

Staffordshire County Council

Greenfield House

Inspection report

Greenfields House
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Date of inspection visit:
11 September 2023
12 September 2023

Date of publication:
20 November 2023

Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
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 House is a residential care home providing personal care to up to 10 people. The service provides support to adults with learning disabilities and autistic people who may also have physical disabilities, sensory impairments and/ or dementia. At the time of our inspection there were 7 people using the service; 5 people lived in the main building and 2 people lived in the flat, which was still part of the building. The flat had its own kitchen and living room and both people had their own separate bedrooms.

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

Right Support

Improvements were needed around regular environmental checks and repairs needed to be completed swiftly where safety concerns had been highlighted. On-going refurbishment was taking place in the home's communal areas and 1 person's bedroom needed redecorating to meet their sensory needs. People were able to access the communal areas of the home and had their own space. People were able to access a sensory room if they wanted to.

The provider was considering a reduction in the maximum number of people the home was registered to support. This would allow for some changes to be made to the building which would aim to better support people who were living in the service to have more independence and achieve better outcomes. This would also be more reflective of the 'Right support, right care, right culture' guidance.

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 did not always support this practice. Improvements were needed around recording of decision-making.

Right Care

Improvements were needed around people's care plans and risk assessments. Improvements were needed to ensure robust governance systems identified areas for improvement and to make sure people's safety was maintained. Staff were kind and promoted people's dignity and privacy. Staff knew people and their care needs well.

Right Culture

Improvements were needed to ensure people were empowered and their independence was promoted. People had recently started taking part in activities they enjoyed again. This had not been happening

regularly because of changes in staff, staff training and staffing levels. People were supported by staff who cared about their mental and physical well-being. The values of management supported a positive, open culture.

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 4 June 2019).

Why we inspected

We received concerns in relation to the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenfield House on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to building and environmental safety, medicines management and governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Greenfield House

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

The inspection was carried out by 1 inspector.

Service and service type

Greenfield House 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 House 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

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 11 September 2023 and ended on 25 September 2023. We visited the location's office/service on 11 and 12 September 2023.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time in communal areas observing the care and support people received to understand the experiences of people unable to speak with us about this. We spoke with 4 relatives; 2 who were in the home visiting people and 2 were spoken with on the telephone after the visit. We spoke with 8 staff including the registered manager, assistant manager, senior care staff, care staff and the maintenance person. We reviewed a variety of records. This included 3 people's care folders and 5 medicine records. We looked at 3 staff files in relation to recruitment. We continued to review information after the inspection relating to the management of the service, including quality audits and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always safely managed.
- We identified a stock discrepancy for 1 person during the inspection. This meant the registered manager could not be assured the person received this medicine safely and as prescribed.
- We identified 1 person's medicine prescribed as required once a week had been signed for every day the previous week on their Medication Administration Record (MAR). This meant it was not clear if the person had received their medicine as prescribed. The risk to this person was reduced as the medicine was administered from a medicine blister pack that the pharmacy dispensed.
- Some people's MAR charts were not available. For example, 1 person's MAR chart for their pain relief patch and their body map used to record where the old patch had been removed from and where the new patch should be applied, was not available. This meant the person was at risk of not having their pain relief patches applied in a timely manner in an appropriate place on their skin. However, the person was not due their patch that day and the care coordinator told us this had likely been filed away in error. They advised they would ensure appropriate documentation was in place before the new patch was needed.
- There was no care plan in place for 1 person's topical cream. This meant the person was at risk of not having the right amount of cream applied at the right time and to the right part of their body, which could place the person's skin integrity at risk. We spoke with staff who knew the person and their care needs well which reduced this risk.
- The registered manager explained the documentation not being available was because of the documentation having been archived in error at the end of the previous week. However, the registered manager told us they would ensure this information was available swiftly.
- People receiving 'when required' pain relief did not have enough information in their care records to guide staff how to manage their pain. For example, protocols in place did not identify signs and symptoms for staff to observe specific to each person and there was no tool to support staff to identify when a person was in pain (if the person could not tell staff). This meant people were at risk of not having pain relief quickly and appropriately.
- The care coordinator explained they knew people well and what signs to look for. The registered manager told us this was something they were aware of and were looking into.

We found no evidence people were harmed. However, systems were not robust enough to identify issues and concerns. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- The provider had not always acted on identified risks which placed people at risk of harm.
- Building checks were not always completed in line with guidelines. For example, some fire checks, emergency lighting checks and water temperature checks had not always been completed weekly due to the maintenance person being unavailable. Checks had not been carried out in their absence. This meant there was a risk of harm to the people living in the service. The registered manager had arranged for another maintenance person to support with this and was making arrangements for how this could be completed in the future.
- Where concerns had been identified, swift actions had not been taken, by the provider, to address concerns. For example, some fire doors did not close when the fire alarm went off. The registered manager was aware and advised they were waiting for these to be repaired by contractors. However, repairs had not been undertaken swiftly and this meant people remained at risk of harm should there be a fire.
- Some people did not have accurate and up to date care plans and risk assessments in place. For example, 1 person's seizures type had changed, however, the information in the folder had not been updated. The registered manager told us they were currently up-dating people's care folders.
- We saw storage cupboard doors were locked; however, keys were left in the cupboard doors. This meant people were at risk of accessing and ingesting harmful substances. The registered manager told us people in the service would not access the cupboards, although, there were no individual risk assessments in place for this.

