

Greenleigh Care Home Limited

Greenleigh

Inspection report

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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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Greenleigh is a residential care home providing personal care and accommodation for up to 35 people some of whom may live with Dementia. The service was supporting 31 people at the time of the inspection.

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

Improvements were required with the systems in place to manage risks to people and their medicines. This is to make sure people's medicines were stored safely and to ensure risks to people were well managed to reduce potential risk of harm.

Equipment was not always used to ensure people's privacy and dignity was promoted for those people that shared a room. We were somewhat assured with some of the measures in place to prevent the spread of infection.

The systems and processes in place were not effective enough to enable the provider to identify where areas for improvement were needed and to take action to address these. Some of these shortfalls had been identified at the previous inspection and improvements had not been made. The registered manager did take action when information of concern was shared with them to address some of these shortfalls.

People were supported by staff that had been trained and understood how to protect people from abuse. People had access to healthcare professionals to ensure their healthcare needs were met. Systems were in place to review any incident and accidents to see if there were any lessons to learn from these.

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. People enjoyed the food provided which met their preferences. People were supported to provide feedback about the way the service was managed. People were happy with the service provided and felt able to approach the registered manager.

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 the service was requires improvement (published 21 May 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We received concerns in relation to management of people's risks, about the way people's care needs were being met, and the overall management of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed and the service remains requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenleigh on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to management of medicines, risk management and to the overall governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well led

Details are in our well- led findings below.

Requires Improvement ●

Greenleigh

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Greenleigh is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Greenleigh is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 18 October 2022 and ended on 7 November 2022 when formal feedback was provided. We requested and reviewed records remotely during this period. We visited the home on the 18 and 19 October 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people and 2 relatives about their experience of the care provided. We also spoke with 9 staff which included care and senior staff, domestic, catering staff and activities staff. We also spoke with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of documents and records including the care records for 4 people, 7 medicine records, 2 staff recruitment files. We also looked at records that related to the management and quality assurance of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. 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.

Assessing risk, safety monitoring and management; Using medicines safely

- Improvements continued to be required with the way risks to people were managed and with the management of medicines. Although the shortfalls we had identified at our last inspection had been addressed we found shortfalls in other areas of risk management.
- We found the mattress settings for three people were not set accurately in accordance with people's recorded weight to ensure they reduced the risk of sore skin. Information was not available in people's care records to guide staff on what these mattress settings should be and how these should be monitored. This is to ensure people had the pressure relief they required and to reduce the risk of harm.
- The fridge temperatures were not always in the manufacturer's recommended temperature range for the safe storage of medicines. This meant we could not be assured medicines requiring cold storage were stored at the correct temperature.
 - We found discrepancies for 1 person when we counted the balances of medicines in stock. These were not accurate with what medicines had been administered and signed for. This meant we could not be assured this person had received their medicines when they needed them.
 - We saw dates were not always recorded clearly on people's topical medicines to support when they were opened and administered to ensure they were not used after their expiry date.
 - We observed some people did not receive their medicines at the required times due to the length of time it took for the senior staff to complete the medicines round. This was due to the number of tasks the senior needed to complete which impacted on their role.

The provider had not ensured risks to people were managed effectively and the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Recruitment checks were undertaken to ensure staff were suitable to work at the home. However, we found gaps in employment for 2 staff where information had not been recorded to explain the rationale for these. Action was taken to address this during the inspection. All other checks had been completed including disclosure and barring service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We received mixed feedback from people, staff and relatives when asked if there was enough staff to meet people's needs. One person told us, "Sometimes there is enough, but I know I just have to be patient." Another person told us, "Mostly I think there is enough they come when I press the buzzer, every day is

different."

