received their medication as prescribed by their doctor.

Deprivation of Liberty Safeguards (DoLS) had been applied for with respect to some people living at the home. We saw evidence that people's capacity to make decisions was assessed before they moved into the home, however we did not see a system in place to keep this under review in order to identify any changes in people's mental capacity.

We found that the lunchtime experience was busy and poorly organised. People had a choice of meals, however the menus we looked at did not offer healthy choices and lacked variety.

People's needs were assessed before they moved into the home and referrals were made to medical professionals as needed. Care plans recorded the care and support people received and were reviewed monthly.

People who lived at the home had choices in daily living. Some people chose to spend their time in their own bedroom while other people enjoyed participating in the social activities provided.

People spoke highly of the home manager and the staff members we spoke with considered that they were well supported and worked well together as a team.

There was a good standard of record keeping across the service.

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.

The home was clean and adequately maintained.

There were enough staff to support people and keep them safe. The required checks had been carried out when new staff were recruited.

Medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not entirely effective.

Deprivation of Liberty Safeguard (DoLS) applications had been submitted for some people but there was no clear process for identifying people who may require the protection of a DoLS.

Staff received a programme of training relevant to their work.

People received enough to eat and drink but improvements were needed to meals service and to the nutritional value of the meals offered.

Is the service caring?

Good

The service was caring.

We observed staff supporting people with dignity and respect.

People who lived at the home and their relatives told us that the staff were kind and caring.

There was a happy and inclusive atmosphere in the home.

Is the service responsive?

Good

The service was responsive.

People had choices in daily living and staff were aware of people's individual needs and choices.

The care plans we looked at reflected people's support needs and the care they received.

A copy of the home's complaints procedure was displayed and complaints records were maintained.

Is the service well-led?

Good

The service was well led.

The service had a registered manager and people spoke well of her.

There was a positive, open and inclusive culture and people's views were listened to.

Regular checks and audits were carried out.

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.

The inspection took place on 1November 2016 and was unannounced. It was carried out by two Adult Social Care inspectors. Before our inspection we reviewed the information we held about the home. We reviewed notifications of incidents that the provider had sent us since the last inspection. We spoke with a member of the local authority's quality monitoring team who told us they were not aware of any issues with Greenacres Care Home.

During the inspection we looked at all parts of the premises. We spoke with eight members of staff, eight people who lived at the home, and four visitors. We observed staff providing support for people in the lounges and the dining room. We looked at medication storage and records. We looked at staff rotas, training and supervision records, and recruitment records. We looked at maintenance records. We looked at care records for five people who lived at the home.

Good

Is the service safe?

Our findings

People living at the home told us that they felt safe living there. The members of staff who we spoke with had an understanding of safeguarding and told us that if they had a concern they would report it to their manager or to the appropriate authorities. The manager kept records of all calls that had been made to the local authority's 'Careline' to report incidents that had occurred in the home. We saw that recent issues reported had all concerned people who lived at the home having a fall.

Accident forms were completed well and there were records of falls that had occurred and actions taken, for example the use of movement sensors in people's bedrooms.

The home was clean with no unpleasant smells. A relative we spoke with commented on this saying "There's always a fresh smell. That's a big plus." Two domestic staff were on duty each day.
The home had a large laundry room that was well organised. A clear system was in place for ensuring washed and unwashed laundry was kept separate. Water soluble bags, gloves and aprons were available for dealing with any laundry that may be infectious. The kitchen had a five star food hygiene rating.

Window restrictors were fitted to windows and radiators were low surface temperature. We tested a sample of call bells and found that these worked. The garden in the centre of the building was secure. Electronic door openers were fitted to hold doors open, but would close in the event of the fire alarm sounding. This all helped to make the premises safe for the people living there.

The home's fire procedure was displayed in the entrance area. Personal emergency evacuation plans for all of the people who lived at the home were readily available near to the main entrance. Records showed that regular fire safety checks were carried out covering the alarm system, extinguishers, emergency lighting, doors and closers. We saw very detailed records of regular fire drills that had been carried out. A fire risk assessment had been written by a specialist company in August 2016 and this contained a record of actions taken to address areas that had been identified as needing improvement.

Certificates and records were in place to show that up to date checks had been carried out by external contractors on the fire alarm system, fire extinguishers and emergency lighting; the gas and main electrical systems; portable electrical appliances; moving and handling equipment; and water safety.

The staff rotas we looked at showed that during the day there was always the manager or the deputy manager on duty and/or a senior care assistant. Five care staff were on duty in the morning, four in the afternoon and evening, and three at night. The manager told us "We haven't used agency for years." Throughout the day we observed there were sufficient staff available to respond quickly to requests for support and to spend time interacting with people on a social basis as well as meeting their care needs. Everyone we spoke with said they thought there were generally enough staff to care for them.

