

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

## Greenwood Lodge

49-55 Gotham Lane, Bunny, Nottingham, NG11  
6QJ

Tel: 01159847575

Date of Inspection: 19 September 2013

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2014

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✗	Action needed
<b>Supporting workers</b>	✗	Action needed
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	M G B Care Services Limited
Registered Manager	Mr. Charlie Joey Colada
Overview of the service	Greenwood Lodge is situated on Gotham Lane in Bunny, Nottingham. The home provides care and accommodation for adult people with learning disabilities,
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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At the time of our visit there were seventeen people living at the home. We spoke with two people who were able to share their views with us. We also talked to two members of staff.

During the afternoon the activities coordinator had arranged for people to work with coloured beads to make necklaces. One person told us that "I enjoy it here. I have made a necklace with pink and blue beads. I enjoyed myself."

One member of staff told us that "When I started I went through induction training. I have supervision sessions and I am very happy here."

As part of our inspection we observed staff helping people to eat their lunch. Staff were helping people at a pace which suited them and spoke quietly and respectfully to the person they were assisting.

During our inspection we found that hand washing facilities for staff were inadequate. We also found that the arrangements in place for the cleaning and disinfection of commode pans were unsuitable.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 02 November 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service

(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### 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.

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### Reasons for our judgement

As part of our inspection we reviewed the provider's policies and procedures and discussed consent and mental capacity act procedures with the person in charge.

Whilst the provider did not have a policy specifically related to consent, the person in charge explained the procedures in place to deal with issues relating to people's consent.

We found a detailed policy in place relating to how the provider managed people's financial arrangements. The person in charge told us that either the person themselves, or their relative would sign an agreement to consent to the provider managing the person's money. Our review of records showed that the provider kept comprehensive records relating to people's finances, and that the provider's policy had been followed.

We also found policies in place detailing how staff obtain people's consent to many issues, including having their photograph taken and displayed on their room door,

The provider also had detailed policies in place relating to managing challenging behaviour, confidentiality, people's rights and choices, privacy, respect and independence.

The person in charge told us that the home had access to the services of a local advocate and we found a policy in place detailing how the service worked and how to make contact with the local advocate. The person in charge told us that the advocacy service had not been used for a long time; however, staff had used the service when a person and their relatives had differing views on where the person was to be cared for.

We reviewed the provider's policy on the mental capacity act. We found comprehensive details on how staff should deal with issues relating to people's mental capacity. Our review of records showed that staff had followed the process detailed within the policy on mental capacity, and some people had evidence of mental capacity assessments within

their care records.

Our review of training records showed that staff had undertaken training relating to the mental capacity act and one member of staff we spoke with explained how a person's mental capacity would be assessed if there was any doubt about their ability to make an decision relating to their care and welfare if their health was going to be at risk.

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

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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As part of our inspection we observed staff interacting with people who use the service. Staff were helping people to eat their lunch at a pace which suited them. Staff were respectful towards people and explained what was happening and asked people's permission to assist them. People seemed relaxed and content in their surroundings and during the afternoon some people were being helped to make necklaces with coloured beads, which they all appeared to enjoy. We spoke with two people who lived at the home. One told us "I have been out on a trip today. I have been to see the cook who used to work here. I enjoyed seeing her. My lunch was very good."

During our inspection we reviewed three sets of care records. We found comprehensive records were in place which provided detailed information about each person's family and social history. Records also included details about each person's medical and care history. Each person's care needs had been assessed at the time they came to live at the home and contained detailed, individualised risk assessments covering all aspects of daily living. Care assessments were found to have been updated regularly and people had been involved in the review and update of their care. We found that records contained pictorial descriptions of the person's care and that the person had recorded that the information had been explained to them.

The provider had policies in place which underpinned the assessment, delivery and review of care, these included policies relating to choice, independence, holistic care, the admission procedure, provision of healthcare, discharge procedure, how to develop person centred personal care plans and privacy and dignity. We also found policies in place which provided clear instructions on how staff should handle the death of a person who lived at the home, and how to handle a sudden death.

The managed explained that the provider did not have a policy in place relating to dealing with emergencies, however, a comprehensive list of emergency contact numbers was in place and available to all staff.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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As part of the inspection we reviewed the provider's safeguarding policies and procedures. We found a detailed policy in place which contained the contact numbers for the local safeguarding team and other agencies.

We discussed safeguarding with the person in charge. He told us that the home had only had one safeguarding issue recently. This issue had been reported to the safeguarding team at the end of June 2013 and the provider had been told that it had been closed.

We reviewed the provider's safeguarding records and found that there had only been one issue reported since January 2013. The records relating to this issue showed that the provider had handled the incident in accordance to the policy in place.

Our review of training records showed that staff were due to attend safeguarding training. The person in charge showed us details of a safeguarding training course booked for early in October, and told us that all the staff at the home were to attend this course.