We found no evidence people had been harmed. However, plans had not been in place and swift actions had not been taken when issues were identified. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had Personal Emergency Evacuation Plans for staff to follow when supporting people to get out of the building safely if there was an emergency such as a fire.
- Moving and handling equipment was serviced regularly and staff had training to ensure they used this safely.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- MCA assessments were in place, although some of these needed more details. For example, there was limited information recorded about how the decision was reached that a person lacked capacity to make specific decisions. The registered manager was aware of this and told us this was something they planned to update. We will review the effectiveness of this when we next inspect.
- We found appropriate legal authorisations (DoLS) were in place and were renewed when necessary.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to keep people safe from the risk of abuse and harm.

- Relatives told us they felt people were safe. One relative told us, "[Person] is absolutely [safe]. They are a lovely, lovely team." Another relative told us, "I feel [person's name] is lucky to be here [in the care home] and for the care [person's name] receives. [Person's name] is able to stay here until they pass away. They have a home for life."
- Staff we spoke with told us where to access safeguarding policies and procedures, how to report and record incidents and this was reviewed by the registered manager.

Staffing and recruitment

- People were supported by enough safely recruited staff.
- We saw staff were available to support people when they needed it. Relatives and staff told us they felt there were enough staff.
- Pre-employment checks including criminal records checks and references had been obtained before staff employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

People were able to have visitors and there were no restrictions around visiting. Relatives told us they could visit whenever they wanted. One relative told us, "There are no visiting restrictions, it's like [person's name] home and I just breeze in."

Learning lessons when things go wrong

- The service had carried out their own internal audit and identified areas for improvement. This had been shared with CQC. The registered manager had been completing the actions in the plan and was still addressing areas where improvements were needed.

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 our last inspection we rated this key question good. At this inspection the rating has changed to 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.

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

- Quality audit systems and checks were in place but these had not always been robust in identifying areas for improvement.
- Quality checks failed to identify where people's medicine documentation was not always in place. For example, we found 1 person did not have a MAR in place for their pain relief patch, 1 person did not have a protocol in place to guide staff when a person may need their medicine and what steps to take, 1 person did not have a care plan for their topical cream, and the record of the opening date of a controlled drug was not readily available. All of this placed people at risk of not receiving their medicines appropriately.
- Quality checks did not identify where food and fluid monitoring charts lacked guidance for staff on when and how to escalate concerns.
- Quality checks did not identify where some people's care plans and risk assessments lacked details or needed up-dating to accurately reflect people's current needs especially when there had been a change in people's needs. The registered manager told us they were aware and advised they had started to review and update people's information and this was on-going. We saw some people's care plans and risk assessments had started to be updated.
- The provider had insufficient oversight to ensure staff were up to date with their training. For example, it was recorded for staff to cut people's nails. This placed people at risk of harm. Staff had not all completed their refresher training, however, due to recent staffing changes, this has affected staff being able to complete this in a timely manner.
- Some policies had not been regularly reviewed to make sure the most up to date guidance was followed.

Governance systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2002 (Regulated Activities) Regulations 2014.

- Systems in place to oversee the management of medicines were not always effective. For example, the registered manager told us MAR charts were archived weekly and had been done the previous day, however, some documents were filed in error.
- We saw the registered manager had completed monthly medicines audits and competency checks for staff administering medicines. Were errors had been identified, staff refreshed their medicines training.
- The registered manager told us they were implementing an electronic system in the near future to help support staff to keep accurate and up to date records.

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

- Management promoted an open and inclusive culture among people, relatives and staff.
- Relatives we spoke with knew who the registered manager was and told us they would feel able to raise concerns with them if they needed to. One relative told us, "I would feel comfortable to raise concerns. I have no aversion in raising them."
- Staff we spoke with told us they felt able to speak to management and they generally felt supported in their roles. One staff member told us, "[Registered manager's name] and [assistant manager's name] are approachable and easy to talk to. I do feel listened to."
- People had person-centred care plans and risk assessments in place to promote their independence and people received person-centred care and support. For example, 1 person had a positive risk assessment completed to enable them to have a particular item of equipment to increase their well-being. This was being explored at the time of the inspection visit. We will evaluate the effectiveness of this when we next inspect.
- Staff were involved in handovers, staff meetings and had regular supervision. Staff confirmed this and we saw evidence of this happening.

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 provider understood their role in being transparent. This was demonstrated by the provider having shared their recent internal audit with CQC. The audit highlighted areas where improvements were needed, and the registered manager completed when they had made the improvement.

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

- People, relatives and staff were involved in the service.
- Relatives received updates about the changes in the service and were invited to attend meetings.
- We saw previous relative questionnaires having been returned to the service and relatives knew about an upcoming relatives' meeting in the home.

Working in partnership with others

- Staff worked in partnership with people, relatives, and other organisations.
- We saw information from other health and social care professionals in people's folders and staff worked positively with them to support people to achieve good outcomes.

Continuous learning and improving care

- Lessons had been learned from a recent internal audit. We saw the registered manager had completed actions identified to improve the care for people living in the service, however, further improvements were required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Quality assurance systems in place were not always robust. Swift actions had not always been taken where risks had been identified. Contingency plans were not in place to ensure building safety checks were completed as required.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems and oversight were not robust enough to demonstrate safety was effectively managed.</p>