The home shared a maintenance person with a close by care home owned by the same provider. There were two housekeeping and one laundry staff on duty each day, also a cook and a kitchen assistant. There was a

low turn-over of staff and there were no staff vacancies at the time of the inspection.

We checked the personnel files for the three most recently recruited members of staff. They had completed an application form and been interviewed before being offered employment. Two references had been provided for each, including one reference from a previous employer. References included indications of each person's trustworthiness, honesty and integrity. A disclosure and barring service (DBS) certificate had been seen by the manager before staff started working at the home.

People told us that they always received their medication on time. They also told us that if they needed painkillers they asked and these were provided by staff. We looked at the arrangements for storage and administration of medicines. A locked medication room contained appropriate storage for controlled drugs and medication that required refrigeration. No controlled drugs were in use and the cabinet was empty. Medication was stored safely and at the correct temperature. We noticed that all eye drops had been dated when they were opened.

Most medication was dispensed in a 'pod' system and was kept in two medicine trolleys. Daily stock checks were recorded for items that were supplied in their original packaging and not in the pods. We observed a senior care assistant doing the stock checks following the morning medicine round. She told us "We're always on top of everything." We looked at a sample of medication administration record (MAR) sheets and saw these were very clear, tidy and had no missed signatures. We checked stocks of analgesic patches that were applied once a week and found that these were correct. We checked records and stocks of antibiotics in current use and these were also correct.

Three people required fluids to be thickened to aid swallowing and there were clear instructions for staff to follow regarding what product should be used and what quantity.

Requires Improvement

Is the service effective?

Our findings

A member of staff told us, "I have got all my certificates." A second member of staff told us, "I have done quite a bit of training. If we need anything they do it." Eight care staff had a national vocational qualification (NVQ) level 3 in care, and eight others had level 2. Housekeeping staff also had an NVQ relevant to their work.

The home's regular training programme included moving and handling, fire safety, safeguarding, food hygiene, infection control, health and safety, and mental health. This was up to date for all staff. Members of staff had also done other training during 2016 including a "Best Practice in Care" course. A training plan was in place for 2016/17 and was due to start in November 2016. This would give staff learning credits for a national qualification. Subjects to be covered included medication, moving and handling of people, and person centred approaches.

We saw very good records of the induction period for new staff. The records showed how new staff were supported and appraised continuously and they had all completed the Care Certificate. There were records to show that all staff had received a performance appraisal in 2016 and had three monthly supervision meetings.

People told us that they could always have a drink on request. One person said "They can always make you a cup of tea." However there were no facilities for care staff to make drinks without going through the dining room into the main kitchen.

One of the people living at the home described the meals as "very good", however the other people we spoke with were not as enthusiastic. Their comments included "It's all right." and "It's adequate." We also saw comments about meals that people had made on satisfaction surveys. These included "Not always what I want."; "Some are good, some not so good." and "Not always to my taste."

People told us that they were always offered a choice of meals if they did not like the meal provided. Their comments included "If you don't like it you can have something else."; "They tell you what it is. If I say no they say tell me what you want." and "They asked me when I came what I don't like. I told them and they remember. They offer an alternative."

A hot meal was served twice a day and people could also have a cooked breakfast. One person was enjoying a cooked breakfast at 11am on the day of our inspection. The day's menu was displayed on a board in the main dining room and there were also copies of the home's four weekly menus. The menus did not show a choice of meal, however we saw evidence that alternatives were always available and special diets catered for. The lunchtime meal on the day of our inspection was potato croquets, fishcakes and tinned tomatoes. We observed that people who did not want the meal were given an alternative.

The menus we looked at did not show a great variety of meals. For example, one week's menu showed cake for dessert at teatime on six days and three times at lunchtime. The manager explained that these were different types of cake and were all homemade. Menus did not reflect a variety of fruit and vegetables being

offered to people. We were told that the evening meal usually contained two vegetables however this was not clearly shown on the menu.

We found the lunchtime experience to be noisy and chaotic and it did not appear to be a social occasion. Condiments were not available on every table, people were given cups without saucers and the room appeared gloomy. A number of staff went in and out of the kitchen and staff were constantly walking through the middle of the dining room with trays or the tea trolley, which created a noisy atmosphere in the dining room. There appeared to be no clear system for helping people in the dining room and we saw some people at a table had almost finished their meal before others were offered theirs. Several members of staff asked one person loudly if they wanted their dessert. One person used their napkin to wipe their eyes and nose and staff were too busy to notice this and provide a clean napkin.

