T A Shepherdson

Greenacres Care Home

Inspection report

17-19 Grimsby Road,
Caistor,
Market Rasen,
Licolnshire,
LN7 6QY.
Tel: 01472 851989
Website:

Date of inspection visit: 9 February 2016
Date of publication: 29/02/2016

Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Greenacres Care Home is situated in the market town of Caistor in Lincolnshire. The home provides residential care and support for up to 16 older people, some of whom experience memory loss associated with conditions such as dementia.

We inspected the home on 9 February 2016. The inspection was unannounced. There were 15 people living in the home at the time of this inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the home. 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 home is run.

The registered provider had safe recruitment processes in place and background checks had been completed before new staff were appointed to ensure they were safe to work at the home.

Summary of findings

Staff were well supported by the provider and registered manager. They had been provided with the training and development they needed, which ensured people's individual needs were met.

Staff knew how to manage any identified risks and people's individual health and nutritional needs were managed effectively and in ways that met with their wishes and preferences. Staff also knew how to recognise and report any concerns they had regarding people's safety so that people were kept safe from harm. The registered manager and staff had developed good working relationships with other professionals involved in people's care which ensured they had the full range of support they needed.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. The registered manager demonstrated their understanding of how to identify restrictions to people's freedom and apply for DoLS authorisations if this was required. At the time of the inspection no-one who lived in the home had their freedom restricted.

Staff provided the care described in each person's care record and had access to a range of visiting health and social care professionals when they required both routine and more specialist support. Arrangements were also in place for supporting people to take their medicines when they were needed. These included ordering, storing, administering and disposing of medicines in the right way.

Staff understood what was important to people and worked closely with them and their relatives. The development of these relationships ensured each person had access to a range of meaningful activities and could maintain their individual interests toward sustaining an enjoyable life. People were provided with a good choice of nutritious meals and when necessary, people were given any extra help they needed to make sure that they eat and drank enough to stay healthy.

We found the culture developed by the provider and registered manager was based on openness and inclusion. People, their relatives and staff members were encouraged to express their views and the provider and registered manager listened and took action to resolve any concerns identified. Formal systems were in place for handling and resolving complaints.

The provider and registered manager had systems in place to regularly assess and monitor care practices and the overall running of the home. The systems in place meant that any shortfalls in quality would be identified quickly and improvements made.

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 safe.

People were supported to be safe because staff knew the correct procedures to follow if they thought someone was at risk. Staff also knew how to recognise and report any signs of abuse.

There were sufficient numbers of suitably qualified staff available to meet peoples need in the way they required.

Medicines were managed safely and people were supported to take their medicines in a safe way.

Good

Is the service effective?
The service was effective.

Staff undertook training and were supported to develop their skills so they had the right level of understanding and knowledge to provide effective care to people who lived at the home.

People had access to a varied diet and were assisted to regularly eat and drink enough to maintain their health. People also had access to visiting health and social care professionals when they needed any additional healthcare support.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

People were supported to maintain their dignity and their diverse needs were met. Their choices and preferences about the way care was provided were respected.

Good

Is the service responsive?
The service was responsive.

People were supported to pursue their interests and hobbies both in the home and wider community. There was a range of planned meaningful activities available to all of the people who live at the home.

People had been consulted about their needs and wishes and staff provided people with the health care they needed.

People were able to raise any issues or complaints about the home and systems were in place which enabled the provider and registered manager to take action to address any concerns raised.

Good

Is the service well-led?
The service was well-led.

The provider and registered manager promoted good team work and staff were well supported and encouraged to speak out if they had any concerns.

Good

Summary of findings

People and their relatives had been invited to contribute and were involved in the ongoing development of the home.

There were a range of quality checks in place which ensured that people received all of the care they needed.

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.

We inspected Greenacres Care Home on 9 February 2015. The inspection was unannounced and the inspection team consisted of a single inspector.

Before we undertook our inspection visit, we looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other organisations such as Healthwatch and the local authority who commissioned services from the registered provider.

During our inspection we spoke with ten people who lived at the home and five relatives who visited. We also spoke the registered provider, the registered manager, three of the care staff team and the cook.

We spent some of our time observing how staff provided care for people. In order to do this we used the Short Observational Framework for Inspection (SOFI). This was to help us better understand people's experiences of care and because some people lived with conditions such as dementia and were unable to directly tell us about their experience.

We reviewed the information available in three care plan records. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs. Other information we looked at as part of our inspection included; the homes statement of purpose, the providers newsletter, three staff recruitment files, staff duty rotas, staff training and supervision arrangements and information and records about the management of medicines. We also looked at the process the provider had in place for continually assessing and monitoring the quality of the services at the home.

