

Greenacres Care Centre Limited

Greenacres care centre limited

Inspection report

Pearn Road
Plymouth
Devon
PL3 5JF

Tel: 01752674111
Website: www.greenacrescarecentre.co.uk

Date of inspection visit:
13 June 2017
15 June 2017

Date of publication:
11 July 2017

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 ● |

Summary of findings

Overall summary

Greenacres Care Centre provides care and accommodation for up to 39 older people some of whom are living with dementia. At the time of the inspection there were 37 people living in the service.

There was a registered manager in post. 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.

At the last inspection, the service was rated Good overall.

At this inspection we found the service remained Good in all areas.

Why the service is rated good.

One person said; "The whole atmosphere is very good – I don't think you could find a better place than this." Another person said; "Staff are always smiling and work well as a team" and a relative said; "There are plenty of staff and everyone chats. It's a happy place."

People remained safe at the service because they received their medicines safely. People, relatives, professionals and staff told us there were sufficient staff to meet people's needs. Risk assessments were completed to enable people to retain their independence and receive care with minimum risk to themselves or others.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff were well trained and competent. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's healthcare needs were monitored by the staff and people had access to healthcare professionals according to their individual needs.

People said the staff were kind and very caring. One relative said; "The staff are very caring and patient with mum when she is getting confused." There was a busy but calm atmosphere in the service. People's privacy was respected. People where possible, or their representatives, were involved in decisions about the care and support people received.

The service remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. Complaints were fully investigated and responded to. A relative said; "I am confident that if I had any concerns they would be taken seriously."

People were assisted to take part in a wide range of activities according to their individual interests.

Entertainers visited the service and trips out were also planned for people.

The service continued to be well led. People, relatives, professionals and staff told us the registered manager and management team were very approachable. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

Further information is in the detailed findings below.

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 remains Good | Good ● |
| Is the service effective? The service remains Good | Good ● |
| Is the service caring? The service remains Good | Good ● |
| Is the service responsive? The service remains Good | Good ● |
| Is the service well-led? The service remains Good | Good ● |

Greenacres care centre limited

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 checked 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.

This was a comprehensive inspection, it took place on the 13 and 15 June 2017 and was unannounced on day one.

Prior to the inspection we reviewed information we held about the service, and notifications we had received, the previous inspection report and Provider information return (PIR). A notification is information about specific events, which the service is required to send us by law. The PIR 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.

During the inspection we met with 12 people who lived at the service. The registered manager was available throughout the inspection. Some people were unable to tell us about their time at the service therefore, we observed them and how staff and people interacted. We also spoke with five relatives, three healthcare professionals and a member of the local church carrying out a service for people. We also spoke to nine members of staff.

We looked at a number of records relating to people's care and the running of the home. This included four care and support plans, three staff personnel files, records relating to medication administration and the quality monitoring of the service.

Is the service safe?

Our findings

The service continues to provide safe care. People who lived in Greenacres Care Centre appeared to be very relaxed and comfortable with the staff who supported them. People and relatives told us they believed their relatives were safe living at the service. One person said; "I feel safe here" and another said; "I feel absolutely safe here". A relative confirmed; "Mum feels safe here because there is a good ratio of staff to residents".

People's risks of abuse were reduced because there were suitable recruitment processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

People were protected by staff who understood what to do if they suspected anyone was at risk of harm or abuse. All staff undertook training in how to recognise and report abuse. Staff said they would have no hesitation in reporting any concerns to the registered manager and were confident that action would be taken to protect people.

People, relatives and staff said there were sufficient numbers of staff employed to keep people safe and make sure their needs were met. Throughout the inspection we saw staff meet people's physical needs and spent time chatting and enjoying each other's company. Some people liked to stay in their room and this was respected. One person confirmed the staff; "Often call in with a cup of tea." Staff confirmed that additional staff were made available if they were needed, to help people with appointments for example hospital visits.

People had risk assessments completed to make sure people received safe care and to promote their independence. Where people had been assessed as being at high risk of falls, assessments documented the equipment provided to promote people's independence when moving around the home. Systems were in place to monitor incidents, accidents and safeguarding concerns. This helped ensure any themes or patterns could be identified and necessary action taken.