Later in the day we saw that dining tables were set for the evening meal with a knife fork and white paper napkin only at each place. There were no table cloths or mats, no table decoration or flower, no glasses or condiments. The manager informed us that the dining room was being painted and tables hadn't been set due to painting.

Care records showed that people's food and fluid intake was monitored where required. We saw that people were weighed regularly to check they were maintaining their weight and the care records we looked at did not suggest that people were losing weight.

All bedrooms had ensuite toilet and wash basin. Equipment, aids and adaptations were available to support people with mobility and personal care. This included adapted shower rooms, bath chairs, standing aids and hoists, handrails to all corridors, and call bells. All accommodation was at ground level and corridors provided sufficient space for people using a wheelchair to get around easily.

People told us they received the support they needed with their health. One person explained "They always ask how you are doing. If they think you are not well they ask." Another person told us that when they had felt unwell "They brought the doctor in." A third person said "They got the district nurses in. When I was ill they got an ambulance." This was confirmed by the information in people's care records which showed the home had liaised on their behalf with health professionals.

Care plans contained information on how to support people with their health and we saw that the guidance within the plan had been followed. For example, we read one plan that listed the equipment the person needed to look after their skin integrity. We visited this person and saw that all the aids they needed including a specialist cushion, bed and booties were in use. Clear records had also been maintained of their food and fluid intake and the regular support staff had provided to the person to change their position.

Records for a second person contained a care plan to guide staff on how to support the person with their medical condition and a fact sheet to provide further information. We asked staff how they supported both of these people and the information they gave us followed the support we had seen and the guidance provided in the person's care plan.

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 decisions made on their behalf must be in their best interests and be 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. The application 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 or authorisations to deprive a person of their liberty were being met and found that they were.

We saw that information about DoLS and the MCA was displayed in the home to provide guidance for staff. Where a person had been assessed as potentially needing the protection of a DoLS then an application had been made to the relevant authorities. We looked at the care file belonging to a person who had a DoLS in place. This contained a detailed plan to address the circumstances of the DoLS and good records of multi-disciplinary best interest discussions.

People's capacity to make decisions, for example where to live, was assessed before they went to live at the home. Although the majority of people living at the home did not need the protection of a DoLS, we discussed with the manager that a continuing assessment of people's decision making capabilities should be recorded to check whether a DoLS would benefit them and to monitor whether their support needs in this area changed over time.

People were supported to make decisions for themselves. For example, we saw a member of staff asking people whether they wanted to have a flu injection from a visiting health professional and explaining to the person how this would be carried out. One person told us "I make my own decisions. I go out if I want."

Good

Is the service caring?

Our findings

People told us they liked the home and liked living there. Comments we received included "I wouldn't have stayed if I did not like it."; "I am very happy here." and "So far it's excellent."

People also told us that they liked the staff team. One person said "I get on well with the staff. We have a laugh and a joke. They treat me like family." Another person told us "Staff are marvellous. They look after you very well." Other comments we received included "They are willing. We have a laugh."; "They are very nice, all of them, the cleaners too, very helpful."

Relatives we spoke with expressed similar views. One relative said "We are more than happy. Staff are brilliant. They are busy but always have a minute." Another relative told us "This is quality, very good, they are attentive, they communicate."

Comments we read on recently completed questionnaires included "Mum is really well looked after. The staff are delightful. The improvement in Mum's mental health has been wonderful." and "Every time I visit or telephone, staff are always very helpful. Mum always looks clean and tidy and her room the same. She is warm and well fed."

A member of staff told us "Without a doubt I would have my own parents living here."

People living at the home and their relatives told us that they had been consulted about their plan of care and staff always kept them informed. This was further evidenced by records of annual reviews of people's care plans. They showed that a member of staff had discussed the person's care and their opinions of the service with the person wherever possible, and/or with their representative.

People told us that they were able to make their own decisions whilst living at the home. Two people told us "I make my own decisions." and a third person said that staff told her "Just ring me when you want to go to bed." The manager told us "We allow people to be themselves. Some are a bit eccentric and that's fine."

A variety of information was available in the foyer of the home. This included information about local advocacy services that people could contact if they had any worries or concerns. Leaflets were available for helplines that people may find useful including the RNIB, elder abuse and the local authority Careline contact details. A copy of the home's service user guide was also available in people's bedrooms.

People told us that their visitors were welcome at any time. Throughout the day of our inspection we observed interactions between care staff, people living at the home, and their visitors. These were all pleasant and cheerful, patient and kind, and involved humour where appropriate. A notice on the front door invited visitors to attend a birthday party being held on the afternoon of our visit for one of the people living at the home.

Good

Is the service responsive?

