Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Greenfield Care Home

385-387 London Road, Mitcham, CR4 4BF

Tel: 02086873131

Date of Inspection: 28 May 2013

Date of Publication: June 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Greenfield Care Homes
Registered Managers	Mrs. Mary Gavi Mr. John Nathaniel Welbeck
Overview of the service	Greenfield Care Home provides accommodation, personal support and care for up to nine adults with learning disabilities some of whom also have physical disabilities. In this report the name of an additional registered manager, who was not in post at the time of the inspection appears alongside the current registered manager's name. This is because they were still a Registered Manager on our register for this location at the time of the inspection.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with other authorities.

What people told us and what we found

During our inspection we met the seven people who currently use the service. We spoke with two people, they told us they liked living there and that they got on well with the staff. One person told us "I love it here." We were not able to communicate verbally with most of the other people there. We observed their interactions with staff. They were offered choice where possible, for example in the meals they ate or what activity they wanted to do. We observed that people received safe care and support from staff that were familiar with people's individual needs and preferences.

We saw that all the people who used the service attended a day centre several days a week and that many had regular contact with family or friends. We spoke with two relatives of people who used the service. They told us that staff were kind and caring. One person said, "I can't fault it." We looked at records and saw that referrals were made to a range of health professionals. We spoke with one of the professionals who visited the service regularly. They informed us that there was good communication with the current manager. There were effective safeguarding procedures in place and staff we spoke with were aware of their role within safeguarding. At the previous inspection we had made a compliance action as effective systems for the administration of medication had not been in place. We saw that there were now appropriate arrangements for the handling of medicines.

We spoke with staff who said they felt supported in their work. We looked at staff training records which were mainly up to date. There were some limited quality assurance systems in place. Relatives we spoke with said that any issues they identified were picked up by the manager and addressed.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent the provider acted in accordance with legal requirements.

Reasons for our judgement

Some people at the home were not able to communicate their wishes about their care and did not have capacity to consent to treatment and care. We spoke with staff about how they understood the needs of people who were not able to express themselves easily. They gave detailed answers about how they tried to understand people through their body language and non-verbal signs and showed knowledge about individual preferences, strengths and daily routines. During the inspection we observed staff asking people who used the service if they would like a drink or something to eat. One person told us he chose whether to have a bath or a shower and we saw that this was recorded in his care plan. However we noted that there were limited resources to enable effective communication such as pictorial aids or the use of objects to aid communication.

We found that care plans contained information about people's capacity to make particular decisions. We were shown evidence of signed consent forms completed by family members in relation to assistance for most people at the service who required support to take their medication. Family were involved in reviews with the local authority, and relatives we spoke to said that they were able to express an opinion and felt consulted. The registered manager was aware of the role of the advocacy service. There were no advocates currently involved with people at the service. We were informed that everyone at the service had close links with a relative or family friend who was involved in helping them make decisions when required.

No applications had been made under the Mental Capacity Act Deprivation of Liberty safeguards. (Current guidance concerning people who may not be able to make decisions for themselves.) However, the provider may find it useful to note that while capacity assessments regarding day-to-day decisions were recorded in care plans, staff had not had recent training on the Mental Capacity Act. This meant that important decisions that affected people's lives might not be taken in line with current guidance. We were assured that staff were to be booked on forthcoming local authority training.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People who use the service experience effective and safe care and support that meets their needs and protects their rights.

Reasons for our judgement

People at the service who were able to express their view told us that they felt well looked after. One person told us "the staff are good" and "I like it here." Some of them said they helped a little with their laundry or tidying their room. They said they enjoyed the day centre and the activities they did there. They told us that activities at the service included, puzzles or they listened to music. One person was playing their electric keyboard while we were there. Staff advised that an activity organiser visited one day a week when everyone who used the service was there.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. We examined three care plans and saw that they contained guidance for staff on how to support people who use the service in all areas of their daily living. These were also backed up with the personal communication passport. These passports included detailed information about how people liked to spend their time, their food and drink preferences, and activities they enjoyed. For example one plan said "one way to calm me down is to stroke my face and speak softly." Some of these plans were more personalised than others. The registered manager advised us that they had started the process of introducing a new care plan and showed us a draft copy. This was written in a person-centred way and had immediate and longer term goals. The manager advised that they hoped to be able to have these in place shortly for all the people who used the service.

We noticed that the complaints policy was in pictorial format but otherwise there was little information available around the home in pictorial format for people at the service.

We found current care plans included risk assessments that identified the potential hazards each person who uses the service may face and guidance for staff on how to manage these identified risks. It was evident from the care plans we examined that the service had sought professional input from the local speech and language therapy team who had provided staff with detailed guidance on how to help people with swallowing difficulties eat and drink safely. We also saw recorded evidence that staff closely monitored people's weight and had charts to monitor fluid intake if required.

People were supported in promoting their independence and community involvement. We were told that this was somewhat limited by a lack of transport at the service. Everyone went to the day centre and we were told were involved in the activities there. Two people also enjoyed swimming and one person liked going to the shops, eating out and travelling on public transport. Some people went out mainly with friends and family and some were able to attend family events. One relative we spoke with said that they had previously been able to organise a birthday party with a disco at the service. The registered manager advised that holiday plans for the summer were being looked at.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment or when they moved between different services. This was because the provider worked in cooperation with others.

