

MGB Care Services Limited

Greenwood Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We conducted an unannounced inspection at Greenwood Lodge on 25 June 2018. Greenwood Lodge is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Greenwood Lodge accommodates up to 19 people. There is a main building which accommodates 17 people and a flat which can accommodate two people. On the day of our inspection, 16 people were living at the home; these were people who had a learning disability and some people also had physical disabilities.

We inspected Greenwood Lodge in February 2017. During this inspection we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to safe care and treatment, the premises and equipment, staffing, person centred care and governance. During this inspection we found improvements were underway and there were no ongoing breaches of the legal regulations. However, some further improvements were needed to ensure people receive consistently good support. This is the second time the service has been rated as Requires Improvement.

There was a registered manager in post at the time of our inspection. 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.

During this inspection we found that the service provided at Greenwood Lodge was not consistently safe. Medicines were not stored safely as storage rooms were not always effectively secured. Medicines were stored above the recommended temperature which could have affected their efficiency. Environmental risks were not always safely managed. Storage cupboards were left open and this posed a risk to people living at the home.

Risks associated with people's support were identified and assessed, and measures were put in place to ensure people's safety whilst also promoting their independence. Some improvements were required to ensure people received safe and effective support with behaviours that could pose a risk. Systems to review and learn from incidents and unexplained injuries were not fully effective.

People told us they felt safe and there were systems and processes to minimise the risk of abuse. There were enough staff to meet people's needs and ensure their safety. Safe recruitment practices were followed to reduce the risk of people being supported by unsuitable staff. The environment was clean and hygienic.

Some improvements were required to ensure people were supported to have maximum choice and control of their lives. People had access to healthcare and their health needs were monitored and responded to. People were supported by staff who had enough training to enable them to meet people's individual needs. Staff felt valued and supported.

People had enough to eat and drink, they chose what they ate and received assistance as required. There were systems in place to ensure information was shared across services when people moved between them. The design and decoration of the building accommodated people's needs and people had been involved in decisions about the environment.

People and their relatives told us staff were kind and caring. Staff respected people's privacy and treated them with dignity. People were involved in day-to-day decisions about their care and support and had access to advocacy services if they required this to help them express themselves. People were encouraged to be as independent as possible.

People were offered some opportunities to take part in social activities. However, these were inconsistent and at times staff interactions were task focused. Further improvements were required to ensure people had equal access to information. We made a recommendation about this. People received support which was based upon their individual needs and preferences. Staff had a good knowledge of people's support needs, and people's diverse needs were recognised and accommodated. There were systems in place to respond to concerns and complaints.

Systems to ensure the quality and safety of the service were not fully effective. Records relating to people's care and support were not always up to date. People and staff were given the opportunity to provide feedback and make suggestions about the running of the home. The registered manager was responsive to our feedback and took swift action to address many of the issues found during our inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Medicines were not stored safely. Risks associated with the environment were not always managed effectively.

There were systems in place to review and learn from adverse incidents; however, these were not fully effective. The system for investigating unexplained injuries was not robust.

Overall, people were protected from risks associated with their care and support. There were systems and processes to minimise the risk of abuse.

There were enough staff to meet people's needs and ensure their safety. Safe recruitment practices were followed. The environment was clean and hygienic.

Requires Improvement ●

Is the service effective?

The service was effective.

Some improvements were required to ensure people were supported to have maximum choice and control of their lives.

Care and support was effectively planned and coordinated when people moved between different services.

People were supported to attend health appointments and staff were knowledgeable about people's specific health conditions. People were supported to have enough to eat and drink.

Staff had enough training and told us they felt supported.

Good ●

Is the service caring?

The service was caring.

People told us staff were kind and caring. Staff respected people's privacy and treated them with dignity.

Good ●

People were involved in day-to-day decisions about their care and support and had access to advocacy services if they required this.

People were encouraged to be as independent as possible and were supported to stay in touch with family and friends.

Is the service responsive?

The service was not consistently responsive.

People were offered some opportunities to take part in social activities.

People's diverse needs were recognised and accommodated. However, further work was needed to ensure people had equal access to information.

People received the support they required from staff who had a good knowledge of their needs, wishes and preferences.

There were effective systems in place to respond to concerns and complaints.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Further improvements were required to ensure that governance and quality systems were fully effective.

Records of care and support were not always accurate or up to date.

People and staff were given the opportunity to provide feedback and make suggestions about the running of the home.

The registered manager was open, honest and was responsive to our feedback.

Requires Improvement ●

Greenwood Lodge

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.

