

Ideal Carehomes (Number One) Limited

Greenacres

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Greenacres is a residential care home providing personal and nursing care to 63 people aged 65 and over at the time of the inspection. The service can support up to 64 people including people living with dementia. Accommodation is arranged over two floors. There are two units on each floor. Each unit has single bedrooms which have en-suite facilities. There are communal bathrooms throughout the home. Each unit has an open plan communal lounge and dining room.

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

People and their relatives told us they were safe. They were supported by staff who knew how to identify abuse. A range of risk assessments were used to manage the risks to people both in the home and in the community.

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 were supported by staff who received appropriate training and support to carry out their roles and responsibilities. We found staff to be knowledgeable about people, their medicines and how best to support them. Staff told us they felt supported by the registered manager.

People received a healthy balanced diet that met their needs. People had regular access to health care professionals; changes in needs were identified and responded to appropriately.

Staff were kind, caring and compassionate. Our observations evidenced staff interacted positively with people and knew them well. People were involved in their care planning if they wished or were able, to ensure their decisions and choices were reflected.

The service was responsive to people's needs. People told us they knew what to do if they had any concerns or complaints about the service and said the management team were very accessible. People who used the service, staff and relatives were asked for their views about the service and these were acted on

The service was well-led. The provider and registered manager used a variety of methods to assess and monitor the quality of the service. Audits were of good quality and robust, ensuring they measured the quality of the service provided. This helped to ensure they were meeting required standards of care provision.

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 requires improvement (published 16 October 2019) and there was a breach 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Greenacres

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 Care Act 2014.

Inspection team

The first day of inspection was carried out by one inspector, a specialist professional advisor 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. The second day of inspection was carried out by one inspector.

Service and service type

Greenacres is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

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, fire service, infection control and the local health service. We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. One person said, "It's the most marvellous place for anybody to feel safe, all staff are absolutely superb with me". Another said, "Yes, oh yes, I feel very safe here".
- Staff understood how to protect people from the risk of abuse. Safeguarding training was provided at induction and refreshed annually.
- Staff were aware of how to report any unsafe practice. The provider had policies and procedures for safeguarding and whistleblowing. Information was displayed at the home to help ensure staff followed the correct procedures.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly manage the risks relating to the health safety and welfare of people because accurate records were not kept in relation to the prevention of pressure ulcers. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 17

- Care records included a number of risk assessments. Risk assessments were person centred and were reviewed and updated at regular intervals. Where a risk was identified, action had been taken to reduce future risk.
- Additional information was required in moving and handling risk assessment and care plans, to ensure all risks had been assessed and mitigated. We discussed this with the registered manager, who immediately actioned an improvement. They also looked at ways the electronic records could be used to add the required information.
- The premises were safe and well maintained. The service employed a caretaker to oversee day to day maintenance issues. The provider had their own contractors for certain maintenance tasks and used external contractors to service equipment.
- Staff had received fire training and undertook regular fire drill. Personal emergency evacuation plans were in each of the care records and were available in reception (the evacuation point) in the event of a fire.

Staffing and recruitment

- Recruitment practices were robust to ensure people with the right qualities were employed and the registered manager told us no one would start at the service until all checks had taken place.
- The registered manager used the provider's dependency tool to help determine the numbers of staff

required. They told us they were using more staff hours than the tool indicated.

- On one unit we noticed staff were pressed for time first thing in the morning, but overall the atmosphere was relaxed with staff responding to people's needs in a timely way.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received recent training around medicines and had their competencies assessed.

Preventing and controlling infection

- The service was clean and free of odour. The service was working to an action plan to ensure infection control practices were effective.

- Protective equipment, such as gloves and aprons were available for staff to use and were stocked up by staff during the day.

Learning lessons when things go wrong

- Incidents were recorded and investigated to ensure lessons were learnt when things went wrong to ensure continuous improvement of safety. There had been a high number of falls at the service, but the registered manager was working with the local falls team to look at initiatives to reduce the risk of harm from falls.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had a system in place to ensure the registered manager was provided with the most up to date guidance to ensure care was delivered in line with best practice. A recent example was the CQC, "Smiling matters: Oral health care in care homes". The registered manager was using this to ensure they were meeting the requirements of this guidance.
- People's care and support needs were assessed before a service was offered.
- Care records were person centred and were reviewed at regular intervals. Changes to people's needs were shared at staff handovers.

Staff support: induction, training, skills and experience

- All staff received a thorough induction into their role, including completion of a workbook and a period of observations by a senior member of staff. The company had recently introduced mentors and new starter champions to support new staff into their roles.
- Staff had completed a training programme to prepare them for their role and this was a mixture of classroom-based learning and e-learning. Staff were satisfied with the training they received.
- Staff told us they felt supported in their role by the registered manager and morale was good.

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

- People were supported to receive a healthy and balanced diet and food was prepared from scratch each day and the menu changed with the seasons.
- The main meal had been changed to the evening in line with people's preferences with a lighter lunch provided at midday.
- The electronic system recorded what people had to eat and drink each day and raised an alert to staff if people had not received the required amounts. The fluid summary records showed some people's fluid intake was still low. We discussed this with the registered manager who explained the actions they were taking to encourage people to drink.
- People had a choice of and access to snacks and drink throughout the day either to help themselves or from staff.

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

- Care records evidenced the involvement of external health care professionals. This included GPs, speech and language therapists, falls prevention therapists, dieticians, opticians and dentists.

