

# Greenroyd Homes Limited

# Greenroyd Residential Home

## Inspection report

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## Ratings

### Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



## Overall summary

The inspection visit at Greenroyd Residential Home took place on 21st October 2014 and was unannounced.

Greenroyd provides care and support for a maximum of 23 people. Greenroyd is a large detached property situated in a rural location close to Morecambe and Lancaster.

There was a registered manager in place who is also the provider. 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 registered manager had processes in place to safeguard people against abuse. People who lived at the home and relatives we spoke with said they felt safe at the home and staff were friendly and supportive. We found by talking with staff they were aware of how to

# Summary of findings

report an incident of abuse and what the signs were should they have any concerns. One staff member said, “I would not hesitate in reporting someone if I had witnessed an abusive situation.”

We found that people who lived at the home and relatives we spoke with said they felt safe at the home and staff were friendly and supportive. We found by talking with staff they were aware of how to report an incident of abuse and what the signs were should they have any concerns. One staff member said, “I would not hesitate in reporting someone if I had witnessed an abusive situation.”

We found that people who lived at the home and were living with a dementia condition were encouraged and supported to be as independent as possible with staff support.

We spoke to the cook and observed meals being prepared and served to people who lived at the home. Comments from people were positive about the quality and quantity of food and drinks provided throughout the day. Comments included, “The meals are really good. Lots of choice. “Also, “No complaints about the cooks, the food is good.”

We observed interactions between staff and people who lived at the home. We saw that staff were kind and respectful to people when they were supporting them. For example at lunch time people who required support were being attended to by staff. There were sufficient numbers of staff around at meal times to help people.

People’s care and support needs had been assessed before they moved into the home. Care records we looked at contained people’s preferences, interests, likes and dislikes and these had been recorded in their care plans.

Safe recruitment procedures were followed and staff said that they undertook an induction training programme which included time to read the policies and procedures of the home. One staff member said, “I know all my checks were done before I started.” Each staff member had a rolling training programme of mandatory courses, that included, moving and handling, safeguarding people and first aid. Staff told us and records confirmed access to further training in courses that would support staff in their role were supported by the registered manager. One staff member said, “We are always encouraged to further our skills and attend training that would benefit the people who live here.”

We found medicines were dispensed safely at the right time and consistently. We looked at medication records and observed medicines being administered. Only trained staff gave out medication and records were up to date and accurate. One person who lived at the home when asked if he received his medicines on time said, “I get them at the same time every day. “ A staff member said, “Only trained staff administer medication.”

We did notice a lack of signage around the home to support people with dementia. For example pictures of toilets on bathroom doors and pictures of beds on bedrooms. This would help people to be more familiar and safe with the surroundings.

We did find at the top of the stairs a gate that was not sufficiently shut and could easily be opened. This could put people at risk of falling. The registered manager did not have a risk assessment in place to ensure the safety of people.

We have made a recommendation about ensuring people living with dementia were safe within the building.

# Summary of findings

## 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.

From our observations and discussion with staff members we found there were sufficient staff on duty to meet people's needs.

The service had procedures in place to protect people from the risks of harm and abuse. Staff spoken with had an understanding of the procedures to follow should they suspect abuse was taking place.

Health and safety issues identified during the inspection visit need to be addressed to keep the premises safe for people who lived with dementia.

**Requires Improvement**



### Is the service effective?

The service was effective.

People told us they were provided with a choice of healthy food and drink which helped to ensure that their nutritional needs were met. People were well supported at meal times.

People were supported to maintain good health and had access to healthcare professionals and services.

There was evidence in care records people had regular health checks.

**Good**



### Is the service caring?

The service was caring.

From our observations and people we spoke with including visiting health professionals, staff were caring and respectful. We observed during the day good interactions between staff and people. It was clear staff had a good understanding of people who lived with dementia.

Staff supporting people who could not communicate with them displayed a warm and caring attitude. Staff were at ease engaging with people.

**Good**



### Is the service responsive?

The service was responsive.

We observed that staff were kind and respectful to people when they were supporting them.

Discussion with visiting health professionals and examination of individual care records confirmed people's care needs and support was managed well and kept under review. We found when people's needs changed the service responded straight away and records looked at confirmed this.

**Good**



# Summary of findings

## Is the service well-led?

The service was well led.