Prior to our inspection, we reviewed information we held about the service. This included information received from local health and social care organisations and statutory notifications. A notification is information about important events, which the provider is required to send us by law, such as, allegations of abuse and serious injuries. We also contacted commissioners of the service and asked them for their views. We used this information to help us to plan the inspection.

We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make.

The inspection was undertaken by two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. During our inspection visit, we spoke with three people who lived at the home and four people's relatives on the phone. We also spoke with four members of the care staff, a member of the catering team, the deputy manager and the registered manager.

To help us assess how people's care needs were being met we reviewed all, or part of, four people's care records and other information, for example their risk assessments. We also looked at the medicines records of nine people, three staff recruitment files and a range of other records relating to the running of the service. We carried out general observations of care and support and looked at the interactions between staff and people who used the service.

During our inspection visit, we asked the registered manager to send us copies of policies and procedures, which they did prior to this report being completed.

Is the service safe?

Our findings

Medicines were not stored safely. Topical creams were not stored securely as the cupboard was left unlocked and accessible throughout our inspection. This posed a risk that people may be able to access these creams. The medicines room door was damaged which meant it may have been possible for someone to force their way into the room and access medicines. Medicines were not stored in accordance with the manufacturer's instructions. Medicines should be stored below 25°C to ensure their effectiveness. However, the thermometer was not functioning correctly and we measured the room temperature to be 27°C on the day of our inspection. This could have an impact on the efficiency of the medicine. The registered manager told us action would be taken to address this and following our inspection, they confirmed the medicine room door had been secured.

When people were prescribed creams for topical application staff did not always record the application of these creams. For example, one person was prescribed a cream for topical application twice a day, but records showed it had only been applied once a day in the five days prior to our inspection. This meant creams were not being applied as required which could have a negative impact on people's skin health.

Other than the above, medicines were managed safely and people received their medicines as prescribed. Medicines were well organised and records were completed to demonstrate people had received their medicines as prescribed. Several people were prescribed 'as required' medicines to help manage periods of anxiety and distress. There were clear protocols which detailed measures to be used prior to the administration and records showed these medicines were used infrequently.

Overall, risks associated with people's care and support were managed safely. People's relatives told us they had no concerns about risk management at Greenwood Lodge. One relative told us, "There's a secure bed, so [relation] can't roll out. It really helps and there's the personal alarm call button." Risks had been identified, assessed and planned for. For example, professional advice had been sought for one person who was at risk of choking and we observed they were provided with a modified texture diet to reduce the risk. The approach to risk management also considered people's choices. The above person loved a specific food, but had been advised not to eat it due to the risk. The cook had contacted the speech and language therapy team and they had reached a compromise which enabled the person to enjoy this food in a safe way.

Some people living at Greenwood Lodge behaved in a way that placed them and others at risk. Improvements were required to ensure staff provided consistent support. Staff did not always fully follow guidance. For example, one person indicated they wished to go out. The staff member was unable to take the person out, which caused them to become agitated. They used a technique to distract the person. However, this wasn't followed up with a meaningful activity to take the person's mind off wanting to go out. We saw that this resulted in them requesting to go out again. Some support plans required further information to ensure people received consistently safe support with their behaviour. For example, the registered manager told us that staff were sometimes required to undertake low level physical interventions to ensure one person's safety. Although staff had training in this area, the person's support plan did not

contain personalised information about the safe use of physical intervention with the person. This placed the person at risk of inconsistent and potentially unsafe support. The registered manager advised us they would address this immediately.

There were systems in place to review and learn from adverse incidents; however, this was not fully effective. The registered manager reviewed most incidents and acted to try to prevent the same from happening again. For example, a movement sensor had been implemented after a person sustained a fall to try and prevent reoccurrence. However, staff did not always complete incident forms. For example, a body map for one person documented they had sustained sunburn. This person was reliant upon staff to ensure their safety in the sun. As this had not been recorded as an incident, the registered manager was not aware. This meant opportunities to reduce the risk of reoccurrence or address staff performance may have been missed. The registered manager told us they would address this with the staff team.

The system for investigating unexplained injuries was not robust. Staff routinely recorded marks and bruising to people's skin and records showed they also reported this to the nurse in charge. However, there was no evidence to demonstrate that the nurse had investigated the unexplained injuries. For example, a recent incident record for one person, documented multiple bruises to one person's torso. This injury was unexplained and there were no records to demonstrate the cause of this injury had been investigated. The registered manager assured us that nurses had reviewed each incident but had not recorded the outcome. They advised us they would address this with the nursing team to ensure recording keeping was improved.