Care staff we spoke to told us that they knew how to identify and report any safeguarding issues.

The provider might like to note that safeguarding training for all staff was out of date.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was not meeting this standard.

People were not protected from the risk of infection because appropriate guidance had not been followed.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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During our inspection we found that the infection control arrangements in place were not adequate.

We found that alcohol gel was not available at the home and that the care staff were expected to decontaminate their hands following the delivery of personal care using hand wash basins in people's rooms, the shared bathrooms, the sluice sink or in the kitchen. All taps were screw turn taps and hand wash basins did not have wall mounted liquid soap or paper hand towel dispensers. This meant that people were at risk of cross infection.

We found that there were no clinical waste bins in the main building. The only clinical waste bin we found was situated in the outside cleaners store. This bin was an open bin with no lid. The general waste bins in which staff were required to put paper towels following hand washing were all flip top bins.

The laundry room was cramped with no clear flow for clean and dirty items. The provider was using an industrial and dryer. Beside the washing machine was a sluice for the disposal of body fluids etc. To the left of this was a Belfast sink with screw operated taps above it. We were informed that this was where commode pans and urinals were hand washed. The provider was storing people's clean underwear on the shelving directly above this area. There was a small hand wash basin between the sluice and the Belfast sink, this basin was inaccessible. There was no adequate wall mounted soap dispenser or paper towel holder by either sink.

We asked staff how they would clean commode pans. They told us that they would put gloves on and wash the item in hot water. We asked if they would wear aprons or eye protection and were told that they would not. We also asked where staff would decontaminate their own hands afterwards. They told us that they would use the taps above the sink they had just used to wash the commode pan. Staff told us that they would then go from this task into the kitchen to help serve food or to assist people to eat their meal. Staff were wearing their own clothes which they travelled to and from work in. Staff

told us that their clothing sometimes got splashed when they were cleaning commodes.

We reviewed the cleaners store room and found that used mops were being stored head down in damp buckets.

We reviewed the provider's infection control policy and found that it had been updated in 2012; however, it did not reference any current legislation or guidance and did not contain detailed information about infection prevention and control. We asked the person in charge about infection control advice and audit. He told me that the home did not have access to infection control advice and that there had been no audit of practice.

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

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## Our judgement

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The provider was not meeting this standard.

Staff were not being supported to deliver care and treatment safely and to an appropriate standard.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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During our inspection we reviewed the provider's arrangements for supporting staff. We found comprehensive human resources policies and procedures were in place which included policies relating to appraisal and supervision, staff training and development and whistleblowing.

We spoke with two members of staff. One staff member told us that they had been through an induction when they started with the company, but they were due to attend further training. They said "I have supervision sessions and I am happy here". The other member of staff told us "The management are very supportive. I am a trained nurse but the management have arranged for me to attend specific training in learning disabilities. I have regular appraisal and supervision sessions". "I am happy with the number of staff on duty and with the quality of the care I give".

As part of our inspection we reviewed three staff files. We found that staff had completed a skills for health style induction. We also found no record of appraisal or regular supervision. We discussed this with the person in charge and asked to see any separate appraisal or supervision records. We found that annual appraisals had not been undertaken and that there were no supervision records for us to review.

We discussed training with the person in charge and we reviewed the provider's training matrix. Some staff had undertaken training which related to the medical conditions of some of the people who lived at the home. We also found that staff were not up to date with mandatory training such as manual handling and fire safety.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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During our inspection we reviewed the provider's policies and procedures. We found that the provider had a comprehensive complaints policy in place. We reviewed the minutes of meetings for people who lived at the home and their relatives. We found that complaints had been discussed at each meeting and that people had been assisted in expressing their views with the help of staff or relatives using pictorial reference cards.

We saw that a copy of the complaints policy was on display throughout the home. The person in charge told us that a pictorial description on how to complain had been on display in the lounge but this had recently been taken down. The provider might like to note that there was no pictorial description on how to complain on display to assist people to make their views understood.

We reviewed the provider's complaints file. We found that three complaints had been received in 2013. These complaints had been handled in accordance with the provider's policy and were resolved.

This section is primarily information for the provider

✘ Action we have told the provider to take

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Cleanliness and infection control</b>
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> The registered person had not operated effective systems to assess the risk of and to prevent, detect and control the spread of a health care associated infection, and had not maintained appropriate standards of cleanliness and hygiene in relation to the premises occupied for the purpose of carrying on the regulated activity. 12(1)(a)(b)(c) and (2)(a)(c)(i).
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Supporting workers</b>
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> The registered person did not have suitable arrangements in place to ensure that persons employed for the purposes of carrying on the regulated activity were appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard. Regulation 23 (1) (a)

**This section is primarily information for the provider**

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 02 November 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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