There was a commitment to continually develop the home. The registered manager consulted with stakeholders, people who lived at the home and relatives for their input on how the service could continually improve.

There were quality assurance systems in place to monitor and improve the care, support and running of the service. The views of people living at the home and relatives were sought by a variety of methods. These included surveys and meetings.

Good



# Greenroyd Residential 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 21 October 2014 and was unannounced.

The inspection team that visited the home consisted of an adult social care inspector a specialist advisor in people living with dementia and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had a nursing care background with expertise in care of people living with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the home. We used this information as part of the evidence for the inspection. We

also looked at notifications we had received from the registered manager, about incidents that affected the health, safety and welfare of people who lived at the home. This guided us to what areas we would focus on as part of our inspection.

We spent time observing care to help us understand the experiences of people who were not able to communicate with us. During the inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI helped us assess and understand whether people who used the service were receiving the level of care that met their individual needs.

We looked at all areas of the building. We also examined four care records of people who lived at the home.

On the day of our inspection we spoke with people who lived at the home, the registered manager, care and domestic staff, visiting friends, health professionals and relatives. We had information provided to us from external agencies including social services and the contracts and commissioning team. This helped us to gain a balanced overview of what people experienced living at the home.

Part of the inspection was spent looking at records and documentation which contributed to the running of the home. They included, recruitment of staff records, training records and audits for the monitoring of the service.

# Is the service safe?

## Our findings

People who lived at the home and were able to communicate with us told us they felt comfortable and safe. Due to people living with dementia we were not able to talk to a lot of people, however we spent time observing people during the day. A relative we spoke with told us they felt, “At ease” knowing the staff and owner were caring people and kept their relative safe from harm.

We found the registered manager and staff supported people to stay safe whilst reducing restrictions on people. For example we observed people had freedom of movement all around the building. The numbers of staff and the awareness of the needs of individuals kept people safe. One staff member said, “We are a tight knit staff group with lots of experience, so we know the people well and what support they need and when we can promote their independence in terms of movement around the home.”

Part of the day we carried out our SOFI observations. We found staff continuously in and out of the lounges checking on people and they were not alone for long periods. We tested the reaction to call bells being answered and staff were prompt in responding to them. A relative we spoke with said, “I feel [my relative] is safe here even though they have free movement around the home.”

All of the staff we spoke with during the inspection told us they thought there was sufficient staff on duty to meet people’s needs. Staff we spoke with told us that there was good team work and that everyone worked well together. The registered manager and head of care told us that they carried out a dependency assessment of all people who used the service to determine the amount of staff needed.

We looked at how medicines were administered and records in relation to people’s medicines. We found medicines were dispensed at the correct time. This was confirmed by observing the staff giving out medication and talking with people living at the home and relatives. One relative we spoke with said, “I have been here when [relative] has his medication and it’s always on time.” Staff working at the home had received training so that they could administer people’s medicines safely. This was confirmed by talking with the registered manager and staff. One staff member told us they carry out regular audits of medicines to ensure they are correctly monitored and procedures were safe.

We were shown the locked facility where medicines were kept and a separate place for controlled drugs. Precise records were kept and medicines were ordered on a monthly basis.

A staff member told us that there were two people who take anti-psychotic medication and they kept a separate record for this. The staff member said, “Their medication is reviewed every three months.” This was good practice and in keeping with the Prime Minister’s Challenge on Dementia 2012, which calls for a reduction in the use of anti-psychotics (based on research by (Subi Banerji) and the length of time that they were given for.

People were protected against the risks of abuse because the registered manager had a thorough recruitment process. Checks included a Disclosure and Barring Service check (DBS) this is a check that informs the service of any criminal convictions recorded against the applicant, application form that required a full employment history and references. By checking recruitment records of a staff member we found all required information had been in place prior to them starting to work at the home. This was confirmed by talking with staff about the recruitment selection process. One staff member said, “Very good they ensured all my checks were in place before letting me work.”

We looked at staffing levels at the home and the different skills of staff who supported people who lived at the home. All the staff we spoke with were positive about the number of staff on duty and felt they had enough personnel on each shift who were experienced and skilled to keep people safe and support people. We observed staff were not rushed, answered call bells promptly and spent time on an individual basis with people. One person who lived at the home said, “There is always staff around the place.” A staff member said, “I feel we work well together and have enough of us around.”