Good

Is the service safe?

Our findings

People we spoke with said they felt very safe living at Greenacres Care Home. One person told us, "I can't speak highly enough for the staff. I just know they are there when we need them." One relative told us, "The way staff work enables me to feel I can leave knowing [my relative] is safe." Another relative said, "I would say the resident's here are a safe as they could be anywhere."

Staff were vigilant in communal areas and noticed when people wanted to be mobile and when they needed any additional assistance to move. We also observed staff were quick to respond when they were called to help in people's rooms. Care records showed and staff we spoke with described a range of potential risks to people's wellbeing and how they worked to minimise risks they had identified. For example, staff had received training to keep each person safe when they moved around the home or went out into the community. This support included the use of special equipment such as wheelchairs, walking frames and special hoists.

Training records we looked at and staff we spoke with confirmed that they had received training in how to keep people safe. Staff demonstrated a clear understanding of the provider's policy and procedure about keeping people safe from harm and said they would follow these if they had any concerns regarding people's safety. Staff were also clear about who they needed to report any concerns to. This included the local authority safeguarding team, the police and the Care Quality Commission (CQC).

The provider told us they had an established staff team and had recently recruited more staff. This was because the provider had recently extended the home and had increased the number of people they could accommodate. As part of this recruitment we saw safe recruitment systems were in place which included checks with the national Disclosure and Barring Service (DBS). These checks helped ensure new staff would be suitable and safe to work in the home. The checks also included confirmation of identity, previous employment and references which had been returned. The provider and the registered manager confirmed they had never needed to use agency staff and that any cover needed at short notice had always been provided by the staff team.

People, relatives and staff we spoke with told us that they felt there were enough staff on duty to meet people's support needs. One person said, "The staff are always about to hear if we need anything." A relative told us, "The staffing levels are about right in my opinion. They don't leave any gaps in care and spot any developing issues quickly, even when there are busy periods."

Staff rotas we looked at showed the registered manager had established how many staff needed to be on duty over each shift and that this had been decided by assessing each person's level of need. Advanced planning of shifts and rotas by the registered manager ensured routine shift arrangements were being filled consistently and any changes in staff at short notice had been covered from within the staff team. The registered manager told us they included themselves in the rota as they wanted to maintain a focus on ensuring the staff received daily support and so care provided was consistent with the standards they and the provider had set. The registered manager told us this did not impact on their management role and duties as they worked closely together with the provider who assisted with some of these tasks. Staff people and relatives told us the provider was available at the home every day.

People told us and medicine administration records showed how they were supported to take their prescribed medicines and that these were given at the times they need to be taken. During our inspection we observed the registered manager carried out medicines administration in line with good practice.

Staff told us, and records confirmed, the staff who had this responsibility had received training about how to manage medicines safely. The registered manager also demonstrated how they ordered, recorded, stored and disposed of medicines in line with national guidance. This included medicines which required special control measures for storage and recording. The provider confirmed they carried out their own regular checks together with the registered manager and that independent external audits were carried out to offer additional guidance on the medicine management processes in place. We looked at the last external pharmacy report and the provider confirmed they had taken action to follow up the recommendations made.

The provider showed us information to confirm relevant safety and maintenance checks, including those related to

Good

Is the service safe?

fire prevention, gas and electrical safety were completed. The provider told us these had been carried out at regular intervals to ensure the building was safe to live in. The provider also had a business continuity plan in place so that people would be safe and staff would know what to do if, for example they could not live in the home due to a fire or flood. This information included details about alternative temporary local accommodation people could move to if required in an emergency.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. One person said, "The staff are careful when they help me move around. I have had some problems with my legs but they know what to do and are following this up." A relative commented, "The manager and staff have built a good amount of knowledge and understanding of how things need to be done. That's different for everyone but they apply their skills in the same way and I see they know what they are doing."

Staff we spoke with told us they had completed induction training when they commenced employment. The provider also confirmed they had recently recruited new some new staff. With this in mind they explained there would be changes to the induction programme and new starters would be undertaking the national Care Certificate. The Care Certificate sets out the key common induction standards for social care staff.

Training records showed staff skills were reviewed regularly and developed in line with the needs of the people who lived at the home. For example, training had focused on subjects such as keeping people safe and supporting people who lived with dementia, helping people to move around safely, medication, infection control and fire safety. The registered manager and staff we spoke with also confirmed all of the care staff team had obtained or were working toward achieving nationally recognised vocational care qualifications.

