

Greenfield Care Homes Limited

Greenfield Care Home

Inspection report

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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

Greenfield Care Home is a residential care home for nine adults with learning difficulties. The provider is also registered to provide personal care from Greenfield Care Home to people living in their own homes. At the time of the inspection, one person living in an adjoining house was temporarily receiving support with their medicine management. We did not inspect this part of the service at this time.

At our last full comprehensive inspection in September 2016 we rated the service overall as requires improvement and there was one breach of regulation with regard to Good Governance. We inspected against that breach in February 2017 and the provider had met the breach and the overall rating for the home was Good.

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People remained safe at the home. Staff could explain to us how to keep people safe from abuse and neglect. People had suitable risk assessments in place. The provider managed risks associated with the premises and equipment well. There were enough staff at the home to meet people's needs. Recruitment practices remained safe. Medicines continued to be administered safely. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

People continued to be supported by staff who received appropriate training and support. Staff had the skills, experience and a good understanding of how to meet people's needs.

Staff were providing support in line with the Mental Capacity Act 2005. 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 support this practice. We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so.

People were supported to eat and drink sufficient amounts to meet their needs. People had very good access to a range of healthcare professionals.

The staff were caring. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. Throughout the inspection we saw that people had the privacy they needed and were treated with dignity and respect by staff.

People's needs were assessed before they stayed at the home and support was planned and delivered in response to their needs. The variety of activities on offer had increased and photos showed that people were enjoying the different things to do. The provider had arrangements in place to respond appropriately to

people's concerns and complaints.

We observed during our visit that management were approachable and responsive to staff and people's needs. Systems were in place to monitor and improve the quality of the service. Audits of the premises helped ensure the premises and people were kept safe.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Greenfield 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 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. The inspection took place on 17 July 2018 and was unannounced. The inspection was carried out by a single inspector.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with two people who used the service. Not everyone who lived at Greenfield was able to verbalise their opinions, but we observed, in a non-formal way staff interaction with people. We also spoke with the registered manager and three staff. We looked at a range of records including three staff files, three people's care plans and other records relating to the management of the home.

After the inspection we emailed a questionnaire to healthcare professionals who work with people at Greenfield and to the local authorities who commission places at the home. We asked them for their opinion of their clients care. We also spoke to one healthcare professional and three family members or friends of people living at Greenfield.

Is the service safe?

Our findings

People continued to be safe at the home. Relatives, friends and healthcare professionals commented "My relative is very happy, content and safe here," "Yes I do feel my clients are safe and well cared for. There always appears to be plenty of staff on duty when I visit and people appear relaxed and happy" and "I have no concerns regarding the safety of my clients."

At our last inspection the provider had installed a new emergency call bell system and people and staff could summon help from all areas of the home. Staff told us the system continued to be working well and with continuous training people understood when to use the call bell to receive help from staff and this was helping them to stay safe in all areas of the home.

The provider had also commissioned an independent fire risk assessment of the home and had followed the recommendations given to them. This included a new paved pathway leading from the lounge to the garden, which was more wheelchair accessible than previously and a new garden gate that people could exit by into a safe area away from any hazard.

We saw the premises were very clean with no odorous smells. Bathrooms and toilets were supplied with hygiene products, such as soap, toilet paper and towels and the majority of sinks had plugs. Where we saw a plug was missing the provider was able to explain the reason for this and how its absence was helping to keep people safe.

The registered manager and staff continued to demonstrate how they would keep people safe and the steps they needed to take to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm.

People continued to have appropriate risk assessments in place. Risk assessments were individual and considered the person and their abilities. This included risk assessments for people to access the community and to help support people's independence. Where risks were identified management plans were in place.

All the people at Greenfield had a current personal emergency evacuation plan [PEEP] in place, which explained the help they would need to safely leave the building. Fire drills were held every two months, at different times during the day and early evening with a full evacuation of all people. The times taken and any incidents while evacuating were noted and actions taken if needed.

The provider and staff continued to manage the risks associated with the premises and equipment well. A range of checks were in place including those relating to fire and gas safety and electrical installations. We found food was labelled and stored correctly and the kitchen area was clean. Repairs were carried out promptly when necessary to ensure the premises were maintained and remained safe.

We observed that there were sufficient numbers of qualified staff to care for and support people and to meet

their needs. Staff numbers had increased to four staff when all the people were at home during the day and three staff at night. Recruitment practices remained safe. We looked at the files of the last three people to be recruited and saw the necessary recruitment steps had been carried out before they were employed. This included a completed application form, references and criminal record checks. These checks helped to ensure that people were cared for by staff suitable for the role.

Medicines continued to be administered safely. People were supported by staff to take their medicines when they needed them and medicines administration records (MARs) were kept. The MAR's we looked at were up to date and accurate. Medicines were stored securely. Staff received training in medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

The provider kept records of any incidents and accidents that occurred, including details on any incidents that related to the safeguarding of vulnerable adults. Staff were aware of how to report any accidents or incidents that may occur. The actions taken showed staff had learnt from the incidents which helped to prevent future accidents.