Staff told us that they had received safeguarding training and that it was updated annually as part of their mandatory training schedule. We looked at the training matrix for all staff and found safeguarding courses had been attended by staff annually. Staff we spoke with had an understanding of how to keep people safe from abuse and reduce the risk of harm to people. One staff member said, “We all have had training in this area, I certainly would not hesitate to report any abuse that I witnessed.”

## Is the service safe?

We did notice a lack of signage around the home to support people with dementia. For example pictures of toilets on bathroom doors and pictures of beds on bedrooms. This would help people to be more familiar and safe with the surroundings. The registered manager told us they were currently looking for ways on how to make the environment more dementia friendly and safe for people to access all parts of the building.

We had a walk around the premises there was ongoing redecoration taking place and the registered manager

explained this would be continuing throughout the year. Bedrooms and lounges would be redecorated and new carpets and fittings added. We found at the top of the stairs a gate that was in need of repair and not secure. This could put people at risk of falling down the stairs due to the gate not being secure.

**We recommend that the service explores relevant health and safety guidance on how to ensure the building used by people living with dementia is safe.**

# Is the service effective?

## Our findings

People we spoke with including visitors told us the care and support was consistent and they were happy living at the home and that their relatives were receiving quality care. We found by our observations the atmosphere was relaxed and people had freedom of movement around the home and were receiving the support they required. Staff knew the people they supported well and that their needs and preferences regarding their care and support were being met. One staff member said, "Most of us have been here for a long time and have got to know the residents well."

People's health and care needs were assessed and discussed with them as much as possible. One staff member said, "We try and sit and talk with residents and families to go through the care and support people require." Individual care records of people living at the home confirmed they involved people in developing their plans of care where possible. For example care records were signed by the person or representative to say they had contributed to the support they needed.

We arrived at breakfast time and found people arriving in the dining room as they chose to. One staff member said, "Breakfast is when residents wish to take it. There is no set time." The main meal of the day was served at lunch time. There was a choice of main course and a set desert.

On the day of our visit there was a meat or fish dish to choose from. A member of staff was asked how they facilitated choice. The staff member said, "If the person does not understand what is available then they would go to the kitchen and bring two dinners for them to choose from." We observed this did take place at lunchtime. Otherwise they rely very much on their knowledge of the individual. For the tea time meal the cook had made homemade quiches as an alternative to other choices, for example cheese on toast or salads. A staff member said, "I cook homemade cakes regularly. The residents love them."

We found the kitchen area clean and tidy, with sufficient fresh fruit and vegetables available for the people to have a healthy diet. One relative we spoke with said. "The meals are very good I know they always try and provide fresh

produce and offer fruit during the day." The cook told us that people preparing food had all completed 'Food and Hygiene' training which was regularly updated. Training records we looked at confirmed this.

During the course of the day people living at the home were brought drinks, on two occasions accompanied by homemade cakes. A visitor said, "They are continuously bringing snacks and drinks round for everyone."

Staff were helping those that required support to eat their meal. This was undertaken in a very calm and unhurried way. Independence was encouraged with the use of aids such as plate guards, and special cutlery. At the end of lunch people that required assistance to leave the dining room were offered this promptly. One person we spoke with about the quality and quantity of meals said, "They are really nice we have good food here."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). However she was currently undertaking further training and instructions around the legislation in order to have a better understanding of the legislation. None of the residents were subject to DoLS. Discussion with the registered manager informed us she was aware of the 'four stage' process to assess capacity and the fact that it is decision specific, but admitted further training would help her understanding of the MCA and DoLS. The registered manager said, "I am attending further training tomorrow to increase my knowledge."

From our observations we found people's movement around the home was not being restricted nor were they deprived of their liberty during our inspection. We saw staff continuously supporting people to make their own decisions. For example if they wanted to partake in an



## Is the service effective?

activity in the afternoon and also whether they wanted a certain meal at lunchtime. One staff member said, “We all try and encourage people to make their own choices it is important.”

