

Key inspection report

CARE HOME ADULTS 18-65

Greenwood Lodge Care Home

**49-55 Gotham Lane
Bunny
Nottingham
NG11 6QJ**

Lead Inspector
Meryl Bailey

Key Unannounced Inspection
18th August 2009 10:00

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care home adults 18-65 can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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SERVICE INFORMATION

Name of service Greenwood Lodge Care Home

Address 49-55 Gotham Lane
Bunny
Nottingham
NG11 6QJ

Telephone number 0115 984 7575

Fax number 0115 921 3672

Email address

Provider Web address

Name of registered provider(s)/company (if applicable) MGB Care Services Limited

Name of registered manager (if applicable) Manager post vacant

Type of registration Care Home

No. of places registered (if applicable) 19

Category(ies) of registration, with number of places Learning disability (19)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 28th August 2008

Brief Description of the Service:

Greenwood Lodge is a home for people with learning disabilities, some of whom have additional physical disabilities. Trained nurses and care assistants are provided. The accommodation is provided on two floors in the main building for sixteen people, who each have their own bedroom. The main area of the ground floor is accessible to wheelchair users, but there is no lift to the upper floor. There is a two bedroomed ground floor flat next door which accommodates two people and this is accessible by wheelchair users. The home is situated south of Nottingham in the village of Bunny. There are secured gardens at the home and a car park at the front of the building.

The current fees for the service range from £478.69 - £1378.37 per week depending on individual needs.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **2 star**. This means the people who use this service experience **good** quality outcomes.

This key inspection involved one inspector. The site visit was unannounced and took place during 18 August 2009. We were able to see all of the people who currently live there. Inspections focus on outcomes for people that use the service and in order to do this, the main method of inspection used at the site visit was 'case tracking'. This meant four people were selected and their support was tracked through some discussion with them, supported by gestures and observing behaviour. Also, we checked their care records and observed the way staff interacted with them. We spoke with some staff and a sample of staff records were looked at to make sure staff members are checked before commencing employment and are trained to meet people's needs. The manager was available during the inspection for discussion and feedback.

Information about a home that is collected before the site visit is also used as evidence to make judgements. We received a completed Annual Quality Assurance Assessment (AQAA) form in June 2009, which showed us how quality of care is monitored at the home and what the owners think they need to improve. This form was very comprehensive and has been useful during this inspection and in providing information for this report.

What the service does well:

There are systems in place to ensure the needs of any new people are thoroughly assessed.

Care is well planned taking account of risks and people are encouraged to make their own decisions. Care planning included "How best to support me", "Things I like to do". Personal information sheets contained symbols to help people understand the written words.

People choose from a range of activities to suit their needs. There is a day centre in the village of Bunny and activities there include painting, singing, dancing, cake decorating, and local walks. Some went out for individual walks with a care worker. People told us about attending the "Bunny Hop" held in Bunny Community Hall on Tuesday evenings.

A choice of healthy, balanced meals was provided and people told us "I like my dinner". We saw that some people had individual help with eating.

People are looked after by a sufficient number of trained and competent staff.

What has improved since the last inspection?

All action plans relating to care needs are now regularly reviewed and updated. So that staff are given information about how to meet people's changing needs.

Medicine Administration Records are now consistently completed and closely monitored by managers to ensure people are given their medication as and when needed and prescribed by a doctor.

The complaints procedure is now displayed in signs and symbols in a very clear way so that people know who to tell if they are unhappy about anything.

Work has been carried out to improve bathrooms so that people have a choice of bath or shower and have appropriate equipment to meet their assessed needs.

The outside area has been redesigned to provide wide paved walkways and flowerbeds making an accessible and attractive area for people to spend some time.

A manager has returned to Greenwood Lodge to manage the home on a day to day basis.

What they could do better:

We did not need to require any action to meet regulations, but we have recommended the following to further improve the quality of the service.

Monitor the temperature of the medicines storage cupboard in the flat at times when the kitchen is used for cooking to make sure all medicines are stored below 25 degrees centigrade at all times to preserve their condition.

Redecorate communal areas to maintain a comfortable, homely environment.

Obtain written evidence where appropriate to confirm the status and eligibility of staff to work at the home.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line – 0870 240 7535.

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

2

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There are systems in place to involve people in the assessment of their needs.

EVIDENCE:

There have not been any new people admitted to the home for over four years. 16 people live in the main building and 2 people are accommodated in the ground floor flat next door. There are no current vacancies as a double room is now used as single.

We found various appropriate assessment information contained in the files of people we case tracked. A wide range of needs were assessed and there were some clear pictorial representations to clarify individual needs and how people would like them to be met.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

6, 7 and 9

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Care is well planned taking account of risks. People are encouraged to make their own decisions.