People's healthcare needs were recorded in their care plans and it was clear when they had been seen by healthcare professionals such as local doctors, community nurses and opticians. The registered manager told us they had developed strong working relationships with external health professionals. We saw community health professionals visited regularly and that visits undertaken during our inspection were carried out discreetly with staff communicating together with them about any questions they had.

People and their relatives told us they were involved in decision making about care needs and that staff always respected their views. Staff told us they always assumed people could make their own decisions about what they wanted to do. One staff member said, "We work with people rather than just doing tasks. This involves listening and acting on people's wishes."

Any decisions that needed to be made in the person's best interests were recorded. For example, where bed support rails were in use to keep people safe there was a record to show consent for the use of these had been obtained, this included consultation with relatives.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The provider, registered manager and staff were aware of the legal requirements of the MCA and demonstrated their understanding of how to support people who lacked capacity to make decisions for themselves. They knew about the processes for making decisions in people's best interest and how they should also support people who were able to make their own decisions.

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). Staff demonstrated their understanding of DoLS guidelines and the provider and registered manager knew how to make an application for DoLS authorisations if necessary. At the time of this inspection no-one living in the home had a DoLS authorisation in place.

People told us they had access to food and drink whenever they wanted it and that they enjoyed the range of food that was available to them. One person said, "The staff plan the menus with us in mind. We get a choice and we get to make these each day. The cook knows us well and what we like and don't like. I am looking forward to lunch today." A relative commented, "The food always smells and looks so good. I know [my relative] enjoys all the food and drinks they get here. I brought [my relative] back from an appointment recently and they had ensured their meal was saved and just as they wanted it."

Good

Is the service effective?

We spoke with the cook who demonstrated a clear understanding of people's individual nutritional needs. They showed us records which confirmed they had established a varied menu which was changed seasonally. This had been developed through asking people about their preferred meals.

The registered manager confirmed and care records we looked at showed where people were at risk of poor nutritional intake; their weight was checked regularly. When it had been assessed as needed menus were adapted to cater for people who had needs linked to conditions such as diabetes and those who required additional nutritional supplements. Staff demonstrated their knowledge and understanding of people's nutritional needs. They followed care plans for issues such as encouraging people to drink enough. Staff also told us when it was needed they understood how to make referrals to specialist services such as dieticians in order to request any additional support and advice they required.

Good

Is the service caring?

Our findings

Throughout our visit there was a homely and welcoming atmosphere evident within the home. This was reflected in the comments we received from people, relatives and staff. One person said, "The manager and staff are always nice and easy to get on with. I feel they understand me." Another person said, "I know a lot of the people who live here. One of the people used to be my next door neighbour before I moved here. It's just like home from home and a good community."

Relatives said that they were able to visit their loved ones whenever they wanted to. One relative told us, "It's always really welcoming and I feel like I am coming into our own home whenever I visit. Another relative said, "The welcome is always warm and friendly. It always has a pleasant atmosphere and I think that's down to the way the staff and the manager care."

People and relatives spoke highly of the provider, registered manager and staff team and said they were very caring in the approaches they took when providing care. People told us and we observed staff knew peoples individual names, how they liked to communicate and how and where they liked to spend their time. Staff used their understanding of each individual to ensure people received the care and attention needed and as described in the care records they produced.

People told us and records showed regular visits were undertaken by a local hairdresser. The visits were planned and advertised so both the men and women who lived at the home could choose to book to have their hair done when the hairdresser visited. One person said, "The hairdresser always makes me feel better when I have had it done." Another person said, "I feel like myself again when I have had a haircut. Don't you?" A relative told us, "They go above and beyond to think of the personal side of things. One example I can give is when [my relative] went to hospital the staff even checked [my relative] had their aftershave so they could smell nice. This was important."

The registered manager and people we spoke with told us a local Cannon visited Greenacres Care Home on a monthly basis to carry out holy communion with people who wished to attend. We also saw the provider had offered to arrange any transport for people wishing to attend church, chapel or any other place of worship if requested. This information was also included in the provider's statement of purpose. A relative told us, "[My relative] goes out to church every Sunday." The provider told us as most of the people who lived at the home were from the local community they had arranged a coffee afternoon at the home for 9 April 2016. This had been advertised in the community and on a local web site so that the local community could come and visit people they knew.

