

Greensleeves Residential Care Home Limited

Greensleeves Residential 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

About the service:

Greensleeves Residential Care Home is a residential care home. It provides personal care and accommodation for up to 21 older people. There were 18 people living at the service at the time of inspection, some of whom were living with dementia.

People's experience of using this service:

People told us they were happy with the care they received at Greensleeves Residential Care Home. There was a homely environment at the service, which was suitable for people's needs. Staff were caring and attentive, treating people with dignity and respect. The provider had robust procedures around the recruitment, training, induction and ongoing support of staff. Staff were confident in carrying out their duties and were motivated in their role.

There was strong management at the service. The registered manager had a good understanding of their regulatory responsibilities and effective systems were in place to monitor quality and safety. The registered manager fostered a positive atmosphere and was practically involved in the day to day running of the service.

People's needs were assessed to ensure they received appropriate support with their nutrition, hydration, medicines and healthcare. Risks associated with the environment were safely managed and the home was clean and hygienic.

People received personalised care and they were supported to carry out their daily routines as they wished. Care plans reflected their individual needs and were developed in partnership with people and relatives. When people received care at the end of their lives, they were given compassionate support which reflected their needs and preferences.

The provider ensured they gained appropriate consent to care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider had safeguarding policies and procedures in place, which helped to reduce the risk of people suffering abuse or coming to avoidable harm. There were appropriate systems in place to gain feedback and respond to complaints.

Rating at last inspection:

The service was rated good at our last inspection (published 27 April 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well led.

Details are in our well led findings below.

Good ●

Greensleeves Residential Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector 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.

Service and service type:

Greensleeves Residential Care Home 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. A registered manager 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

Prior to the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

We wrote to two health and social care professionals to gain their feedback about working with the provider. We received feedback from one professional in response.

During the inspection

We spoke with five people, four relatives, three visitors and one healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the deputy manager and four care staff.

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

After the inspection

We spoke via telephone to one health and social care professional to gain further feedback about the provider.

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks associated with people's health and medical conditions were assessed, monitored and reduced. This included risks of falls, pressure injuries, malnutrition, dehydration and risks associated with people's medical conditions. In one example, a person who was at risk of falls was supported to move bedroom to the ground floor, as there was a risk of them falling whilst using the stairs.
- Environmental risks at the home were managed safely. For example, each person had a personal evacuation plan in place. This detailed the support they would need to leave the building in the event of an emergency. The provider had recently consulted the local Fire and Rescue Service, who visited the home to ensure the fire safety arrangements were safe. There were no outstanding actions from this visit.
- The provider had a business continuity plan in place. This detailed the actions staff would take in the event of an emergency such as loss of power. This helped to keep people safe in the event of such an occurrence.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. Comments included, "Yeah, I feel safe, no trouble", and, "I am quite happy here, the girls [staff] are looking after us, the girls are nice to us."
- Staff received training in safeguarding vulnerable adults. This training helped them recognise the signs if people had suffered abuse and the appropriate actions to take to help keep people safe.
- The provider had a safeguarding policy in place, which had been developed in line with local authority guidance. The registered manager regularly reviewed safeguarding procedures with staff during meetings and supervisions. This helped to assure the registered manager that this guidance would be implemented effectively.

Staffing and recruitment

- There were enough staff in place to meet people's needs. Many staff had worked at the service for several years and had a good understanding of people's needs. The registered manager and deputy manager helped to assist care staff to ensure people were not rushed during support with their personal care. One person said, "I never have to wait too long for staff to come to help."
- There were robust recruitment processes in place. This included checks on staff's experience, background and feedback from previous employers. Staff were subject to a Disclosure and Barring Service (DBS) check. A DBS check helps to identify where staff may not be suitable to work with adults made vulnerable by their circumstances. These recruitment processes helped the registered manager identify suitable staff.

Using medicines safely

- There were safe systems in place to help ensure people received their medicines as prescribed. This included systems for the ordering, storage, administration and disposal of medicines. Staff had received competency assessments in the safe management of medicines, which helped to ensure they were working in line with best practice guidance.
- Some people were prescribed 'when required' medicines for pain or anxiety. The plans in place for the use of these medicines included the reason for the prescription and how they should be appropriately administered.
- There were appropriate arrangements in place for the safe management of controlled drugs. A controlled drug is a medicine whose manufacture, possession and use are regulated by the government under the Misuse of Drugs Act 1971 and its subsequent regulations.

Preventing and controlling infection

- There were policies and processes in place to reduce the risk of infections spreading. The cleaning of the home was overseen by staff. There was a regular cleaning schedule in place, which helped to maintain the level of cleanliness in the home.
- The service had received a rating of five, by The Food Standards Agency in April 2018. This reflected a high standard of cleanliness and food hygiene.