We spoke with staff members and examined training records for personnel employed at the home. This confirmed staff received mandatory training annually. This covered safeguarding, moving and handling and dementia. Besides training that was essential to support people living with dementia, staff told us opportunities were provided by the registered manager to access courses that would develop their skills and provide a better service for people who lived at the home. For example, staff were encouraged to achieve a National Vocational Qualification (NVQ) or similar qualifications. Also by looking at individual staff training records we found staff had achieved certificates in

‘managing behaviours that challenged the service’. Comments from staff about training included, “We are always encouraged to attend training courses.” Also, “No problems developing skills through attendance at training events the owner is always asking us to attend courses.” A visitor we spoke with said, “The staff seem to have the knowledge to help people who have dementia. They do show an understanding to the residents.”

Staff told us they received regular supervision and annual appraisals, records we looked at confirmed this. This was one to one meetings on a formal basis where staff could discuss their development, training needs and their thoughts on improving the service. A staff member said, “I do receive regular supervision and feel it is important to have these discussions.”

# Is the service caring?

## Our findings

From our observations and people we spoke with demonstrated that the staff were caring and respectful when people needed support or help with personal care needs. A relative said, "You cannot say anything bad about the care here. The staff are all caring as far as I can see." One person who lived at the home said, "They are all good caring people."

Although most of the people who lived at the home could not give feedback in a constructive way because of their dementia. We observed the staff displayed a warm and caring attitude. They were at ease engaging in physical contact, for example, holding hands and stroking. One staff member said, "The residents are so vulnerable and to enable people to be relaxed and comfortable by any means is what we do well." A visitor we spoke with described the staff as caring and, "Very helpful." A visitor also said, "From what I have seen this is somewhere I would send somebody."

Care records of people we looked at contained their religious and spiritual beliefs. People told us they made decisions about their lives and made lots of choices every day. An example of the service responding to a person's religious needs was that staff approached the parish to ask a priest to visit regularly this never transpired. The registered manager made contact with another parish and the person now had a priest that visited regularly. We spoke to the priest who told us the staff were caring, and helpful. The person who the priest visited was happy with this arrangement.

We looked at care records of people to ensure people and families were involved in care planning and continuous development of the support each individual required. We found records were consistent, involved the person and were comprehensive. This demonstrated that people were cared for by staff that had up to date information to provide appropriate support on an individual basis. One relative we

spoke with said, "Yes we are consulted all the time about [my relative] care." A staff member said, "It is difficult at times because of the level of dementia someone has. However we do involve them to ensure we provide what they wish and need."

The registered manager had policies in place in relation to privacy and dignity. We spoke with staff to gain an insight of how they understand the way people should be cared for. Staff gave examples of how to treat people with dignity. One staff member said, "Even though people have a lack of communication and understanding it is important to show respect and treat people as we would want to be." One person who lived at the home said, "Always they are nice to me"

We were shown around the building by a member of staff. We observed staff knocked on people's doors and would not enter until a response was given. One staff member said, "It's part of showing respect and politeness, I would not want anyone just to walk into my house uninvited."

As part of our observation process (SOFI), we witnessed good interactions and communication between staff and people who lived at the home. People were not left on their own for any length of time. We observed staff sitting down and having conversations with people where they could and responding to any requests. For example two people wanted the toilet and staff responded quickly and in a caring, dignified way so the person was not agitated and appeared relaxed and willing to follow instructions from the staff.

The registered manager told us people who lived at the home had access to advocacy services. Information was available in the documentation staff gave to people, so that people were aware of who to contact should they require the service. Although people at the home were living with dementia at various stages the registered manager felt, this was important. This meant it ensured people's interests were represented and they could access appropriate services outside of the home to act on their behalf.

# Is the service responsive?

## Our findings

We found by our observations and talking with people who lived at the home, health professionals and relatives people received personalised care which was responsive to their care needs. One person said, “They have helped me when I was ill and needed more care.” A relative said, “They are very good at responding to any changes in my [relatives] care.” A visiting professional told us the staff were very good at recording any changes and responding to changing needs of people. For example one person required input from the district nurse team, who identified further changes in the care the person required. They told us the staff responded well and always implemented the changes that were identified. In discussion with staff they were aware of people’s changing needs as they were discussed at staff handover and were recorded immediately in the person’s care records. This meant that staff had up to date information on any changing needs of individuals.

During the assessment and development of individual care plans, staff supported and encouraged people to express their views and wishes. This was to enable people to make informed choices and decisions about what support was required. Relatives were often consulted and involved in this care planning process. This was confirmed by talking with relatives. A staff member we spoke with said, “We go through what they like such as social events, food and their life history.”