People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people. A relative said; "It is beautifully clean whenever I visit mum".

People received their medicines safely from staff who had completed medicine training. There were systems in place to audit medicines practices and clear records were kept to show when medicines had been administered. Some people were prescribed additional medicines for pain relief on an 'as required' basis. There was clear information to show when these medicines should be offered to people.

The PIR recorded "Medicines trained staff are only competent once they have completed the following e-learning session, face to face training with current pharmacist, read and understood medication policy (this is evaluated by observation and questioning.) They will shadow a person who is competent in administering medications. They will then be observed giving out medication over three separate occasions using an in

depth document. They will only be signed off after they have been observed by me (registered manager) or in my absence my care manager." This helped ensure people received their medicines safely and on time.

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs.

People were supported by well trained staff. All the staff said the training provided was relevant to their role and regularly updated. Comments included, "The training is excellent." All new staff undertook a thorough induction, which included shadowing experienced staff and time to read important information about the service and people being supported. Staff were being supported to gain the Care Certificate (A nationally recognised set of skills training).

People's health needs were monitored and prompt action taken to address any concerns or changes. For example, some people were currently receiving care from the district nurse team for change of dressings and diabetic support. GP's visited when needed and provided support and advice to people and staff when required.

People told us, and observations showed, they were able to make choices on the food offered. Menus were displayed showing people what the days choices were. Where there were concerns about a person's hydration or nutrition needs, people had food and fluid charts completed and meals were provided in accordance with people's needs and wishes. The staff followed advice given by health and social care professionals to make sure people received effective care and support. A relative said; "Mum has regained weight since being in the home because she eats well".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People continued to have their capacity to consent to their care and treatment assessed, in line with the MCA and DoLS as required. Best interest decisions were clearly recorded. The provider had a policy and procedure to support people in this area. The registered manager had liaised with appropriate professionals and made DoLS applications for people who required this level of support to keep them safe.

Staff had completed training about the MCA and knew how to support people who lacked the capacity to make decisions for themselves. Staff said people were encouraged to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. Visiting relatives told us they had been involved in a decision about their relatives care, where appropriate. This showed the provider was following the legislation to make sure people's legal rights were protected.

People lived in a service that continued to be well maintained and with regular updates carried out.

Is the service caring?

Our findings

The home continued to provide a caring service for people. People were supported by staff who knew them and their needs well. People said they were well cared for. We observed the staff taking time to assist people with their personal care. Staff were attentive and prompt to respond to people. For example when people became confused or upset staff provided additional support. People became calm and seemed to enjoy the one to one company of the staff.

People told us staff were always kind, caring and respectful. Some people who could talk to us said they felt well cared for, comments included; "Staff are very helpful and work with each person." A visiting relative said; "The staff have a tremendous amount of patience".

People and relatives told us people's privacy and dignity were respected. Staff knocked on people's doors and respected people's need for privacy and quiet time. Staff told us how they maintained people's privacy and dignity in particular when assisting people with personal care. Staff said they felt it was important people were supported to retain their dignity and independence. One person said; "They give me total respect, knock on my door and wait for me to be ready". A relative commented "The staff listen to mum, are respectful of mum's privacy and dignity."

People were supported to express their views whenever possible and involved in decisions about their care and support. Staff were able to communicate effectively with everyone and we observed them interacting well with people. This ensured they were involved in any discussions and decisions.

People or their representatives were involved in decisions about their care. People had their needs reviewed on an annual basis or more often if their care needs changed. Family members said they were involved with reviewing / planning their relatives care.

Staff showed concern for people's wellbeing. The care people received was clearly documented and detailed. For example, people had information in place on how to care for people's skin to prevent their skin becoming sore. Staff undertook training to ensure they had the skills required to provide appropriate and dignified end of life care. Some senior staff had completed further specialised training in this area of care, and held the role of 'End of Life' champions' providing advice and guidance to staff when required.

