

Sanctuary Care Limited

Greenslades Nursing Home

Inspection report

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Date of inspection visit:
17 January 2023

Date of publication:
16 February 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Greenslades Nursing Home provides care to a maximum of 67 people. The service has two units named ISCA, which can accommodate 36 people whose primary care need is dementia or mental health needs, and Belvedere, which can accommodate 31 people with general nursing needs. At the time of our inspection there were 52 people living at the service.

Peoples' experience of using this service and what we found

People told us they felt safe with staff. Healthcare professionals spoke positively of the service and the care and treatment provided. Risks of abuse to people were minimised because the service had safeguarding systems and processes. Staff understood safeguarding reporting processes.

The environment was safe. Health and safety checks, together with effective checks of the environment were completed. People's medicines were safely managed, pre-employment recruitment checks were undertaken and there were sufficient staff on duty.

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. There were systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority. Where people who were assessed as lacking capacity and had decisions made in their best interest, accurate records were maintained.

Staff treated people with dignity and respect and were caring. Staff understood the needs of the people they supported and aimed to achieve good outcomes for people through working together effectively as at team. Feedback we received from people living at the service was positive about the care they received and the staff that supported them.

People, their relatives and healthcare professionals gave us positive feedback about the quality of care people received. The feedback about the registered manager from people and staff was positive. There were systems to obtain feedback from people, their relatives and staff. Quality monitoring systems were in place at service and provider level.

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

Rating at last inspection and update:

The last rating for this service was Good (published 30 November 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained Good based on the findings of this inspection.

Follow Up:

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?

Good ●

The service was safe.

Is the service caring?

Good ●

The service was caring.

Is the service well-led?

Good ●

The service was well-led.

Greenslades Nursing 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. 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

This inspection was carried out by two Inspectors, a specialist nurse adviser and an Expert by Experience. An Expert by Experience is a person who had personal experience of using or caring for someone who uses this type of care service.

Service and service type

Greenslades Nursing Home 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the Provider Information Return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also reviewed additional information we held about the service, this included previous inspection reports and statutory notifications. A statutory notification contains information about certain incidents and events the provider is required to notify us about by law.

During the inspection

We spoke with 13 members of staff. This included the registered manager, the deputy manager, nursing staff, care staff and housekeeping staff. We also met with the regional manager and one of the providers quality managers. We spoke with 6 people who lived at the service and 3 people's relatives.

We reviewed a range of records, including people's care records, staff recruitment files, records relating to safety checks including fire safety and accident and incident records. We also reviewed medicines records and records relating to monitoring and quality assurance.

Following our site visit we contacted 6 healthcare professionals to seek their views on the service and received feedback from 3 of them. We also received further clarification and documentation from the service to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- An assessment relating to people's risks was completed and were subject to regular review to ensure they reflected people's current needs.
- Care records identified daily living risks in relation to matters such as falls, nutrition and continence. Risk management and reduction measures were recorded within the records.
- Within some people's care records, we identified risk management could be further detailed to aid staff in care and treatment provision, particularly in relation to catheter care and swallowing/choking risks. We provided the registered manager information relating to this. There was no supporting evidence found during the inspection that this had negatively impacted anyone.
- Whilst we did not find evidence of impact or harm, we identified improvements were needed in relation to the settings of pressure relieving mattresses in use for people. The registered manager told us they would address this.
- There were governance systems that ensured the environment and equipment was effectively maintained. This included checks in relation to electrical equipment, fire systems and mobility equipment.
- People had current individual emergency evacuation plans in place to ensure the right level of support was provided if needed. Records were readily available for emergency service personnel if required.

Using medicines safely

- There were safe and effective systems for the ordering, storage, administration and returns of medicines.
- The provider had an electronic medication management system and staff had received training in its use. Records we reviewed showed medication competency checks for staff were completed regularly.
- Some medicines required additional security and recording measures. We found these medicines were stored correctly.
- We identified that one medicine was being stored inappropriately after opening and we raised this with the registered manager. There was no harm or known impact to the person to whom the medicine related.
- Where people had 'as required' medicines such as pain relief, protocols were in place for this. We communicated to the registered manager where we identified areas improvements could be made in relation to this.
- Where people who lacked capacity to consent received their medicines covertly (without their knowledge), appropriate consultations with the person's family, GP and relevant pharmacist were completed. We saw records that supported this.
- There were effective governance systems in operation to monitor the management of medicines.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with staff. Our observations showed people were at ease and evidently comfortable with the staff that supported them.
- When asked if they felt safe one person said, "Yes. Being warm, being looked after by people who care, and people do care here."
- There were appropriate safeguarding policies in place and information was displayed within the service about reporting processes for safeguarding concerns.
- Staff understood safeguarding reporting processes and all felt any concerns they raised with the service management would be appropriately handled.
- Staff had received training on how to safeguard people and were able to identify different types of abuse and explain both internal and external reporting processes.
- There were systems that monitored safeguarding reports and escalations by the service to the local safeguarding team.