Risks associated with the environment were not always managed effectively. Upon arrival at Greenwood Lodge we found storage areas such as the cleaning cupboard, laundry and an external food store were left unlocked. Records showed two people were known to access the food store or eat non-food items and guidance stated doors should be kept locked. However, this had not been followed. Furthermore, we found dangerous objects, such as sharp pieces of metal being stored in the garden, these were accessible to people living at the home. This posed a risk that people living at the home may access these areas. We discussed this with the registered manager who told us immediate action would be taken to address our concerns.

People told us they felt safe and processes were in place to minimise the risk of people experiencing avoidable harm or abuse. People's relatives said they had no concerns over the safety of their loved ones. One relative said, "Safe? Oh yes I do think so. [Relation] always seems to have people around. Seems as though staff look out for them." Another relative stated, "Yes, I'm absolutely certain that [relation] is safe there." Staff told us they had regular training in safeguarding adults and they were knowledgeable about indicators of abuse and knew how to respond should they have any concerns. Staff felt confident that any issues they reported would be acted on appropriately. The registered manager had made referrals to the local authority safeguarding adults team when required and records showed action had been taken to reduce immediate risks to people.

There were enough staff available to meet people's needs and ensure their safety. People and their relatives told us there were enough staff and this view was also shared by staff. One person told us staff were always quick to respond to their requests for help. A relative said, "There's always staff around, but they do seem busy though." Another said, "You can always see the staff around, I think there's enough." The registered manager told us staff were deployed from their other local services to cover short notice absence when needed. We reviewed rotas and found that there were enough staff on shift. During our inspection we observed staff were available to ensure people's safety. They were well organised and were responsive to people's needs for support.

Safe recruitment practices were followed. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. For example, before staff were employed, criminal record checks were undertaken through the Disclosure and Barring Service. These checks are used to assist employers to make safer recruitment decisions.

At our last inspection we found the home was not sufficiently clean, this was a breach of the legal regulations. At this inspection, we found improvements had been made, there had been an increase in the hours worked by the domestic team and these staff had been provided with additional training. Adequate hygiene practices were followed and overall, the environment was clean and hygienic. Relatives said that when they visited, the home was always clean and tidy. One said, "Oh it's always spotless, you could eat your dinner off the floor." Another relative said, "I've never seen it dirty, even after meal times, they work so hard cleaning." The Food Standards Agency had inspected this home and given it a food hygiene rating of three, which means 'generally satisfactory'. The cook explained the improvements made since their food hygiene inspection and told us they hoped to achieve five stars, which means 'very good' at their next inspection. We observed the kitchen area to be clean and well maintained and staff followed food hygiene procedures.

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA.

Further work was required to ensure people's rights under the MCA were upheld. Although we found that in most cases assessments of people's mental capacity had been conducted some assessments lacked detail. We reviewed capacity assessments for one person but the records of how the assessments had been conducted were vague, for example stating, 'wouldn't be able to consent,' with no explanation of how this assumption was tested. In other areas mental capacity assessments had not been completed. For example, where people were subject to restrictions, such as movement sensors or bedrails, there was no evidence that consideration had been given to ensuring these decisions were made in their best interests. After our inspection the registered manager provided us with evidence of new mental capacity assessments which had been conducted. These were thorough and detailed and ensured people's rights were upheld.

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). DoLS had been applied for as required and where conditions had been imposed they were complied with.

Care and support was planned and coordinated when people moved between different services. Before people moved into Greenwood Lodge their needs were assessed to ensure the staff team could support them. The registered manager told us they were in the process of conducting an assessment, this involved them travelling across the UK to meet with the person. They described how they planned to manage the transition process for the person to make it as smooth as possible. This commitment to conducting robust and well-planned assessments of people's needs meant people experienced person centred support.

People received effective support with their day-to-day health needs. We saw records of contact with health professionals in people's support plans, which showed they were supported to access their GP and other health professionals, such as dentists and opticians as necessary. People told us if they needed to see health professionals this was arranged for them. One person said, "She (staff member) takes me to hospital, going tomorrow." Staff made referrals to physical and mental health specialist teams when advice and support was needed and we saw the advice received was included in people's support plans. For example, one person regularly saw a specialist epilepsy nurse and their advice was incorporated in to their support plan. A physiotherapist had recommended that another person needed assistance to regularly perform exercises, staff were knowledgeable about this and records confirmed staff facilitated these exercises. People had their health needs detailed in their support plan and in a health action plan.