We observed staff asked people where they would like to be and if they required assistance to move from one room to another and when people had chosen to be in their rooms staff made sure they knocked on the doors to the rooms before entering them. Staff also made sure the doors to bedrooms and communal areas such as bathrooms were closed when people needed any additional help with their personal care.

We observed staff took their time with people while they made any decisions about what food they wanted to eat, the drinks they chose or when they just wanted to talk. One staff member spent some time with a person who was doing a crossword. They spoke together about the clues and the person made their own considered opinion of the answer before writing it down.

People had been supported to furnish their rooms in the way they had chosen and all of the people and relatives we spoke with said they had the choice to bring their own personal items and furniture in to the home if they chose to. The provider told us one person had asked for a flower design to be included on the curtains they had requested for their room. The provider showed us they had carried out the request and the curtains had been fitted.

During lunch people made their own choices and were always supported with these. For example, people chose different drinks and changed their minds about some of the meals they had said they had wanted earlier. People's decision changes were fully respected. One person told us, "They listen and learn about what we want. It's always us that get to choose what we want." A relative said, "The staff really do know [my relative]. It feels like family here and I feel that level of involvement is possible because it's a small home and we know everyone."

The provider and staff we spoke with told us about the importance of respecting personal information that people had shared with them in confidence. Staff told us they did not repeat any details about the people they cared for

Good

Is the service caring?

when they were not working. One staff member told us, "It's so important to be clear about keeping information private. We have a policy on it if you want to see it." The provider's policy was clear and that the provider and staff followed this. For example, we saw staff only shared relevant information with health professionals who visited. When it was needed the provider took time to ensure their door was closed when people wanted to speak with them in private. Staff returned care records and daily notes to the provider's office when they were not in use so they would be secure. This meant people could be assured that their personal information remained confidential.

Staff told us and we saw they assumed that people had the ability to make their own decisions and that they knew who had family and friends to support them in expressing any specific wishes. For people who may have needed any additional support the provider and registered manager were aware that local advocacy services were available. Advocates are people who are independent of the home and who support people to make their own decisions and communicate their wishes. However, the information the provider had access to about advocacy services was not on display or readily available for people to access. We discussed this with the provider who undertook immediate action to ensure the information was accessible. At the end of our inspection visit we saw this was available to people and any visitors to the home.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs and that when they needed assistance staff provided it. One person said, "They are good at responding when we shout up but if we don't they just check on us nicely so as not to disturb us if it's not needed." Another person said, "I can't say a bad word for the staff and how they work. The doctors are good and do anything to help when they visit. They do regular visits." A relative we spoke with said, "When my relative had to go into hospital they sent a staff member with them as an escort. They always do this so people are not on their own and they find out what is going on so we all know."

Assessments had been completed together with people before they had moved into the home so they could be assured their initial care and support needs could be met. The assessments had been developed into individual care plans which provided staff with information about people's ongoing needs. The records described how needs such as mobility, communication, social needs and nutrition were met. They had been reviewed regularly together with people and updated by staff to highlight when any changes had occurred and the actions taken in response to the changes.

Staff told us they maintained regular contact with health professionals. One staff member said, "Although we are skilled and provide all the care needed we are not a nursing home. It's important we work with and listen for the advice of the nurses who come in regularly."

Records showed staff obtained the advice of other health and social care professionals when required. In the care plans we looked at staff had recorded when external community health and social care professionals had visited and updated records to show the outcome of the visit and any actions agreed.

Staff we spoke with told us hand over meetings were held daily between shifts. The meetings were used to go through the daily records made by staff from the previous shift and share information about each person's needs. Staff told us they escalated any significant changes direct to the registered manager and if needed to external health or social care professionals. The registered manager told us they also joined the meetings when it was needed.

People were supported to maintain their personal interests and hobbies. The provider told us all of the staff team played a part in supporting people to access the activities arranged for each day. We looked at the provider's latest quarterly newsletter which gave details of planned activities arranged up to the end of March 2016. The information showed all of the people who lived in the home had access to activities suited to their interests including those living with dementia. These included games, visiting entertainers, and music mornings or afternoons. We also saw reminiscence sessions were organised with people so they had the opportunity to talk about their individual experiences together.

During the afternoon of our visit a group of people enjoyed a movement to music session with a visiting professional. We saw it was a turned into a social occasion. People laughed together and said how much they had been looking forward to it. The professional knew all of the people by their first name and at the end of the session the people involved told the professional how much they enjoyed it. The professional proceeded to respectfully thank each person individually.