Learning lessons when things go wrong

- Staff recorded all incidents involving people to try to identify causes and actions which could reduce risk of reoccurrence. The registered manager reviewed all incident reports and spent time with staff to share potential learning.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager made assessments of people's needs prior to admission to the home. This included using information from people, relatives and professionals to help develop appropriate care plans.
- They used a nationally recognised set of assessment tools to assess the risk of malnutrition and dehydration, falls and pressure ulcers.

Staff support: induction, training, skills and experience

- All staff received training in line with The Care Certificate. This is a nationally recognised set of competences relevant to staff working in social care. Staff attended regular training updates to help ensure they were following most current guidance. In one example, staff had recently attended training to ensure they were familiar with a new dispensing system which had been introduced by the pharmacy.
- Staff received ongoing supervision and support in their role. The registered manager regularly observed staff's working practice and competency in key areas of their role, such as medicines administration. Staff's performance was regularly reviewed in supervision meetings, where training needs were identified, and developmental targets were reviewed.

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

- The service was suitable for people's needs. There were a range of communal spaces available for people to socialise or have quieter time. People had access to outside space, which was secured for their safety.
- There was a stair lift in place to help people mobilise between floors. The provider had assessed people's needs to ensure only independently mobile people had their bedrooms on the first floor of the home.
- People's rooms were decorated in line with their preferences. Some people had chosen to decorate their bedrooms with pictures and personal items. The service was homely, and people felt comfortable in their surroundings. One relative said, "One of the main reasons we chose this home was for the homely atmosphere."

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

- People received nutrition in line with their preferences and dietary requirements. One person said, "I love the food. You always get a good portion and can have what you want."
- People's preferences around food and drink were identified in their care plans. There was a set menu in place, but staff gave people alternative options to suit their preference.
- People received appropriate support during mealtimes. Where people required encouragement and assistance, staff were attentive to their needs. When people had specialist diets or had their food fortified, staff ensured these requirements were met.

- Where people were at risk of malnutrition or dehydration, staff monitored their food and fluid intake and made referrals to external professionals where appropriate.

Staff working with other agencies to provide consistent, effective, timely care

- The provider had established effective systems and processes when people moved between services, such as hospitals. This included working with healthcare professionals to ensure people came back to the home from hospital with all the information staff needed to provide effective support.

Supporting people to live healthier lives, access healthcare services and support professionals.

- People were supported to attend regular health appointments with professionals such as doctors, dentists, opticians and chiropodists. Where people were unable to leave the home to attend appointments, the registered manager requested visits to take place at the home where possible. This helped to ensure people had access to the healthcare services they needed.
- People were supported to have good outcomes in relation to their health. In one example, one person was admitted to the home as registered blind. The registered manager found that the person had not attended an appointment in relation to their eyesight since it deteriorated. After supporting the person to appointments and treatment, the person had regained part of their vision.
- The provider was participating in a programme run by the Clinical Commissioning Group called, 'enhanced healthcare in care homes'. The aim of this programme was to improve the quality of life, healthcare and planning for people living in care homes. This was achieved through providers working in partnership with medical and healthcare providers to deliver preventive care to people at risk of having an unplanned admission to hospital.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager understood their responsibilities in this area and had made the appropriate referrals for these safeguards as required.
- The provider gained appropriate consent to people's care. The registered manager went through care plans with people to ensure they understood and agreed to care. Where people were unable to consent, where appropriate, their legally appointed representative was consulted about care arrangements.
- The provider had systems and processes in place to assess people's capacity and to make decisions in people's best interests. The processes used were in line with the MCA.

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. 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

- People lived in a comfortable and homely environment. There were strong relationships between people and staff. This created a relaxed atmosphere where people enjoyed spending time together. Comments included, "[The lounge] reminds me of home" and, "I get along well with everyone here. We have a good laugh."
- Staff knew the people they cared for, including their preferences, personal histories and routines. One person said, "Staff are very caring". Another person commented, "They [staff] are caring, if you want anything they will give you." Staff showed concern for people's welfare, comforting and reassuring them if they became confused or disorientated about their surroundings.
- Staff had received training in equality and diversity. There were policies and procedures in place to help ensure people were not discriminated against in relation to any of the protected characteristics identified in The Equality Act 2010. People were treated fairly and equally; information about their diverse needs was recorded in care records after being considered as part of the provider's assessment processes. For example, the registered manager supported one person to attend services at their local church. They had been an active member of their parish prior to being admitted to the home. The registered manager had ensured the person was able to continue to practice their faith.