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

- There were effective systems operated by the registered manager to monitor DoLS applications and authorisations. This reduced the risk of people being unlawfully deprived of their liberty.
- Where identified as being required, DoLS applications had been made to the relevant local authority.
- Where required, we saw records that mental capacity assessments were completed, and best interest decision processes were followed.
- The service identified if people had an appointed Lasting Power of Attorney (LPA) in place. A copy of the relevant record was held on file and the relevant people were consulted when needed.

Staffing and recruitment

- The provider and registered manager ensured there were sufficient numbers of staff deployed to meet the needs of the people at the service.
- Staffing rotas were completed in advance to forecast staffing requirements. The registered manager told us unplanned sickness was covered by existing staff where possible.
- People and their relatives told us they felt their needs were met. A relative commented, "I think people are always very helpful. There is always a nurse on duty when I come in, someone in the office. They tend to be the same people; a lot of staff seem to be the same. There seems to be a very stable workforce here."
- Staff we spoke with were generally positive about the staffing levels within the home. One said, "I feel it's safe. Could always do with a few more staff but I'm fully confident people's needs are met." Another said, "There are enough staff to meet people's needs."
- There were governance systems to monitor staff response times to call bells. Recent audits had not identified any significant concerns.
- Staff had been recruited safely. Relevant pre-employment checks had been carried out. This included criminal record checks to make safer recruitment decisions and obtaining references from previous employers.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We identified that some improvements were required in relation to the recording of cleaning schedules relating to equipment associated with the use of oxygen and nebuliser equipment.

Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance.
- There were no restrictions on peoples' relatives and friends being able to access the service and see people living at Greenslades Nursing Home.
- Peoples' families told us they were supported to visit in a safe way and felt welcome when visiting. One relative said, "Everybody seems polite. There are no visiting restrictions." Another comment was, "I am always offered cups of tea. They have been very welcoming for me coming. It's a totally open door policy here."

Learning lessons when things go wrong

- There was a reporting system in place for accidents and incidents.
- Staff were able to explain the reporting process they followed to report an incident or accident via the service's electronic care planning system.
- There were systems in place that ensured accidents and incidents or near misses were reviewed. Records reviewed showed a post event analysis was undertaken.
- Care records evidenced changes were made to reduce the risk of further falls or incidents occurring.
- Where necessary, the service had escalated concerns to healthcare professionals to help reduce the risk of recurrence.
- There were systems in place to ensure that all staff in the service were informed when an accident or incident had occurred.

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received care from staff who had developed positive and caring relationships with them. Staff we spoke with knew people well.
- Staff had a very positive attitude towards the standards they wanted to provide. One member of staff we spoke with told us, "This isn't an institution it's their home. That's the culture." Another member of staff said, "I love my job. The way you feel when you leave. I come away feeling like a superhero. You can do the smallest things. You care for them. If it wasn't for us they wouldn't be here."
- People were positive about the care they received and staff that supported them. One person told us, "They are very friendly and competent and to get that balance right must be quite difficult." Another person said, "I don't think you can get a better place to live."
- Relatives spoke positively about care provision and staff. One commented, "There are quite a few numbers of staff who have been here since my [person's identity] came in. I have been delighted with everything here in the past year. [Persons identity] seems well looked after, and they get everything they need."
- A selection of compliment cards were reviewed. An extract from one relative's compliment read, "To all the brilliant staff at Greenslades - Can't thank you enough for all of the care given to [person's identity] over the last few months. It really helped knowing he was safe and well looked after."

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

- People all told us they received care how they wished and in line with their preferences. No concerns were raised around people receiving care or treatment they felt was unsafe or against their wishes.
- No concerns were raised by people about involvement or contributing to their care. We asked one person about the care they received and if it was as they wished. They commented, "They seem to remember [what care is needed], I don't have to remind them, the sort of food you like, that sort of thing. It's all a bit effortless. A warm glow of being cared for. They are very approachable, all of them."
- During our inspection, we observed interactions between people and staff at times when staff were supporting people. We observed people were offered choices and options during these observations.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We observed positive interactions to support this during the inspection.
- Staff gave examples of how they made a conscious effort to understand people's needs and preferences to ensure they remained independent with daily living where possible. One staff member told us, "When meeting a new resident, I establish their communication skills through talking [to know their] likes and dislikes. [It's] All about individual preferences."