EVIDENCE:

We looked at a sample of four care plans and these contained clear directions about how to meet people's needs. Likes and dislikes about activities and leisure interests were included as well as personal and health care. People had been involved where possible in deciding what was included in the plans. On the front page there were summary lists of: "Things people like and admire about me.", "How best to support me", "Things I like to do". Personal information sheets contained Widgit symbols to help people understand the written words. Some people valued this help and knew the information given to staff was clear. Directions were given about what not to do as well as what

staff should do. For each action plan the titles used were: "What does good support look like" and "What does not work". Staff told us that they read the plans and we saw that they had signed a front sheet in each file. They said that they had good communication with each other and passed on information verbally as needed as well as writing down records in people's files. We saw the up to date daily records. In discussion with staff they were able to state how they met the individual needs of the people living in the home and this was in line with the plans we had read. All action plans had been regularly reviewed on a monthly basis.

There were detailed risk assessments seen in care plan files, including daily activities: taking a shower, making a drink, managing money and fire evacuation procedure. All of these had been reviewed every three months.

Staff had been trained about the Mental Capacity Act so that they understood the basic principles of assessing if people are making their own decisions. There were some written assessments completed under this act to show assistance needed to make decisions in some areas, but not all areas of decision making were covered. The acting manager was aware that further work was needed in this area. There was evidence in the plans that staff were directed to offer people choices wherever possible so they can make their own decisions and we heard people being asked what they wanted to do or eat.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

This is what people staying in this care home experience:

12, 13, 15, 16, and 17

People using the service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People choose from a range of activities to suit their needs and healthy meals are provided.

EVIDENCE:

Since the last inspection the day centre that was previously in Nottingham had moved to the community centre in the village of Bunny. This centre has an activities coordinator and activities include painting, singing, dancing, cake decorating, and local walks. Most of the people at Greenwood Lodge usually attend the centre, but it was closed every Tuesday. Some people went out to a local park in the minibus during the morning we visited and then to Wollaton Park in the afternoon. Some went out for individual walks with a care worker. One person had a box of stimulating sensory equipment to choose from. There was also a multi-sensory room on the premises, but no one wanted to use that

during the inspection. There was an activity diary, showing all the activities people had been involved in each day. People told us about attending the "Bunny Hop" held in Bunny Community Hall on Tuesday evenings, where they meet people who live in other care homes. Two people had been to Skegness recently and another person had been to Spain in March. A newsletter had been produced and circulated in April 2009 and another one had been prepared. We read the first one, which contained clear information about activities and news about new staff with photographs.

Lunch was served during the inspection and evening meal was being prepared. Staff sat with people and assisted some with their eating. There was a menu with choices for most days and individual records of meals eaten. People said that they liked their meals at the home and picnics. They were looking forward to the beef stew and dumplings for the evening meal.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

18, 19 and 20

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People receive support with personal care in the way they prefer. People receive the help they need to access health care at home and in hospital. Medication administration, recording and monitoring practices ensure medicines are given to people as prescribed.

EVIDENCE:

The care plans contained clear information about what assistance was needed with personal care. There were Widgit symbols to accompany the written word and for one person it was stated "I like to have a shower, but I need staff to check the water temperature and wash my back".

There was also a very clear section in each file about Health and Medication. There were records of appointments and contacts with doctors, nurses and other health professionals. There were also notes of behavioural management

for those with challenging behaviour. Clear action plans clarified action for staff to take.

Medicines in the main building were stored in locked cabinets inside a locked room. Some new cabinets had been installed since the last inspection. We observed the way a nurse handled and administered some medication and procedures were followed accurately. There were clear Medicine Administration Records for each person. There were additional notes about why certain medicines had been given and action plans for individuals referred to how staff were to administer medicines and creams. Medicines for the two people in the flat were kept separately in a place where temperatures may change. There were no concerns during the inspection, but we could not find any records of temperatures being monitored. Again there were clear records that these people had received their medicines at the right times as prescribed.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

22 and 23

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People know concerns will be dealt with and action is taken to safeguard people from abuse.

EVIDENCE:

The complaints procedure was displayed in full and also in a simple pictorial format with photographs of who to tell if people were unhappy about anything. Two people told us they knew who to speak to if they had any concerns. There were written records of complaints received. It was clear that appropriate action had been taken to satisfy the complainant on each occasion. None of the complaints were from people living at the service. The Commission has not received any information from anyone dissatisfied with the service during the last twelve months.

Sometimes staff have had concerns about people being harmed by other people living at the home. They have used the local Safeguarding Adults procedures and meetings with social workers and other professionals have been held to ensure all action possible is taken to reduce any risks and safeguard everyone. There were records to show that staff had all received training in Safeguarding adults.

There were clear records and arrangements regarding people's finance. Some small amounts of money in cash were looked after for people. We checked these for four people and found amounts were accurate, with clear records of transactions that were signed and witnessed.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

24 and 30

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People live in clean premises that are fit for their purpose.

EVIDENCE:

Since the last inspection extensive work had been carried out in the external areas of the home. A new car park area had been created at the front of the building and paved pathways provided appropriate walks for people at the rear of the building. There were flower beds, a water feature and tables and chairs. Also, new fences and gates had been erected. The conservatory, main lounge and dining room were adequately furnished and clean. We were told at the last inspection that there were plans for redecorating and refurbishing these areas. The manager told us priority had been given to people's own bedrooms.

