

Leonard Cheshire Disability

Greenacres - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Greenacres - Care Home with Nursing Physical Disabilities, is a residential care home providing personal and nursing care to 32 older and younger people with physical disabilities. The service can support up to 33 people.

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

There was some improvement needed with governance systems. Some risk assessments had not been updated and some incidents had not been identified as safeguarding alerts. However, other systems were effective for monitoring the quality and safety of the services provided. There were some aspects of choice and control that had not always been explored with people.

The registered manager was looking at ways to continuously learn and improve care, like a new communication system which had been implemented. There was good involvement with community professionals. People and their relatives told us they had positive outcomes.

People felt safe and staff had good knowledge of safeguarding processes. There were enough staff to support people safely. People received their medicines safely. There was good practice in relation to the prevention of COVID-19.

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

Rating at last inspection

The last rating for this service was good (published 06 March 2019).

Why we inspected

The inspection was prompted in part due to concerns received about risk management. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe domains of this full report.

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

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Greenacres - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and a specialist advisor. The specialist advisor had clinical knowledge relating to the needs of the people who lived in the home. The team visited the home for one day, and one inspector reviewed documentation and made telephone calls to staff, families and people involved with the home over a further three days.

Service and service type

Greenacres - Care Home with Nursing Physical Disabilities is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the 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 announced.

We telephoned the home unannounced and asked the management team to provide us with documentation for the inspection. We also established the homes COVID-19 status. We gave the service 48 hours' notice of the site visit. This was so we could review evidence submitted to us and undertake the relevant COVID-19 risk assessments.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service, three relatives and one person involved in the home about their experience of the care provided. We spoke with 12 members of staff including the regional manager, quality business partner, registered manager, deputy manager, nurses, assistant physiotherapist, care workers and the chef.

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

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- There had been concerns received by CQC about one person's safety, following them becoming unwell. Staff were knowledgeable about how to support the person to stay safe. Care plans identified the person had been unwell but had not been updated to consider how the staff would respond if the person became unwell again. We raised this with the management team who said they would review the documentation and update it accordingly.
- People had been involved in decisions about how to support them safely and how to mitigate known risks.
- Overall people's known risks and support needs were clearly documented, mitigated and reviewed. We did find some risk assessments that had not been updated to reflect new risks. However, staff were knowledgeable about the people they supported, their current needs and risk and understood how to support people safely. The management team said they would review and update all documentation where needed.
- The staff and management team were proactive when people's needs changed, and health professionals were contacted on people's behalf to provide input and support.
- Regular maintenance of equipment was evident including hoists and electrical items. This ensured equipment in the home was safe for use.

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

- People told us they felt safe and relatives felt their loved ones were safe. One person told us they felt "perfectly safe" and praised the staff for the support they provided them. They said, "There is everything I need here, so I am happy". A relative told us, "I believe [person] is safe."
- Where incidents had occurred, the registered manager was able to tell us what they had done to keep people safe.
- We saw a 'shared learning' form which was completed. It detailed an incident that had occurred, what had been learnt and what further actions were required. This showed there were systems in place that could be utilised to review incidents and prevent further occurrences.
- Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns.

Staffing and recruitment

- Pre-employment checks had been carried out to ensure staff were suitable for the role. We found some occasions where staff's full employment history had not been explored prior to them starting work. The quality business partner told us they were in the process of setting up workshops to review areas that may have been impacted by the COVID-19 pandemic. Recruitment was one area which they were due to review.
- People told us and we observed there were enough staff on shift to meet people's needs. One person told

us there were "plenty of staff" to support them. This ensured consistency in the administration of these medicines.

Using medicines safely

- Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions.
- The specialist advisor fed back they were, "Impressed with the [nurses] knowledge and professional attitude [towards medicine management]".
- Where people required medicines on an 'as and when required basis' protocols were in place to guide staff on how and when to administer them.
- Controlled drugs were managed safely and in line with recommended guidance. A controlled drug is a drug that is tightly controlled by the government because it may be abused or cause addiction. The control applies to the way the substance is made, used, handled, stored, and distributed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of service management and leadership were inconsistent.

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

- Although there were systems in place to monitor and review incidents, there had been three incidents that had not been identified by the governance systems as safeguarding concerns. One of these incidents had recently been identified by the quality business partner, during an audit. However, at the time of the inspection the registered manager had not yet made a safeguarding referral. All three incidents were alerted to the local authority and notified to CQC during the inspection.
- The registered manager told us they were implementing a new review and recording system to ensure all incidents and accidents were reviewed and reported to external agencies where needed.
- There were systems in place to review and update care plans and risk assessments for people. However, they had not identified some records had not been updated. The registered manager confirmed to us they had put an action plan in place to review and update people's records.
- The provider told us, in information they shared prior to the inspection, they had implemented new medicines systems and audits. We found good practice regarding medicines with good systems in place.
- Staff understood their responsibilities and what was expected of them. They participated in team meetings and received supervision giving them the opportunity for feedback and learning.
- The ratings of the last inspection were displayed in the home, in line with legal requirements.

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

- There were some aspects of choice and control that had not always been explored with people. For example, if they wanted their bedroom door open or if they wanted to access the bar area outside of activity times. We discussed this with the registered manager who has now actioned this to seek people's views.
- Relative feedback was generally positive about people's safety, the quality of care and concerns being acted on. However, there was a general theme that communicating between the home and people's relatives could be improved. This was mainly in relation to communication about the day to day needs of people.
- Relatives, people and staff told us the home had a positive culture. A staff member said, "I'd let Greenacres look after any of my family", a relative said, "The greatest compliment [to the home] is [person] considers it to be their home."
- There was a family steering group who worked independently to drive improvements in the home. This had included working with the registered manager to implement a new communication system eye gaze and worked with the council to make the road safer for people.

- Relatives and people shared with us positive outcomes since they had lived in the home. Eye gaze is a way of accessing your computer or communication aid using a mouse that you control with your eyes

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

- People told us they were engaged and involved in reviewing their care and support.
- Peoples care plans contained information about how they liked to be supported and what they wanted to achieve. They contained details about peoples religious and cultural needs so staff knew what their support preferences were.

Continuous learning and improving care

- The building was in need of some repair works. The registered manager discussed with us their long term and short-term plans of maintenance so the environment could be improved for people.
- The registered manager discussed with us their ideas for additional training for staff to upskill them in specialist areas. In addition, the registered manager told us they were considering employing an occupational therapist as this would support people with independent living skills.

Working in partnership with others

- Staff communicated with the GP, community nurses and other professionals when required. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.

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 their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.