Is the service effective?

Our findings

People were cared for by staff who continued to receive appropriate training and support. We observed good interaction between people and staff. We saw that staff spent time listening and speaking with people in a friendly and relaxed way.

Staff continued to have the skills, experience and a good understanding of how to meet people's needs. The provider had identified a range of training courses, presented in a variety of ways to help meet staffs learning preferences. We saw records that confirmed one to one supervision took place regularly and staff had a yearly appraisal.

Staff explained to us how they continued to encourage people to make their own decisions and gave them the encouragement, time and support to do so. This helped to give people the independence and freedom to choose what they did and where they went, in safety with as little restriction to their liberty as possible.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had arrangements in place to assess people's capacity in regard to making specific decisions. A healthcare professional commented "I feel the staff have a good knowledge of MCA and DoLS. We regularly discuss capacity and best interests regarding some of the people when I visit. The staff obviously have a good working knowledge of these processes in my opinion."

We saw that people's capacity to consent to their care had been assessed and the provider had made relevant applications to the local authority for authorisation to deprive people of their liberty. The registered manager explained the local authority (LA) currently had a back log of re-authorisations of DoLS and they had put contingency plans in place, in order to keep people safe until the correct paperwork was received from the LA.

Staff continued to support people to eat and drink sufficient amounts to meet their needs. Meals were planned according to people's wishes and changed on a daily basis if people changed their mind about what they would like to eat. People were encouraged to help with the preparation and cooking of meals where possible and to make their own drinks when they wanted to. The day of our visit was very hot and humid and we saw people were regularly offered drinks both hot and cold. The provider had a chilled water dispenser, from which people could help themselves to water. People could also choose to eat out at a restaurant, café, garden centre or the pub.

The care people received from other healthcare professionals was very good and helped to keep people healthy and well. One healthcare professional commented "The information the staff provided about my client was relevant and they responded to requests I made about my clients health. I was pleased to see on a subsequent visit that the staff were using appropriate visual aids to support my client." Records we looked at and healthcare professionals we spoke with showed that people had access to a GP service that knew

and understood people's needs well.

Additional services, such as breast screening, diabetes management, the dysphagia and learning disability teams, podiatry, speech and language services and dental hygiene were all very active in helping to keep people fit and well. We read several comprehensive reports from the podiatrist and saw an easy read version of an optometrist report. One healthcare professional said the registered manager was very good at communicating with them to ensure people stayed healthy. They commented "We are working together to find solutions [to people's healthcare needs]."

Is the service caring?

Our findings

The service continued to be caring. We spoke to two people on the day of our visit and although they didn't tell us about the home or staff, one of them chatted happily about their family, what they liked doing and we heard them talking to staff in a friendly and relaxed manner.

Relatives we spoke with commented "I'm over the moon with the place; the improvements they have made are great. This place is even better now, fantastic" and "The staff are always smiling and laughing, they are very polite. My family member is very happy here, when we've been out for the day he rushes in, this is his home." "I am always made welcome here and my relative is happy, they would say if they weren't. They receive good support from staff and people and staff are always smiling."

A healthcare professional commented "There always appears to be plenty of staff on duty when I visit. The residents also appear to be relaxed and happy. The staff who accompany people on medical visits are always caring and have a good knowledge about the person."

Relatives and the healthcare professionals all agreed that they were made very welcome at Greenfield and could visit or pop in any time. Relatives also said they could take their family member out whenever they wanted to and staff didn't question them or put time restrictions on visits or outings.

People's care plans continued to be well written and informative, giving details of people's background, their skills and their challenges. People at Greenfield had a variety of support needs and abilities, with some people being more independent than others.

Not all the people were able to communicate verbally but had their own way of making themselves understood to staff. Staff were able to explain to us people's different communication needs and staff took their time and gave people encouragement in their independence whilst supporting them. We saw people had a 'How I Communicate' section in their care plan. This was a mixture of words and pictures and written in the first person and helped staff to communicate successfully with people.

We also saw that people were more involved in their own decision making. One family member told us "Staff spend time talking to my relative, giving them time to make a decision and encouraging them. They are much happier because of this."

The registered manager told us four people and staff had gone away on a holiday to the seaside and had had a wonderful time. Extra staff stayed with people who chose not to go on holiday and where people wanted to staff took them out for the day. One person consistently chose not to go out and we saw this noted in their care plan. The atmosphere in the home was calm, friendly and relaxed.

People's privacy and dignity was maintained by staff asking people how they would like to be treated, including when giving or prompting people in their personal care. Staff told us the new alarm system had enabled people to have more privacy when using the toilet. They no longer had to stand outside the toilet

waiting for the person to call but could leave them in peace and they would pull the emergency call bell when they required help. The bathroom and toilet doors could all be locked to help maintain a person's dignity and privacy. Throughout our visit staff knocked on people's doors before entering even when they knew they were out of the room.