Is the service responsive?

Our findings

The service continued to be responsive. People were supported by staff who were responsive to their needs. One person said; "Staff have a flexible approach with me depending on how I feel."

People had a pre-admission assessment completed before they were admitted to the service. This helped people, their relatives and the provider make an informed decision about the appropriateness of the placement.

The provider told us in their PIR; "We ensure that Care Plans hold relevant information to enable staff to respond to people's needs appropriately."

People's care records were held electronically and covered a range of information relating to people's health and social care needs. For example they contained information to assist staff to provide care in a manner that respected people wishes. Staff held individual electronic monitors to add any information at any time to people's personal care records. This helped to ensure care records were always updated and staff were able to respond appropriately. All the staff we spoke to were familiar with people's needs and said information and guidelines were clear and easy to access. Care plans were personalised and included information about how people chose and preferred to be supported.

People were able to make choices about how they spent their time and were able to spend time in their rooms if they wished. We observed staff responded to people and supported them according to their needs, throughout our visit. Staff told us how they encouraged people to make everyday choices as much as possible. This helped ensure everyone's voice was heard. People told us their individual needs were met. One person said; "They can't do enough for you."

People took part in a variety of activities and the service had a designated activities co-ordinator. Outside entertainers were also brought into the service. On day one of our visit we saw people enjoying a group of local school children singing and discussing their current work about World War Two. People said; "I loved going to the Barbican" and a relative said; "Mum loves going out in the minibus". Another relative said; "I like the way mum is encouraged to do what she can when she can."

The provider had a complaints procedure displayed in the service for people and visitors to access. Some people said they would talk with a member of staff if they were not happy with their care or support. Where complaints had been made these had been investigated and responded to. The registered manager had taken action to make sure changes were made if the investigations highlighted shortfalls in the service. One relative commented; "If we have any concerns we go to the office, they write them down and they sort it out".

Is the service well-led?

Our findings

The service continued to be well led.

There was a registered manager in post. 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 service's brochure states; "We can assure everyone who comes to live in our home that they will be treated with respect and dignity according to their individual needs and wishes." This vision was supported by the provider and registered manager and communicated to staff through day to day discussions, one to one supervisions and team meetings. Staff we spoke with were very positive and enthusiastic about their roles.

The quality of the service continued to be monitored. The registered manager was visible in the service. There were effective quality assurance systems in place. There were regular audits of the property and care practices which enabled the provider to plan improvements. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. The registered manager and provider continued to complete audits on aspects of the service and ensure lessons were learnt. Staff knew the outcome of these and practice changed accordingly.

Staff were very clear about wanting to provide a good quality service that met people's needs and enhanced their well-being and independence. Staff understood their roles and responsibilities, and said they were listened to and felt valued members of a team. Tasks were delegated amongst the staff team and some individual staff members had additional duties and further specialised training in particular areas. For example, staff held the role of champions in areas such as dementia care and skin care providing advice and guidance to staff when required.

The registered manager, senior managers and provider were present in the home during the inspection. People and staff clearly knew the management team well, and were happy to chat with them as they worked and walked around the home.

The PIR recorded; "There is an open door policy, regular daily contact with residents and family. WE evaluate compliments, complaints, questionnaires, meetings and audits to ensure that it leads to an effective service improvement plan. I (the registered manager) am approachable and staff can come and discuss issues as and when they arise." People confirmed the management team were always approachable. One person said; "The manager is always available" and another said; "The manager checks if I'm happy and mums happy". One staff member said; "Registered manager and management team are very approachable, very supportive."

The service had obtained the Plymouth City Council Dementia "Quality Mark Award. This was awarded after

an annual robust inspection from Plymouth City Council in regard of all aspects of care provided to people with a diagnosis of dementia.

When the registered manager was not available there was an on call system available between the management team. This meant someone was always available to staff to offer advice or guidance if required. Staff told us they felt well supported by the registered manager and the management team.

The provider had systems in place to make sure the building and equipment were maintained to a safe standard. These included regular testing of the fire detecting equipment and hot water and servicing of equipment.