People were supported by staff who had sufficient training to enable them to provide safe and effective

support. Staff said they had enough training to enable them to provide safe and effective support to the people living at Greenwood Lodge. Training records showed staff had up to date training across a range of areas including, safeguarding adults, first aid, the MCA and food hygiene. Staff also told us they received a thorough induction when starting work at the home. One member of staff explained this had consisted of training, shadowing more experienced staff and reading people's support plans. The registered manager told us in the PIR that staff completed the Care Certificate. The Care Certificate is a nationally recognised set of standards for staff working in health and social care to equip them with the knowledge and skills to provide safe and compassionate care and support. Staff told us they had regular supervision and said they felt supported, we saw evidence of staff supervisions which confirmed this to be the case.

People had enough to eat and drink. People told us they could choose and prepare their own food. One person said, "I like the food, yeah." Another person said, "It's all right." And a third person nodded to tell us they enjoyed the food. A relative told us, "The food is home cooked, it's something like you'd do at home." The cook told us the menu was developed by consulting with people living at the home, taking account of advice from the nurse. This ensured people were offered food that met their preferences but was also healthy. The cook told us, "I like working here because I can talk to them and then do my job better. I get happiness by knowing I am giving them what they like and they enjoy it." Staff supported and encouraged people to eat a healthy diet. One member of staff explained that a person was fixated on a certain food type. In order to encourage them to have a balanced diet they always had this specific food available and used it to encourage them to eat other types of food. Mealtimes were well organised and people received the assistance they required. Mealtimes were managed in two sittings to ensure there were enough staff available to support people and to reduce the impact of people's behaviour on others. When people required assistance they were provided with this; however, we found some staff were task focused in their approach and there was little interaction between them and staff. We discussed this with the registered manager who told us they were aware of this and were working with the staff team to improve interactions.

The cook had an in-depth knowledge of people's dietary needs and worked hard to ensure their needs were met. For example, one person was diabetic and the cook had attended appointments with the diabetes nurse to learn about their diet. Staff also had a good knowledge of the risks some people faced when eating and drinking and provided them with effective support to ensure their safety. One member of staff told us, "We don't leave [the person] alone to eat, they can put it all in their mouth."

The home was adapted to meet people's needs. Greenwood Lodge is situated in a large residential property, which has been adapted to accommodate the service. A call bell system had been fitted to enable people to request support and adaptations had been made to enable people with physical impairments to mobilise around the home. There was a communal lounge and dining area and a separate activity room in an annexe. There was also a large garden and during our inspection we saw people having their lunch outside, enjoying the sun. People had been involved in the design and decoration of the home. People's bedrooms had recently been redecorated and we saw each room was decorated to reflect their individual tastes. Plans were underway to extend the home to improve the building and provide people with more living space.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. People told us they were happy living at the home and said staff were kind to them. One person told us, "It's my home." People's relative were also positive about the care and support provided at Greenwood Lodge. One relative commented, "They (staff) seem to be very caring, I've got no problem with them." Another stated, "They are very attentive, we've never thought differently. We can't fault them." A third relative told us, "Very warm friendly staff, they take good care of them, so patient. Certainly the best place they've ever been in."

Staff appeared to have a genuine fondness for people and people looked comfortable and relaxed when they were with staff. Staff spoke to people in a non-patronising manner. A relative commented, "Staff sit and talk to them. They speak nicely to them as adults, there is no animosity." We did observe times throughout our inspection where staff interactions were focused on care tasks and lacked meaningful interaction with people. We discussed this with the registered manager who told us they were aware of this and were trying different approaches, such as team building activities, to try and improve this.

Staff were aware of what mattered to people and used this to inform their support. For example, one person had a love of knitting and we saw staff enabled them to do this when they had some spare time. People's support plans recorded their preferences for how they wished to be supported as well as their history, likes, dislikes and what was important to them.

People were, as far as possible, involved in choices and decisions about their support. Throughout our inspection staff routinely checked with people about their preferences, for instance, what they ate or whether they wore a clothes protector for meals. Staff we spoke with understood their role in ensuring that people had choice and control. People were offered the opportunity to get involved in the development and review of their support and this was evidenced in support plans. We also saw evidence that people's families had been offered the opportunity to get involved in reviewing their relation's support plan.

People had access to an advocate if they wished to use one. Advocates are trained professionals who support, enable and empower people to speak up. Information leaflets were available to people and this was also discussed with people on an individual basis. No one was using an advocate at the time of our visit.