The service had a range of activities in place to support people and provide stimulation for people who chose to participate in organised activities. Daily activities for each day were detailed on a board outside the lounge. They included a DVD quiz, painting, chair aerobics, bowls and dominoes. On the day of our visit a painting activity had been organised in which we joined in and observed the seven people enjoyed the activity and participated in

painting pictures. A staff member told us that on average 8/9 of the residents would attend each activity. We observed other people were in the lounges or around the home with staff interacting with them. A staff member said, “We do have enough of us to sit and chat if they don’t want to join in, or just watch the tv.”

There was evidence of organised parties and events throughout the year which one person said, “I enjoy the trips out.” The registered manager/owner had established the “Friends of Greenroyd” who fund raise, and organise outings for the people who lived at the home. This year they had five trips, the last of which was a trip to the Blackpool Illuminations. Staff told us they used a particular coach/bus that could not carry anyone that is unable to get up the single step, nor carry wheelchairs. This meant that those with a walking disability could not take part in these outings. The registered manager told us they did at times use their own car to ensure wheelchair users go on trips. However they were looking into more disability friendly transport that would be cost effective and suit people with a mobility difficulties.

The service had a complaints procedure which was made available to people they supported and their family members. There was a copy in every relatives pack that was given on admission and each relative received a personal letter inviting them to have direct contact with the management team if they had any issues or concerns. The registered manager told us the staff team worked very closely with people and their families and any comments were acted upon straight away before they became a concern or complaint. A relative we spoke with had recently raised some issues about the quality of furnishings and activities. They told us they were in discussion with the registered manager about these issues and she had responded to the concerns. The registered manager told us this complaint was still being dealt with in accordance with their complaints procedure.

# Is the service well-led?

## Our findings

All comments from staff and people who lived at the home and were able to communicate with us were positive. They included, “Always supportive and caring as a boss.” Another staff member said, “The way we work together is excellent. The [manager] is a team member.” A person who lived at the home said, “The manager is very nice.” Staff gave examples of the management team working with them to support people. On the day of our visit both the registered manager and assistant were helping at mealtimes and during the day sitting and talking with people who lived at the home.

There was a clear management structure at the home. The staff we spoke with were aware of the roles of the management team and they told us that the registered manager and senior staff were approachable and had a regular presence in the home. A staff member we spoke with said, “We know the roles of each other and work well as a team. Whenever anyone is off we generally can cover shifts so that the residents don’t suffer with not enough staff around.”

During our inspection we spoke with the registered manager and senior staff. They demonstrated to us that they were aware of the care and support provided to the people who lived at the home which showed to us they had regular contact and a clear insight with the staff and the people who lived at the home. One staff member said, “The manager is always there to lend a helping hand.”

The registered manager had systems in place to monitor the quality of the service. This included audits carried out by herself and the assistant manager, these were recorded in an ‘audit book’. The audits included medication, care records and suitability of the premises. Documentation of

the audits were available and they identified areas where they could improve the quality of the service. For example redecoration of the home had been identified in bedrooms, communal areas and replacing of chairs in the lounge area. We could see where this was taking place on the day of our inspection.

The registered manager and staff felt it was important to continue to hear the views of people who lived at the home and relatives. As well as informal discussions other systems were in place. For example surveys were completed by people who lived at the home where possible and relatives. This was confirmed by looking at responses from January 2014. Positive responses were received. The registered manager would analyse any suggestions or negative comments and act upon them to ensure the service would continually develop to provide quality care for people. An example of this occurred when relatives raised issues in relation to extra staff and new furnishings. A written response in terms of costs for new employees was documented and the reasons why they felt staffing levels were sufficient. However because of the raised issues, replacing furniture and a rolling programme of redecoration had commenced.

Staff meetings were held and relatives and people who lived at the home were able to attend. These were documented and any suggestions would be looked into and discussed. An item in the previous meeting was discussed in respect of future trips out. This suggestion had been taken on board and a trip to the Blackpool lights was undertaken. One staff member said, “We don’t have them so often but they are useful. However the [registered manager] is always approachable it’s like a big family.” One person who lived at the home said, “I do go on the trips I enjoy going out.”