We received one negative comment about people's clothes not being as clean as they could be, that they were un-ironed and any repairs were poorly done. We immediately spoke with the registered manager about this and they said they would address this with staff to ensure people's dignity was retained through being well presented in cleaned and neat clothes. We felt confident this would be addressed promptly because at a previous visit we saw that a person needed to wear a clothes protector, to help their clothes stay dry. The one being used was very larger and did not help to maintain the person's dignity. We saw this had been changed for a smaller version in colours to match the person clothes. This small change had helped to maintain this person dignity at all times.

Is the service responsive?

Our findings

The service continued to be responsive to people's needs. We looked at the care plans of three people who lived at the home, these were comprehensive and informative and gave staff the information they needed to support people effectively.

Care plans were written in the first person, in an easy read format and tailored to a person's individual needs. They described who the person was, their background, knowledge and wishes of how they would like to be supported. Sections included things I like and don't like, my routine for getting up and going to bed and during the day, my personal care and health needs. Relatives, healthcare professionals and day centre staff all had the opportunity to engage in the care planning process to help a person receive the correct care for their needs. We saw care plans were regularly reviewed and up dated when required.

Relatives and healthcare professionals told us how staff were being responsive to people's behaviours that may challenge. A relative said "Staff are really aware of my relatives changing moods and are trying to help, it's a bit trial and error but their responsiveness is paying off. I had a wonderful visit with them [relative], staying much longer than usual and they were in a really, really good mood." The registered manager said where people's moods or behaviours were changing, they were looking at the effect a person's medicine was having on them, talking to the GP and working together to help people. Records showed in several cases medicines had been changed to good effect for the person.

Records showed that the amount and variety of activities offered to people had increased. We looked at a photographic record of outings people had been on, meals out, walks in the park or by the river, shopping trips, not just to buy things but to have fun browsing, coffee and cake trips and visits to local community events. The local parks were a popular place to go with the opportunity to have a go on the swings and we could see from the photos that people were having fun and smiling.

The staff had also developed the small lounge area into a sensory room, with calming colours, lights, soft music and large bean bags to sit on that could be used by people at any time. Staff told us it was working very well and helped people if they were feeling upset or anxious.

Since our last visit many of the communal areas and bedrooms had been decorated in colours chosen by the residents. We saw many of the ladies' rooms were decorated in different shades of pink and had colourful and fun murals on the walls. The men had generally opted for blue but with equally colourful pictures and stickers on the walls. Carpets and furniture where needed had been changed. One relative said "Coming in here now is like a 'breath of fresh air'."

We saw the provider had arrangements in place to respond appropriately to people's concerns and complaints. One relative said "If I have any concerns I go straight to the manager or staff and I know my concerns will be addressed straight away." The complaints file showed people's concerns had been addressed in a timely manner and to the satisfaction of the complainant.

Is the service well-led?

Our findings

Greenfield had a registered manager who was supported by a deputy manager and senior staff. 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.

From our discussions with the registered manager it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.

Relatives commented about staff and the registered manager "I think very highly of the staff and manager [all named]. They are always smiling and happy," "The manager [named] is unbelievable, so good" and "Communication is better now, they call you about everything, even minor issues." Healthcare professionals commented "I feel the home is very well led by the registered manager. He is fully aware about all of the people living at Greenfield. He regularly speaks directly to myself, with any concerns that he has," "I have a good working relationship with the manager and he will contact me for advice. People are well cared for and any issues are addressed quickly" and "I have always found dealing with the manager good, he responds to requests quickly and efficiently."

We observed and heard people talking freely with all the staff, including the registered manager. It was clear that staff and people knew one another very well, people could chat openly and staff knew trigger points that may upset people and had distraction methods ready to use.

The registered manager told us that because they were a small team they communicated really well and they also had a communications system so important dates and appointments could be recorded. Team meetings were held regularly and we saw the notes from the last two meetings held.

The provider conducted surveys for staff and relatives. The results of the last relative's survey were positive, with comments and suggestions being freely given. The registered manager told us the amount of returned questionnaires from the staff survey had not been good and so they had changed the way they received staff comments and ideas. This could be at staff one to one supervision meetings, team meetings, through emails, phone calls or private meetings with the registered manager. Staff told us, they were happy to put their ideas forward and these were listened to and actioned by the provider and the registered manager.

Previously we had spoken with the registered manager about conducting surveys with the residents, they told us they had tried easy read pictorial surveys but these had not been successful. They now gained people's opinion and ideas at the regular 'house meetings' and during individual conversations. They said this was working well and people were being given the opportunity to voice their opinion and have a say in the way the service was run.

Records showed the new system the provider had implemented to assess, monitor and improve the quality of the service was working. These looked in detail at the environment of the home, peoples life style/activities, people's care plans, the consultation with people who used the service, medicines administration records, staff supervision and team and residents meetings. We looked at the results of the monthly quality assurance checks one of the directors undertakes; these were comprehensive and included an action plan that was signed off when completed. These quality assurance visits worked in conjunction with the registered managers own weekly and monthly health and safety checks of the premises.