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

- People and their relatives were involved in developing care plans. The provider asked them to complete documents detailing their past lives, family contacts, preferences and routines. This information was used to help develop people's care plans.
- People had access to advocacy services as required. Advocacy services are independent bodies who represent people's interests when they may struggle to communicate their views.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff spoke to people in a kind and unhurried manner. The provider also had a 'dignity champion' in place. Their role was to carry out a periodic dignity audit of the service to help ensure staff were upholding the principles of providing dignity in care.
- People were given personal space and privacy when they wished. Some people were very private and followed their own routines away from the main communal crowd. Staff ensured these people were invited to participate in activities, whilst respecting their privacy and choice.
- People were encouraged to be as independent as possible. In one example, one person was supported to go back to live in their own home, after a long stay at the service. The registered manager was supportive of

the person's wish, working with them to regain the everyday life skills needed to return home safely. The registered manager told us, "It was sad to see [person] leave, but it is what they wanted."

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 good. At this inspection this key question has remained the same. 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

- People's care plans included details about their preferred daily routines. This included preferences around, sleeping, washing, eating and activities.
- Staff understood people's preferences and were responsive to their needs. They understood when people required encouragement and how to motivate them, keeping people active and engaged in their daily routines.
- People's care plans were reviewed at regular intervals and regular meetings were held with people to help ensure care plans were reflective of their needs and preferences.

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 told us they were happy with the activities provided and that they were in line with their interests. One person said, "We have something going on every day. There's enough for me to do." Activities provided included, games, crafts, themed talks, external entertainers. Most people joined in with planned activities. The atmosphere at the home was lively and sociable, with staff engaging people with light hearted chat and humour.
- The provider also arranged for themed days around events and cultural festivals. This included parties in the summer where people's relatives and members of the public attended.
- People's relatives told us they felt welcomed at the service. One relative said, "They staff are always very friendly." The registered manager told us people's relatives were welcome to visit, have meals and participate in activities in the home.

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.

- The provider met the requirements of this standard by presenting information to people in a variety of ways, which was tailored to their understanding.
- People's communication needs were identified in their care plans. The provider had resources available to provide information to people in a variety of ways, including large print.
- Staff understood people's communication needs and provided support accordingly. In one example, staff spoke to one person at eye level, giving them extended time to respond to questions. This helped to promote effective communication with the person.

Improving care quality in response to complaints or concerns

- People and relatives felt confident to provide feedback to the management team about their experiences or if they had a complaint. Comments included, "Yes I am quite happy, If I am not happy about anything I will tell them" and, "I am content here, no complaints."
- There was a complaints policy in place, which outlined how complaints would be investigated and responded to. The registered manager kept a written record of all complaints they had responded to in line with their policy.

End of life care and support

- At the time of our inspection nobody was receiving end of life care, although the service did have policies and procedures in place to manage and provide for end of life care.
- People who had previously used the service had their wishes clearly recorded about their care and treatment. This information had been captured in end of life care plans which the provider had helped them develop.
- We saw many thank you cards from relatives of people who had passed away after staying at the home. These commenting on the kindness of staff and personalised care their relatives received.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was a positive role model to staff. They had a good understanding of people's needs and were practically involved in the day to day running of the home. The registered manager was supportive by making themselves available to assist outside of working hours should staff require support.
- Meetings provided staff with the opportunity to give their views about the service and to discuss ways to make improvements. In a recent staff meeting, new procedures around medicines management were discussed.
- There was a whistleblowing policy in place. This identified the actions staff could take if they had concerns and felt unable to raise them with the provider. Staff we spoke to were positive about the home and its leadership.

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

- The provider had a duty of candour policy in place. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent. The registered manager demonstrated an open and transparent approach when incidents occurred, or mistakes were made.

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

- There was a clear management structure in place. The deputy manager oversaw some of the day to day responsibilities in the home and there were senior staff, who oversaw some auditing duties. Staff were clear about their roles and focussed in delivering what was required to meet people's needs.
- The provider had displayed their previous inspection rating conspicuously near the entrance of the home. The display of previous inspection ratings is a requirement, as it helps give people, relatives and visitors an idea of the quality of the service.
- Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sent out quality assurance questionnaires to people, relatives and professionals. The registered manager gathered all responses received and shared feedback with staff. The provider had received 23 responses to surveys sent in 2019. Most of the responses were positive about the quality of care. The registered manager followed up on any negative feedback, ensuring corrective actions were put in place when required.

Continuous learning and improving care

- The registered manager subscribed to regular updates from regulatory bodies such as CQC. They also attended quality forums facilitated by the local authority, where best practice was shared between providers.
- There were effective audits in place to monitor the quality and safety of the service. This included audits of support plans, medicines, health and safety and risks relating to the home environment. The registered manager followed up on all actions highlighted from audits promptly. In one example, they replaced furniture and equipment when it was in a poor state of repair.

Working in partnership with others

- The registered manager made referrals to appropriate external professionals when people had complex care needs or their health condition changed. This included, doctors, speech and language therapists, dieticians and physiotherapists. This helped to ensure that people had appropriate plans of care in place.