- We received similar feedback from the 2 relatives we spoke with. Staff feedback varied. Some staff felt there was enough staff to meet people's needs, whereas other staff told us an additional staff member at peak times would be beneficial.
- Information provided in surveys which were completed in August 2022 indicated both staff and people's satisfaction with the staffing levels.
- We observed people's needs were overall met when needed. However, we saw at times staff were not available to supervise people in the 2 lounge areas during peak times, and on 2 occasions we had to intervene and direct staff to support people with their personal care needs.
- A dependency tool was in place and the registered manager advised this was reviewed regularly.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. We observed some staff were not wearing face masks in accordance with current government guidelines. Action was taken by the registered manager to address this.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed some minor wear and tear of furniture and equipment which required addressing.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. We signposted the provider to resources to develop their approach and ensure the policy was updated in accordance with current government guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- People were able to see their visitors without any restrictions

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home and when supported by staff. One person told us, "Very safe, staff look after you, very friendly, polite, helpful, go out of way to help you.". Another person said, "Yes I am safe, the place is secure no one bothers us, staff are good."
- People were supported by staff who had been trained in safeguarding. Staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. A staff member told us, "I would report any concerns straight away, I would not tolerate abuse of any kind here. I know the manager would respond and deal with it."
- The management team were clear about their responsibilities to safeguard people and reported any safeguarding concerns to the local authority and CQC.

Learning lessons when things go wrong

- Systems were in place to record and learn from incidents or accidents. The registered manager reviewed each one to see if any immediate action was needed to mitigate the risk. They were then analysed on a monthly basis by the registered manager for patterns and trends and action taken where needed. For example, sensor aids being implemented or a referral to the falls team.
- Learning from incidents was shared with staff and this was confirmed by staff and the staff meeting records we reviewed.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People did not always have access to equipment to ensure their needs were met.
- We found equipment such as privacy screens were not available in people's bedrooms for staff to use. We observed 2 privacy screens were available downstairs. However both staff and people told us these had not been used that day or previously in people's shared rooms to ensure their privacy and dignity was protected when they were supported with personal care in their bedrooms. Immediate action was taken by the registered manager to address this.
- CCTV was installed within the home and although people had been previously consulted about this we did not see any signage to indicate CCTV was in place in communal areas.
- The registered manager told us there had been a full refurbishment since our last inspection.
- The home was decorated to promote a homely environment for people to enjoy. People's bedrooms were personalised in accordance with their preference.

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 MCA 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- The principles of the MCA were not always considered for 4 people who lived in the home. For example, there was no evidence in these people's care records to support they had made a positive choice and consented to sharing a room with someone else. We spoke to some of these people and they could not remember being asked. The registered manager addressed this during our inspection by discussing this with

individuals, some of whom then signed a consent form.

- People told us their consent was obtained by staff before they provided daily support. One person told us, "The staff ask me and explain what's happening when they support me." Another person said, "The staff treat me with respect and always ask my permission, and I have a lot of respect for them."
- Staff we spoke with confirmed they had completed MCA training as part of their induction and records confirmed this. Staff had an understanding of the MCA and how this related to seeking consent before supporting people.

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

- People's needs were assessed before they moved into the home.
- The registered manager advised due to ongoing COVID-19 restrictions assessments continued to be taken over the telephone, but the registered manager hoped to begin undertaking face to face assessments.
- Relatives confirmed they were involved where possible in providing information about their loved one's care needs. One relative told us, "The manager has asked me about [person] and their needs and preferences."
- People's care plans and risk assessments were tailored to their individual needs and considered their protected characteristics, as identified in the Equality Act 2010. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability. We discussed with the registered manager how they could make the assessments more inclusive to people from the LGBTQ+ community.

Staff support: induction, training, skills and experience

- People were supported by staff who had access to training opportunities to enable them to have the skills for their role.
- People and relatives told us they thought staff had the required skills and abilities to meet their needs. One person said, "Staff know how to use the hoist. There is always someone who knows what they are doing if others are learning."
- Staff confirmed they had received the training they needed for their role which included an induction. A staff member said, "I have completed all the training needed, it is on-line, but we do some face to face training as well."
- New staff, where applicable, were supported to complete the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People told us they had enough to eat and drink and choices were provided.
- One person said, "I like it, always a choice, could always have a sandwich, they do a nice sandwich." Another person told us, "Food is good. The staff have been round this morning, two choices offered."
- Information about people's preferences and dietary requirements were recorded in people's care records for staff to refer to. Discussions with the kitchen staff confirmed information was also shared with them.