Bedroom furniture had been replaced in all but one room, where it was satisfactory. Most bedrooms had been decorated within the last year. People told us that they had chosen the colours for their rooms. Wheelchairs users told us they had sufficient room for their equipment. One room had been made bigger and a door widened to accommodate the wheelchair. In the flat one person's room was smaller, but the person concerned was satisfied with the size.

Improvements had also been made to bathroom facilities so that there were showers to meet people's needs on each floor of the main building and in the flat.

All areas of the home were found very clean and the laundry room was appropriately equipped.

Staffing

The intended outcomes for Standards 31 – 36 are:

31. Service users benefit from clarity of staff roles and responsibilities.
32. Service users are supported by competent and qualified staff.
33. Service users are supported by an effective staff team.
34. Service users are supported and protected by the home's recruitment policy and practices.
35. Service users' individual and joint needs are met by appropriately trained staff.
36. Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

32, 34 and 35

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Sufficient competent and trained staff are provided to meet people's individual needs. Appropriate checks are taken on new staff so that people living in the home are safeguarded.

EVIDENCE:

In addition to the manager, we saw a registered nurse, one team leader, four other care assistants, a cook, a domestic worker and a maintenance worker on duty. We observed staff with people and saw that they communicated individually and with respect at all times. Some people living in the home told us they liked they staff. We looked at the records of one nurse and two care assistants and found that appropriate information and checks had been carried out before they started work at the home. However, some information showed that work permits were no longer valid for two staff. During our visit confirmation was received by telephone that in one case a work permit and in another residency had been granted, but evidence of these had not been added to the files. New members of staff had been allocated to an existing

staff member, who was their mentor for their first few shifts and each of the staff had completed an induction book. There was always a nurse on duty and nurses were registered with the Nursing and Midwifery Council. Six of the care staff had already completed training at Level 2 of the National Vocational Qualification in Care and some had also attained level 3. Others were currently doing level 2 and two more staff had just signed up to start this course.

There was information in the Annual Quality Assurance Assessment about training during the previous 12 months that had included Food Hygiene, Health & Safety, Infection Control, Emergency First Aid, Safeguarding Adults, PROACT SCIP training (for managing challenging behaviour), Record Keeping, History of Care, Person Centred Planning and Eating & Drinking in Care Homes. There were records to confirm this training and staff told us they felt they received training appropriate to their work.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

37, 39 and 42

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at Greenwood Lodge benefit from a well run home, where health and safety are promoted.

EVIDENCE:

The manager was previously registered with the Commission at this service, but had been managing another service. She had recently returned as manager of Greenwood Lodge and was in the process of applying to be registered again with the Commission.

We received the Annual Quality Assurance Assessment form when we asked

for it and this gave us all the information we needed to monitor the service. On the form it was stated "Residents meetings are held and residents are actively encouraged to make decisions regarding the running of the home and any activities they wish to participate in."

We saw an example of a questionnaire that was sent by MGB Care Services in March 2009 to all service users at Greenwood Lodge so that they could receive feedback regarding the quality of service provided. Widge symbols were used on these questionnaires so that some people could understand them. There had also been a 'Residents Forum' was organised at MGB Head Office on 3rd April and this gave representatives from Greenwood Lodge the opportunity to contribute their views about the home. MGB Care Services have told us that as a result, improvements made have included more activities, responses to requests about decorating rooms and developing the garden.

We found some reports of accidents and incidents were on some people's files and the manager also kept a log of these to ensure all appropriate action had been taken to keep people safe. Staff training had included Health & Safety, Infection Control and Emergency First Aid. There were records of maintenance and servicing of equipment and the dates of these were all within the last year.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	3
3	X
4	X
5	X

INDIVIDUAL NEEDS AND CHOICES	
Standard No	Score
6	4
7	3
8	X
9	3
10	X

LIFESTYLES	
Standard No	Score
11	X
12	4
13	3
14	X
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
Standard No	Score
18	4
19	3
20	3
21	X

CONCERNS AND COMPLAINTS	
Standard No	Score
22	3
23	3

ENVIRONMENT	
Standard No	Score
24	3
25	X
26	X
27	X
28	X
29	X
30	3

STAFFING	
Standard No	Score
31	X
32	3
33	X
34	3
35	3
36	X

CONDUCT AND MANAGEMENT OF THE HOME	
Standard No	Score
37	3
38	X
39	3
40	X
41	X
42	3
43	X

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	YA20	Monitor the temperature of the medicines storage cupboard in the flat at times when the kitchen is used for cooking and ensure alternative arrangements are made, if needed, to store medicines below 25 degrees centigrade at all times to preserve their condition.
3.	YA24	Redecorate communal areas to maintain a comfortable, homely environment.
4.	YA34	Obtain written evidence where appropriate to confirm the status and eligibility of staff to work at the home.

Care Quality Commission

East Midlands Region
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

National Enquiry Line:

Telephone: 03000 616161

Email: enquiries.eastmidlands@cqc.org.uk

Web: www.cqc.org.uk

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