People were supported to develop and maintain their independence. The registered manager told us staff tried not to do things for people if they could do things themselves. One person could make their own drinks and this was encouraged and supported by staff. Another person was supported to manage small amounts of money and pay for things when going out shopping. The registered manager told us, "you can tell it makes [the person] feel good." Although people's care plans contained information about areas where people were independent and areas where they required further support, information about people's individual goals were not recorded. The registered manager told us they had a vision to make the service more focused on enabling people's independence and said support planning would be further developed as part of that work.

People were supported to maintain relationships with those who mattered to them. People's support plans included information about relationships that were important in their lives and we saw records to show that people were in regular contact with those who were important to them. There were no restrictions upon visitors to the home. One relative said, "I come and go as I want, nobody stops me." Relationships had grown between people living at the home. During our inspection, we observed two people had become close friends, they appeared to enjoy each other's company and staff supported this relationship by encouraging them to take part in activities they both enjoyed.

People's rights to privacy and dignity were respected. Staff had a good understanding of how to respect people's privacy, they respected that people's bedrooms were their private space and said they always knocked before entering. People and their relatives confirmed this to be the case. Staff respected people's right to confidentiality and we saw that they held conversations about people's care in areas which could not be overheard by others.

Is the service responsive?

Our findings

People were provided with opportunities for social activity, however this varied from person to person. The registered manager told us in the PIR that people were offered a range of activities within the home and in the local community. They also told us parties and social events were organised in response to requests from people living at the home. During our inspection, the registered manager told us that although they aimed to offer equal access to activities and other opportunities to everyone living at Greenwood Lodge this was affected by individual funding packages. This was reflected in activity records. For example, records for one person showed they were regularly supported to go out into the community. Whereas, an activity record for another person recorded that they mainly spent their time 'relaxing' in shared living spaces.

We observed that staff spent more time with people who could verbally communicate, compared to people who did not, or were not able to, initiate interaction. This meant they sometimes overlooked people who were not able to seek staff company and interaction. For example, one person repeatedly asked staff to take them out to the local shop and we saw staff supported them to go to the local shop on two occasions during our visit. However, in contrast another person who was very quiet and was unable to communicate verbally spent most of the day unoccupied in shared living spaces or in the garden. Staff did not initiate any meaningful activity with them.

Staff were responsible for initiating activities and whilst we saw there were enough staff to engage with people staff did not always do so. We observed multiple occasions throughout our inspection where staff were overseeing people in shared living areas but, instead of engaging people in activity or conversation, they walked up and down the room in a supervisory type role or sat and observed people.

The provider invested in external activity providers who visited the home regularly. On the day of our inspection we saw a creative arts session was being facilitated. People were laughing and dancing and people who had appeared withdrawn at other points throughout the day joined in. The registered manager also told us that, where funding allowed, people were supported to go on regular holidays.

The service was not meeting its duties under the Accessible Information Standard. The Accessible Information Standard ensures that all people, regardless of impairment or disability, have equal access to information about their care and support. Everyone living at the home required adaptations to be made or support to enable them to understand and access information. However, we found approaches to communicating with people and enabling them to access information were not consistent or creative. The registered manager told us they used photo cards to enable people to choose what to eat; however, the cook told us they were still in the process of developing the photo cards and they were not consistently in use. Some procedures, such as the complaints procedure, had been written using signs and symbols to support the text. However, the manager told us no one living at the home could read so the value of the signs and symbols would have been minimal. We recommend the provider reviews its approach to accessible communications considering good practice guidance and resources.

People received support which was based upon their individual needs and preferences. Each person living

at Greenwood Lodge had a support plan, which contained clear personalised information about their preferences and how best to support them. One member of staff told us, they had read all the support plans and found them a useful way of getting to know people. Staff had signed people's support plans to evidence that they had read them. There were handovers between shifts where staff shared updates about each person who lived at the home. We found staff had a good knowledge of what mattered to people and how best to support them.

Despite the above, we found that some support plans lacked detail, particularly in relation to risk management. There was detailed information in risk assessments, but this had not been amalgamated into the support plan. This meant staff would have to read a very large amount of complex information to fully understand a person's needs. We discussed this with the registered manager who told us they would consider this in their next review of support plans.

Although the staff team was not supporting anyone who was coming toward the end of their life at the time of our inspection, people had been offered the opportunity to discuss their wishes for the end of their lives and this was recorded in their support plans.