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

- People confirmed they had access to healthcare services to ensure their needs were monitored and met.
- One person said, "Got to see about my eyes, just a routine appointment.". Another person told us, "Staff are quick to get the professionals in when needed. There are no worries there."
- Records confirmed routine healthcare appointments were being arranged. Where needed staff worked with district nurses to monitor people's skin and sought their advice about people's healthcare needs.

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 our last inspection we rated this key question requires improvement. At this inspection the key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to have robust systems in place to monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- At our last inspection we found the systems to monitor the quality and safety of the service were not effective in identifying the shortfalls we found at that inspection. Although some improvements have been made to address those areas, on this inspection we continued to find systems were not effective and had failed to identify other shortfalls.
- The systems in place had failed to identify people's privacy and dignity was compromised due to staff not using equipment available in the home.
- Although regular medicine audits were completed these failed to identify the shortfalls we found with the recording of the fridge temperatures.
- We found the record of controlled drugs for 1 person indicated these were available in the home although they had been returned to the pharmacy.
- Mattress audits were completed on a 6 monthly basis and these failed to ensure timely action was taken to address inaccurate mattress settings.
- Robust systems were not in place to audit staff files to ensure all required recruitment checks had been undertaken prior to staff commencing employment. We found the same shortfalls on our last inspection and improvements had not been made.

Systems and processes were ineffective and not robust enough to maintain oversight of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our last inspection there has been a change of registered manager. Following our feedback, the registered manager took immediate action to address the areas of concerns we had shared. This included addressing the settings on people's mattress pumps to ensure these were accurate and ordering dignity

screens for staff to use.

- Throughout the inspection we found the registered manager to be honest, open and transparent about any issues we brought to their attention. They were receptive to our feedback and demonstrated their commitment to making any required improvements.
- Audits were being completed on people's care records which had identified these were not always up to date with people's change in needs. All care plans were being reviewed.

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

- People we spoke with knew who the registered manager was. One person said, "The manager is nice and comes and checks on me and asks how I am. I feel comfortable asking them anything." Another person told us, "The manager is always about and has a chat, comes around and asks if everything is alright."
- Relatives we spoke with were happy with the service provided. One relative said, "There has been lots of changes and I have spoken with the manager, I think they are approachable and I am happy with the care provided to my relative."
- Staff felt the registered manager was making a difference and making positive changes within the home. Staff told us there had been many previous changes with the staff team which had impacted on staff morale and the culture within the home.
- Most staff felt the culture and morale within the home was improving. A staff member told us, "I feel supported in my role, and I think the manager is lovely, approachable, and is making good improvements to the home which is good for the people that live here."

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 registered manager understood their responsibilities in relation to the duty of candour regulation.
- The registered manager told us they aimed to promote an open culture within the service and told us how learning from incidents was shared with staff through meetings, memos, and handovers. For example, management of risk and falls.

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

- Systems were in place to gain feedback from people, and their relatives. This included regular meetings with people and surveys were sent out. Feedback was sought on the décor of the home which led to the home being refurbished. We saw there was information entitled 'You said, we did' displayed which provided feedback to people and their relatives about what actions had been taken in response to their feedback. This included purchasing bigger televisions.
- The registered manager told us monthly newsletters were sent to relatives to keep them updated and informed on developments within the service.
- Staff confirmed regular meetings were held and information was shared. A staff member said, "We have regular meetings where we discuss various topics, including improvements and lessons learnt."
- Staff told us they were able to share their ideas, and most felt valued. The home celebrated the work undertaken by staff through the employee of the month award where staff were nominated and received an award for their hard work.

Working in partnership with others

- The registered manager worked with a variety of external professionals to ensure people's healthcare needs were met. They also worked with the local authority to improve areas in the home as suggested following a recent quality review.

- The registered manager continued to work with the local Public Health England colleagues to seek advice and guidance in relation to preventing and managing COVID-19 outbreaks.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from harm due to the lack of robust risk management processes within the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not robust or effective enough to monitor and improve the quality and safety of the service provided.