Reasons for our judgement

Each person who was at the service had a detailed personal passport that we were told was the result of contributions from the day centre, speech and language therapists and the service. It contained detailed information about individual preferences, personal life, routine and effective ways to communicate. For example one plan said "I like company. Don't exclude me just because I don't talk to you." In addition there was also a communication book used by the day centre and the service to ensure information passed effectively between them. The manager acknowledged that there had been some communication issues with the day centre but that a meeting was being arranged aimed at improving the way they worked together. We spoke with one professional who visited the service regularly. They felt that there had been improvements at the service and that the manager responded to any issues raised and took steps to address them.

The three care plans we looked at all evidenced that the service worked effectively with other providers. Records we examined confirmed the service worked with various health care professionals involved in supporting the people who use the service. This included GPs (General Practitioners), speech and language therapists, nurses, dieticians, podiatrists and dentists. Staff told us that they were working closely with a psychologist to identify methods of communication to support someone's needs better. Another person's record demonstrated that the staff had worked with hospital doctors, speech therapists and wheelchair services. We saw evidence of regular reviews of care plans with relevant local authorities and this was confirmed by relatives we spoke with. Hospital passports were also in place for everyone. Staff told us these passports would accompany a person to hospital in the event of them being admitted. The passports would help medical staff understand the needs of someone who had difficulty communicating with them in a way they would be able to comprehend.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

All the staff we spoke with told us that they had received safeguarding training in the past twelve months. It was evident from discussions with these staff that they understood what constituted vulnerable adult abuse and neglect, and knew how they could escalate any concerns that they might have. They were also aware of whistle blowing procedures. The registered manager was also knowledgeable of the practices and protocols associated with safeguarding and demonstrated a good understanding of the safeguarding referral process. We saw policies and procedures in place regarding safeguarding that reflected current guidance. Information was available about raising safeguarding concerns but we saw that there was no easy read or pictorial format available. A safeguarding concern had been raised in the past year and we saw that the staff had participated in meetings with the local authority regarding the issue.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medication.

Reasons for our judgement

Medicines were handled appropriately. At the last inspection in July 2012 we found that a safe system for the administration and recording of medicines was not fully in place. The provider sent us an action plan to explain changes they planned to make.

At this inspection we found that medicines were prescribed and given to people appropriately. We checked a sample of three medication administration charts. These were all signed and accounted for and any allergies were clearly documented. We were told that regular medication reviews were carried out twice a year. There was a signature sheet in place for those trained to administer medication. We checked some medication in the trolleys and found that the quantities kept corresponded with the administration records. All medicines we looked at were stored appropriately and were within their expiry date. We saw there were procedures in place for the correct recording and disposal of unused medication with a pharmacy. Relevant staff had received up to date training. We were told that an external audit had been completed in 2012 but this was not available at the time of the inspection. We were shown a record of a detailed internal audit that we were told was carried out monthly.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development and they were able to obtain further qualifications that were relevant to their role. We spoke with three staff who confirmed their training was regularly updated and covered all the key and specialist areas of their roles such as Infection control, Medication, Safeguarding vulnerable adults, Epilepsy and Diabetes awareness, Food Hygiene and Moving and Handling.

We were told that regular staff meetings were held. Staff advised that these meetings were useful and that they felt able to raise any issues that concerned them. We looked at staff records and saw that training records were mostly up to date, certificates on file confirmed staff attendance at training. Some staff had obtained additional qualifications in Health and Social care. We were informed by the registered manager that consideration was currently being given to arranging some training on the use of Makaton symbols or other sign language although this was not used by most of the people who currently used the service.

The staff we spoke with all said that they felt well supported to carry out their roles and that they had regular individual sessions to discuss their work. We were told the sessions were recorded but these were not all evident on file. We were advised that appraisals had not been completed by the previous manager but the current manager had planned to complete these later in the year.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider took account of complaints and comments to improve the service. We saw an easy read copy of the home's complaints procedure was available for people who used the service and for their representatives. It was available to follow should they be unhappy with any aspect of the care and support provided. The registered manager stated that the service had not received any formal complaints from relatives or service users about its operation in the past twelve months. Family members we spoke with said that the manager was readily accessible by telephone or when they visited and that any issues they had could be raised directly with the staff. There was also a suggestions box in the lounge area for visiting family and friends. One relative we spoke with said "the staff do a really good job and I feel my opinion is listened to." The registered manager provided evidence of a survey that was being considered for use to gain family members' views. We were told that resident and relative meetings were usually held every quarter although one was now overdue. We were advised a date was being agreed at the time of the inspection.

An anonymous complaint about a lack of heating had been received in February 2013 by the Care Quality Commission. When we investigated we found that the provider had put measures in place to deal with the breakdown of a boiler and alternative means of heat provided while the system was repaired.

The professional we spoke with advised that when issues were raised with the service they felt they were generally responded to and that the new manager was making improvements to the service. We saw from records that there was evidence of some quality assurance around equipment, medication and care records and some learning from the safeguarding concern. However the provider may wish to note that there was an absence of regularly recorded audits for infection control, premises checks or an available business plan for the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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