People's diverse needs were recognised and accommodated. People's individual needs were discussed and recorded as part of their support plan reviews. The registered manager told us people's individual needs were accommodated. For example, staff prepared culturally appropriate food for one person. Another person's religious needs had been considered when considering choice about certain types of medicinal treatment and they were visited by friends from their religious community. This meant people could be assured their diverse needs would be catered for. The manager told us in the PIR that they had recruited a specific member of staff from the same cultural background as someone living at the home so that they could communicate in their language.

There were systems and processes in place for people to provide feedback and to deal with, and address complaints. People and their families told us they would feel comfortable telling the staff if they had any complaints or concerns. Staff knew how to respond to complaints if they arose and were aware of their responsibility to report concerns to their manager. Staff told us they were confident the registered manager would act upon complaints appropriately. There was a procedure available which detailed how people could make a complaint. We reviewed records of complaints and found these had been investigated and responded to in a timely manner.

Is the service well-led?

Our findings

At our February 2017 inspection we found systems to ensure the quality and safety of the home were not effective. This was a breach of the legal requirements. At this inspection we found improvements had been made and there was no longer a breach of the legal regulations, but some further improvements were required to ensure systems were fully effective.

Overall, there had been improvements to governance and auditing systems. However, some audits were not comprehensive, this meant some areas for improvement had not been identified. For example, topical creams and medications were regularly audited; however, the audit focused on stock levels and did not audit the application of these creams. Consequently, during our inspection we found that topical creams were not always applied as directed. In other areas we found that comprehensive audits were in place and had been effective in identifying issues. For example, the registered manager completed a full audit on the day of our inspection. This meant that when we provided feedback to them they were already aware of some of the issues we found.

Records of the care and support provided at Greenwood Lodge were not always accurate or up to date. We found variations in the quality of records of care and support. Food and fluid records were not completed to demonstrate people had been offered regular drinks and meals. For example, we checked one person's records at approximately 4pm on the day of our inspection and there were no records that they had been offered any food or drink. We knew this was not the case as we had observed them eating and drinking. The failure to keep up to date records meant there was a risk that variations in their food and fluid intake may not be identified. It also increased the risk of error, as we observed that staff later completed these records from memory. We also found that other records were confusing and contradictory. A body map for one person noted they had intentionally caused harm to themselves; however, this was not reflected on the behaviour chart or daily records and no incident form had been completed. This posed a risk that opportunities to learn from this behaviour may have been missed.

People living at the home had regular meetings which gave them the opportunity to discuss their support, raise any concerns and give feedback about the home. Records of these meetings showed these topics such as safeguarding, food, activities and complaints were discussed. However, due to poor record keeping it was not always clear what action had been taken in response to concerns raised in these meetings. For example, records of the last meeting appeared to show several people had made allegations of abuse in the meeting. We discussed this with the registered manager who told us they too had identified this and after investigation concluded it was the result of poor recording. They told us they would ensure improvements were made to the recording of meetings and actions taken in response to points made.

People's relatives were also given the opportunity to provide feedback on the service their relations received at Greenwood Lodge. Annual surveys were sent out to them. Although the response rate to the last survey was very low, people's relatives told us they were very happy with the service provided at the home and the registered manager told us they often received informal suggestions and feedback from relatives.

The provider recognised and accommodated the diverse needs of the staff team. A high proportion of the staff team spoke English as a second language. The provider had invested in an English teacher to build staff skill, staff were paid to attend the course and were positive about this support and the impact to people living at the home. Greenwood Lodge was not well served by a bus route so the provider put on transport for staff at weekends to enable them to get to work.

Staff were positive about working at Greenwood Lodge. They were given an opportunity to have a say about the service in staff meetings. Records of these meetings showed that these were used to provide feedback to the team, to share information and to address issues within the service. Staff said they felt supported and understood their roles and responsibilities. They were aware of their duty to whistle blow on poor practice and felt confident in raising any concerns with the registered manager.

The registered manager told us they kept up to date with best practice in several ways. They worked with other local managers employed by the provider to share good practice and they also attended events and used the internet to ensure they stayed up to date.

Throughout our inspection, the service manager was open and honest and was responsive to our feedback. They told us they were aware of some of the issues we raised and assured us they were committed to improving the quality and safety of the home. After our inspection visit they took swift action to make improvements and provided us with evidence of this.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The rating was displayed within the home. However, we observed an old more favourable rating was displayed on the website. This could have been misleading and confusing for people living at the home and visitors. Following our inspection, the provider took action to amend the website.

We checked our records, which showed the provider, had notified us of events in the home. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service.