Individual activities were focused more on people's specific interests. A relative we spoke with told us their family member liked to be private at times and enjoyed reading. They commented that, "[My relative] has the best of both options. They can access their room and be private to do what they like which is reading and word search books. Or they can sit together with people they know and get involved. It's a good balance and we know they benefit from the arrangements in place."

People and relatives we spoke with told us most of the people who lived at the home had been local people all their lives and enjoyed a catch up regarding what was going on in and around Caistor. The provider told us they had considered ways in which they could support people, not just to go out into their local area but for visitors to come to the home. Through discussions with people the provider had advertised and planned a coffee morning so that people could meet together with friends from the community and so the local community could come to visit the home. By doing this the provider had encouraged people to keep developing links with their local community.

People and relatives we spoke with told us they knew how to raise concerns and issues and that they felt they could approach the provider or any member of staff at any time with an issue, and they felt comfortable to do that. One

Good

Is the service responsive?

relative said, “I totally trust the staff here and they are always open to listen to any issues or concerns and do something about it straight away. They don’t want to see us unhappy and we never are.” There was a complaints policy and procedure in place which was available in the home for people who lived there, and visitors, to see. The provider confirmed there had been no formal complaints raised with them since our last inspection.

Good

Is the service well-led?

Our findings

People and their relatives said that the provider and registered manager were consistently available and that the home was well led. One person said, "They are more like family to me. It's a community here and the atmosphere is created by the home owner and manager. They work hand in hand so things that need to get done get done."

Staff we spoke with told us they fully understood their job roles and their levels of responsibility. Throughout our inspection we observed positive interactions took place between the provider, registered manager and staff.

The provider and registered manager had a policy, information and guidance about whistle-blowing which was available for staff. Staff said they were well supported by the registered manager but that if they had any concerns they knew the actions they could take to escalate any issues to external agencies, including the Care Quality Commission, and would not hesitate to use them if they needed to in the future.

Staff told us and records confirmed regular monthly staff meetings were in place so staff were aware of any changes or improvements in care that were needed. Staff and people we spoke with told us that on the day of each team meeting the provider and staff met with and checked if people had any suggestions or feedback for the meeting. Any points raised were then discussed. We looked at the records for the last two meetings. Topics covered included; peoples feedback about the activities and entertainment plans, staff rotas and any staff changes, training, team building and new equipment checks.

The provider told us how they worked closely with the registered manager. For example, the registered manager told us they had dedicated time set aside for administration and day to day support for staff. They and the provider then shared the responsibility for audit checks they undertook. The checks included an analysis of any accidents which occurred at the home. The registered manager kept a record together with each individual care plan to show any accidents which had occurred and actions taken in response to any additional risks. For example, one person who had experienced a series of falls had been supported with the addition of a sensor device in their room and a medication review. The actions were taken following considerations together as a staff team and a review and discussions with the person and their family.

The provider undertook environmental audit checks and showed us they had an ongoing action plan in place detailing the work completed and planned. People told us when they had any issues related to the environment the provider responded to them very quickly. We saw an audit completed by the provider showing when actions such as fitting a new curtain rail or unblocking a toilet facility were completed on the day they were raised.

The provider told us they carefully considered any larger environmental changes in advance of making them so that people were aware of any plans and so they and their relatives could contribute any views they had. For example, we saw the home had been extended with the work completed by July 2015. People and a relative we spoke with told us this had been completed with minimal disruption.

There were a range of processes in place which enabled the provider and registered manager to receive feedback on the quality of care provided at the home, including quality audit surveys for people who lived at the home and their relatives. The provider showed us information to confirm the audit questionnaire forms were sent out to people and their relatives every six months. A suggestion box was located in the reception area of the home and feedback forms were available for any person or visitor to complete and submit at any time. One person told us, "They have all sorts of ways of getting our views. The best way though is just to go to the manager's office. They are always there and we get anything sorted straight away without messing. It's all very open."

The provider's quarterly newsletter included items such as any staff changes and general news about developments being undertaken at the home. The latest newsletter for the period covering January 2016 to March 2016 was readily available for people in the reception area of the home and people and relatives we spoke with told us they were a good source of information about the overall running of the home. One person said, "I look forward to reading the news. It's not just about what's coming up but what we did. It will tell you we had a great Christmas with music and food." The newsletter also confirmed the provider had recently asked people and relatives if they would like to

Good

Is the service well-led?

consider forming a committee together with them so they could be more involved in the running of the home and developing the activities for the summer. After we completed our inspection visit the provider confirmed the committee had been formed and included two people, four relatives, a staff member and the homes assistant manager. The first meeting had been scheduled for 19 February 2016.