

MGB Care Services Limited

Greenwood Lodge

Inspection report

49-55 Gotham Lane
Bunny
Nottingham
Nottinghamshire
NG11 6QJ

Tel: 01159847575
Website: www.mgbcareservice.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Greenwood Lodge was a large home, bigger than most domestic style properties. It was registered for the support of up to 18 people. The accommodation comprised of 16 bedrooms on two floors in the main building and two further bedrooms in an annexe to the side of the main building. At the time of the inspection two people lived in the annexe and 12 people lived in the main building. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was being mitigated by the ongoing building adaptations to enable the provider to split the main building into two living areas, eight people in each area. The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence.

People's experience of using this service and what we found

We found some concerns with prevention and control of infection. One person was on a soft fork mashable diet, yet staff allowed this person to eat crisps. Medicines were managed safely, there were enough staff on duty and staff were recruited safely.

Staff did not receive adequate supervision, however, the registered manager had recognised this prior to our inspection and put a supervision matrix in place. Work was needed with the dining experience for people, as choice was limited. Premises were in the middle of being adapted and updated. The existing rooms and annexe needed an update and some areas improving. The registered manager said the whole service was to be decorated and modernised and sent an action plan after the inspection. Staff were trained to enable them to carry out their roles effectively. Staff were supported and encouraged to attend English lessons, when this was not their first language. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew people well and supported people in line with the person's preferences and wishes. Staff encouraged people to be independent.

Care plans were person centred. The service employed an activity coordinator who supported different people/groups throughout the day. No complaints had been received and we saw good end of life plans in place.

Staff felt supported by the registered manager. The provider had made improvements since our last inspection, however further work was needed. Quality audits and governance oversight was robust. The service had good links with the community.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 2 August 2018) The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-led findings below.

Requires Improvement ●

Greenwood Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and one assistant inspector,

Service and service type

Greenwood Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The PIR was completed prior to the last inspection but still provided relevant details. We received feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

During the inspection-

We spoke with seven people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, senior care worker, care workers, activity coordinator and the cook.

We reviewed a range of records. This included five people's care records, multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including policies and procedures were reviewed.

After the inspection

We contacted people's relatives via the telephone and continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- On arrival we observed full red bags, left open on the floor of a communal passageway and just outside a kitchen. Red bags are used for storing soiled linen and should be securely fastened before being sent to the laundry.
- We saw the sluice room was open which could pose a risk to people. Mops were left in used water.
- We saw areas of the home needed a deep clean.
- We asked for out of date food products to be removed from the fridge and toiletries to be removed from communal bathrooms.
- The registered manager acted on these concerns immediately.

We recommend the provider updates and training to staff on their infection control policy.

Assessing risk, safety monitoring and management

- Risks to people were effectively assessed and records reflected suitable action staff should take to reduce potential risks to people.
- Records assessed areas such as mobility, safe moving and handling practices, eating and drinking and any behaviour that could be considered challenging.
- Staff were not always following people's risk assessments. One person was assessed as a choking risk and needing a soft/fork mashable diet. However, we saw staff provided this person with crisps. We questioned why, and we were told this person loved crisps and gets upset if they don't get them. This person did not have capacity to make these decisions and staff should be providing an alternative to keep them safe. We fed this back to the registered manager who said they would take immediate action and speak to staff.

Using medicines safely

At our last inspection we found medicines were not stored safely. The provider had made improvements.

- We reviewed the medicine administration records (MAR) for all people receiving prescribed medicines and found medicines administration had been appropriately recorded.
- Medicines were stored safely
- The registered manager was aware of stopping over medication of people with a learning disability, autism or both (STOMP). Where people were prescribed medicines when required, for anxiety and agitation, good information was available for staff about techniques they could use before administering the medicines. We saw the administration of these prescribed medicines was very low to none.

Learning lessons when things go wrong

At the last inspection we found concerns with reviewing and learning from adverse incidents.

- We looked at the records for accidents and incidents and found these were now all fully recorded and action such as updating care plans were acted on immediately.
- We saw some good examples of lessons learnt.

Systems and processes to safeguard people from the risk of abuse

Staff had a good understanding of safeguarding and how to recognise and protect people from the risk of abuse. However, this was more robust for longstanding members of staff and we asked the registered manager to ensure this practice was shared with newer members of staff.

- Staff had received safeguarding training.

Staffing and recruitment

- There were always enough staff on duty to adequately support people.
- Staff recruitment practices were safely managed. We saw references were sought and a disclosure and barring (DBS) check was obtained.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- People were happy with the food provided and included in the choice of meals. However, we saw one person had received mashed potato at the last nine lunch times out of ten.
- One person had received an assessment from the Speech and Language Therapist (SALT), and a soft diet was recommended. However, staff were not following these recommendations and provided the person with crisps.
- We inspected the kitchen and found foods were suitably stored. However, we had to ask for some out of date items of food to be removed.
- We observed the lunch time meal experience, there was only one main meal option and one pudding option. However, people could request alternatives and one person had bread and tomatoes.
- There were no picture menus available to people. The registered manager said these were being implemented.