- People were positive about the level of independence they had when being supported with personal care. Care plans reflected people's individual needs and abilities showing what they could achieve independently.
- People told us they were afforded privacy when being visited by family or friends. One person said, "My wife can visit, and my daughters. Yes, they are welcomed by the staff."
- People's care records were stored and maintained confidentially within the service.

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

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

- We spoke with staff about their different roles and responsibilities. All were dedicated to their roles and were aware of their individual accountabilities.
- Staff told us they felt there was a strong team commitment within the service and this had a positive impact on people. One staff member told us, "I love my work colleagues. I haven't been here long but feel like I've never been anywhere else." Another commented, "I help the new staff to understand. I tell them, not to be afraid we are here as a team. [It's] Important for staff to be happy and then clients are happy."
- When we asked staff if they would be happy for a friend or relative to be cared for at Greenslades Nursing Home, all told us they would. Staff we asked if they would recommend the service as a good place to work told us they would. One said, "Yes, I am encouraging others to join."
- There was an extensive range of effective quality monitoring and governance systems embedded in the service. The current systems in operation were both service and provider level. This meant the risks of poor care being received were reduced.
- There was a business continuity plan in place to ensure the service could continue to operate in the event of an unseen emergency.
- Meetings were held at service management, regional and provider level to communicate key messages and updates.
- The registered manager had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. Performance ratings were displayed within the service and on the provider's website as required.
- We identified that some areas of the service appeared tired and in need of decoration and restoration. We spoke with the registered and regional manager about this. They told us this had been identified and we received correspondence from an operations manager that this was scheduled to be done following the installation of a new call bell system.

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

- When accidents or incidents had occurred, relatives or those acting on their behalf were informed as soon as possible. No concerns were raised about communication when we spoke with people's relatives or representatives.

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

outcomes for people

- It was clear the registered manager was committed to their role and aimed to achieve high quality care delivery by a dedicated staff team.
- People, their relatives and staff told us they had confidence in the leadership at the service. All of the feedback we received about the registered manager and other managers within the service was positive.
- One person when asked if they knew the registered manager told us, "Yes, [registered manager] pops in every now and again. If I wanted anything I would feel quite free to say anything to her. Definitely [confidence in her]."
- Without exception, the feedback from staff was positive about the service management. One staff member told us, "[Registered manager] is really dedicated and very easy to talk to. She is really understanding. The management team work well together." Another said, "[Registered manager] is brilliant to work for, really good."
- The service manager had been nominated for a 'role model' award following the results of a staff survey. They subsequently won this award and recognition of this was presented by the Chief Executive.
- We observed a positive working environment which reflected the comments and feedback we received from people and staff.

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

- The service management sought continuous feedback from people, their families and staff. This was achieved through frequent conversations, scheduled meetings and surveys.
- Monthly residents meetings were held to capture feedback from people and understand their views of the service. The most recent minutes we reviewed showed feedback was sought on how people enjoyed the Christmas period and if they had any other concerns. One person said, "They know what they are doing, they are very helpful."
- Relative meetings were held every two months and the dates for the meetings were displayed in communal areas to encourage attendance. The last minutes showed key updates were shared in relation to training, local college placements, new staff and infection control measures.
- Staff meetings were held throughout the year on a monthly basis. The last minutes showed that matters such as uniforms, Christmas, care plans and training were discussed. Staff told us they felt able to contribute to the meetings and that the registered manager was always open to ideas. One said, "[Registered manager] always asks if anyone has any thoughts or ideas."
- The provider operated a staff council scheme where a chosen member of staff would be a single point of contact between the provider and staff to communicate any suggestions or ideas to improve day to day duties or wider operational effectiveness.

Continuous learning, improving care and working in partnership with others

- There was a system to review incidents and accidents to reduce the chance of recurrence and learning was undertaken where needed.
- The service management had professional links with the local college. Students would undertake practical learning in health and social care through a placement.
- Community links currently in place were with the local primary school and local ministers visited the service for people. People had also been involved in a knitting and crochet project with a local business.
- Staff worked with other professionals to ensure people's needs were met appropriately. The registered manager commented positively on their relationship working with other professionals.
- Healthcare professionals spoke positively about their working relationship with the service. One professional told us, "I can operate efficiently as they collect and collate the data they need for me. I think they do a great job." Another comment we received was, "Overall [I find it a] very professional, caring,

environment. The home is always very clean as well."