Our findings

People told us that when they used their call bell staff always responded quickly. One person explained "That's a buzzer. Anything you want no matter what time of day they come." Another person said, "If I want anything I just press that bell."

People told us they could choose when to get up and go to bed and they could make choices about where they spent their time during the day. A small number of people chose to spend their day in their bedroom.

Throughout the day we observed staff talking with people living in the home and responding to their support needs. We saw that staff changed how they communicated with people to ensure they used the best method to support the person. We also observed staff using equipment to help people with their mobility, this included stand aids, hoists and wheelchair. Staff followed good practice with regard to moving and handling and took time to check the person felt safe and comfortable.

One of the people living at the home told us "They came to see me in the hospital. Told me about it." Another person explained that prior to deciding if they wanted to move to Greenacres their family had visited the home and staff had come to see them at home. The care plans we looked at contained completed pre-admission assessments. The information obtained on this form helped to plan the care and support the person would need when they moved in. In one of the files we looked at we saw a short term care plan that gave staff basic details of the support a person new to the home required prior to a full care plan being written.

Individual care plans were in place for everybody living at the home. We found the guidance within care plans was up to date, clear and easy to follow. The assessments and plans had been reviewed monthly to check whether the person's needs had changed. We also saw meaningful daily reports made by the care staff. A member of care staff told us that they were kept up to date by daily shift handover meetings and they could also access the care plans for more information. We noticed that the care files did not provide much information about people's life histories.

An activities organiser was employed four days a week and there was a weekly activities programme. In the morning a reminiscence quiz was going on in the main lounge with quite a few people participating. There was a good humoured atmosphere and plenty of laughter. Local entertainers visited the home every two weeks to provide a music session, and another group did chair based exercises on the alternate week. A singer was entertaining people during the afternoon and we saw that people were engaged with this, singing along, clapping their hands, and dancing with staff. A member of staff told us "People love the entertainment, quizzes, crafts and Bingo."

Information about how to raise a complaint was displayed in the hallway. We noticed that this did not give people any information about how to contact the service provider. People living at the home and their relatives said they would feel comfortable raising a concern or complaint with the manager or staff. Several people told us "I have no complaints." CQC had not received any complaints about this service.

The manager had recorded two complaints this year and the records showed that they had been dealt with appropriately. We were able to see the actions that had been taken and followed up later.

Good

Is the service well-led?

Our findings

The home had a registered manager who had worked for the provider for 21 years and managed the home for the past 11 years. The manager also provided support for two other local care homes owned by the same provider. There was a deputy manager who had also worked at Greenacres for several years and who worked supernumerary most of the time.

Everybody who we spoke with who lived at, or was visiting, the home knew the manager by name and they were complimentary about her. One person described her as "The best ever, very helpful." A second person explained "She's nice. She pops in and says hello." A relative told us "She has always got time to talk and advise you."

Staff were similarly complimentary about the manager and the support she provided. Their comments included "Best job I have had. Brilliant manager, very supportive." and "She's approachable, supportive." A member of staff told us "I hadn't worked for a while and was very lacking in confidence. The manager gave me a chance and has been really supportive. I've grown a lot. I've done NVQ level 2 and am thinking about doing level 3."

The manager told us that staff meetings were held as needed, the most recent had been in July 2016. A staff meeting was planned for 16 November 2016 and staff were informed of this by posters on the home's noticeboards.

There were regular meetings for people who lived at the home, the most recent had been on 21October 2016. There were also occasional meetings for the families of people living at the home. Minutes of these meetings showed that people had felt able to express their views.

We saw a suggestions box located by the visitors signing in book. There were also satisfaction questionnaires available for visitors to fill in. A summary of the satisfaction questionnaires was written quarterly by the manager. Many positive comments had been made, however three relatives had commented that the décor of the home needed improvement.

Satisfaction surveys had also been circulated to the people who lived at the home. We saw that the forms had mainly been filled in by a member of staff, but had been signed by the person. Comments were positive and included "Staff are all very nice, haven't a bad word about them." and "Very happy with the service."

We looked at records of provider visits to the home and comments they had made. We also saw a programme of regular quality monitoring audits carried out by the manager and senior staff. These included a monthly environment walk round which identified areas that required improvement and recorded the action that had been taken. The maintenance person also completed monthly safety checks of equipment including bath aids, hoists and slings, wheelchairs, call bells, bedrails, and step ladders.

Care plan audits were done monthly and there was a schedule in place to show whose care files would be

looked at each month. A medicines audit was also carried out monthly. The records we looked at showed that whenever an issue was identified, prompt and effective action was taken by the manager.

We noted a very good standard of record keeping across all areas which meant that important documents were readily accessible and had been kept up to date.