Adapting service, design, decoration to meet people's needs.

- The provider was in the process of adapting the building to make it more suitable for people living with a learning disability.
- We were assured by the registered manager the decorating would be continued throughout the building and they were not just concentrating on the new part of the building.

Staff support: induction, training, skills and experience

- Staff were not fully supported with supervision. The registered manager had already identified this, they had a matrix to show upcoming supervisions which had been booked in.
- Staff had the skills and knowledge to deliver effective care to people. All new staff received a thorough induction that was linked to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- About 20% of the staff team did not have English as their first language, the provider had set up with a language training company to offer weekly English lessons. This supported staff with their communication skills.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in line with best practice and guidance, so the provider could be confident

they could be met by the staff team.

- The registered manager visited prospective people and their family, in their own homes as well as any respite homes or day services they attended, to gain as much information about the person, to assess their physical, social and emotional needs as well as any cultural or religious needs, so these could be considered when planning their support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured people's needs were regularly reviewed with other professionals involved in the person's care.
- People were supported to access healthcare professionals at times they needed, and records were kept of these.

Ensuring consent to care and treatment in line with law and guidance

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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been submitted in line with requirements.
- Staff continued to understand the requirements of the MCA. People's consent was sought before providing any care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw people with different cultural and religious views being respected and supported by staff. People's families were involved to ensure people could engage with their religion. One staff member said, "[Person's name] has their food prepped separately, they wear particular clothes and we take them to appropriate shops and support them to attend special family gatherings."
- The staff team were multi-cultural, people did tell us they thought staff sometimes shouted at them. One staff member said, "Cultural differences sometimes make it appear staff are raising their voices, but we do inform them how to talk to people and how to address people." We made the registered manager aware of this.
- Staff had created a relaxed and friendly home. People's body language indicated they were at ease. When people became anxious, staff offered reassurances.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to be involved in tasks and activities they liked and had chosen. One person enjoyed bringing the shopping in and helping to put it away.
- People attended meetings monthly where they discussed what activities they want to do and what food they wanted to eat. We were told everyone was provided with their favourite food once a week.

Respecting and promoting people's privacy, dignity and independence

- People continued to be treated with dignity and have their privacy respected. One person's care plan stated the best way to support me is to respect my beliefs. We saw staff did respect this person's beliefs.
- People's independence was promoted. For one person, they had never been independent before but were now making their own bed and making their own breakfast with supervision.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained detailed information about people's likes and dislikes, routines, personal history, cultural and religious needs. A one-page profile gave staff a clear summary of the most important things they needed to know about each person.
- Staff knew about people's interests and preferences which helped them to provide care in a personalised way.
- Care plans documented outcomes for people and what they had achieved. For example, one person's achievements were, they could buy their own drinks and give directions whilst out in the vehicle.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Work was ongoing to increase the amount of information accessible to people in different formats within the service. We saw complaints procedures and end of life care plans in easy read formats for people, however the activities coordinator and chef had begun creating materials for pictorial boards for menus and activities.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to partake in both activities within the service and external activities. Ongoing improvement was happening in this area to support people, particularly people who were none-verbal, as we did see some people sitting on their own for long periods of the day. A new activity coordinator had been employed and was supporting this.
- Activities were tailored to people's interests and capabilities, for example one person enjoyed knitting and had been sourced a safe knitting pad to enable them to carry out this task independently.

Improving care quality in response to complaints or concerns

- The complaints procedure was available at the service and in a pictorial format to help people understand its content.
- People were encouraged to communicate any concerns or complaints at keyworker meetings.

End of life care and support

- People were involved in making their End of Life decisions, an easy read booklet was in place to support people's understanding and therefore make independent choices about care at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained Requires Improvement.

This meant the service was not consistently managed and well-led. Leaders and the culture they created did not always promote high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had made many improvements to the service. However, systems that were in place to monitor key aspects of the service had failed to identify the concerns we found during the inspection.
- Audits and checks were completed on a regular basis with an action plan.
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager understood their role and responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff really enjoyed working at Greenwood Lodge and felt supported by the registered manager. Comments included, "This is not work, this is like my home" And "The manager supports me."
- Relatives provided positive feedback. Comments included, "We are happy with the service they provide [named person] they have wonderful staff there, and he comes home nearly every day", "It is all really positive, we have never had any issues, they make us feel welcome" And "The few staff I have encountered seem ok."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager was honest to explain why supervisions had lapsed. This was due to them concentrating on the making sure the building work would be completed in a timely manner.
- All accidents and incidents were appropriately reported to the local authority and families were kept informed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives had opportunities to provide feedback about the service. There were regular meetings for people and friends and families. People and relatives were asked to complete quality questionnaires.
- The registered manager explained they were in the process of creating new ways to keep family members

up to date on their relative's progress. This had been requested on a recent quality questionnaire and from relatives we spoke with.

- The provider had built up good relationships with the community. People visited local pubs, local churches visited the home and people came in to provide activities such as singing and film nights on a big projector provided by someone in the community.