- One relative told us staff had picked up on the fact their family member was unwell and said, "Staff knew [relative] was unwell and they 'phoned 111 at the weekend".
- The registered manager explained some of the ways they were supporting people to live healthier lives. These included, chair exercise classes. They said, "We have just set up hydration stations containing fruit, snacks and juice. Staff will take the trolleys up to the kitchen in the morning and the kitchen staff will fill up the trolleys and take them down. They might buy the little cartons of juice that people can help themselves. We have had a lot of good feedback from residents, relatives and staff."
- The lifestyle coordinator said, "We have a gardening club throughout the summer. We have a vegetable patch outside and have a few keen gardeners. We have a walking club every other week. Staff will come in on the day and walk to the shop or the park."
- The electronic record system had a section to be printed off in the event a person needing to go to hospital. This provided an up to date summary of the person's care needs which could go with them to hospital.

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

- The home had been purpose built and was fully accessible to people and their visitors.
- The home was spacious and comfortably furnished with pictures and photographs in the communal areas and signage to help direct people around the home.
- People had access to the well-kept secure gardens with seating. The gardens were accessible for wheelchair users and people with limited mobility.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. Any restrictions on people's liberty had been authorised and conditions on such authorisations were being met. The registered manager kept a log of all authorisations, which included conditions and also who had the legal authority to consent on behalf of their relative.
- Where people lacked capacity to make a decision we saw person centred, decision specific assessments in their records. Evidence of best interest's decision making was also recorded.
- We observed staff asking for peoples' consent prior to care and support interventions. We asked the manager how consent was recorded on their electronic system. They said, "There are three tick boxes, one to consent to information, one for photo, one for consent to care. We have paper consent and the lifestyle coordinator will make sure they are completed and scan them into the system."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- We spent time observing staff interacting with people who used the service. We found staff were very kind and caring.
- People told us the staff were always kind and caring. Comments included, "Yes, they're very kind", "I can't fault them at all on anything", "The ones I have are quite alright", "Very good indeed, amiable". One relative said "They're [staff] incredibly empathic with mum".
- The registered manager told us staff received equality and diversity training every three years. They said, "We have recently introduced a sexuality care plan. We find people don't want to discuss it, but we do consider it."

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

- Staff supported people to express their views and be involved in making decisions. They had introduced "This is me" books to gain a better understanding about people's lives and their past to build a connection and to provide more personalised care.
- Records were electronic, so we asked the registered manager how people could see what was recorded about them. They said, "Where able, staff involve the resident in reviews and their relatives. We have a number of laptops and we will take this to resident to look through."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. We saw staff knocked on bedroom doors before entering and kept bathroom and toilet doors closed when carrying our personal care.
- When people were asked if their dignity was maintained and they were treated with respect, comments included, "I would say they always treat me with dignity, generally people are very good", "Respected, yes, there's no nasty feeling here at all".
- Regular audits were completed to ensure staff were consistently promoting people's dignity and feedback was given to staff where improvements could be made.
- People's independence was promoted. There was a range of equipment in place to support people to remain independent.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had a clear knowledge of the people they supported. Staff were fully familiar with people's likes and preferences.
- People's electronic care plans were clear and provided detailed assessments of people's support needs and how they wanted their support to be provided. This helped to make sure they received well-planned and co-ordinated person-centred care.
- Staff and people using the service completed the "this is me" book to gain a better understanding about the life histories of staff and the people living there. Once completed staff will be matched up to people with similar interests. The lifestyle coordinator said, "I feel it has been really positive, getting to know the staff a bit better and sharing this with residents. It is encouraging."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met the AIS. People's communication needs were recorded in care plans and Information was provided in alternative formats if required.
- The registered manager said, "We have a policy which we have shared with the team. Communication is in the care plans. We have a hospital pack on the electronic system, to be printed off which states people's communication needs."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A lifestyle coordinator was employed, and they worked with people on an individual and a group basis. They regularly sought the views of people using the service to ensure the activities on offer were the ones they wanted to do.
- People were supported to take part in activities that were important to them and were encouraged to maintain relationships with family and friends. Regular trips out of the service took place such as trips to the seaside, concerts and canal trips. The lifestyle coordinator says, "We use a local company mini bus. Relatives can come along. We advertise on the notice boards." They also said, "We have a coffee morning on a Friday. Afternoon tea once a month. Relatives can come."
- On our first day of inspection some people went on a canal trip and told us how much they had enjoyed this on their return. Another person had been supported by the lifestyle coordinator to attend a concert the

weekend before and they were very positive about the experience.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which outlined the process to be followed in the event of a complaint. We asked people if they knew how to complain. One person said, "I go to the main desk and ask to speak to whoever is in charge and someone always responds". Another said, "So, far I've no complaints about this place".
- There had been complaints at the service and some about the quality of the care provided. We could see these had been acted upon, with detailed investigations.
- Some informal complaints were not recorded, and we discussed the benefits of doing so to show that these too were used to drive improvements and lead to a better experience of care.

End of life care and support

- We saw detailed information documented about people's end of life care and advanced care plans were in place if people wanted to record their future wishes.
- Staff worked with the local hospice to ensure they remained skilled in providing end of life care and they attended training sessions provided to support gaining knowledge and skills.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure robust quality assurance systems were in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The registered manager clearly understood their role and how to drive improvements. They were supported in their role by a regional director who spent time at the service encouraging and monitoring improvements. They used a range of audits to monitor the quality of the care provided.
- The provider's quality team supported improvements and monitored these through regular visits and reviewing the homes action plans.
- Systems and processes were regularly reviewed, and improvements made to ensure they led to continuous improvements in the service provided. Learning was shared across the organisation to ensure all the provider's services improved.

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

- The registered manager showed an open and transparent approach and was passionate about promoting a person-centred culture.
- People, relatives and staff told us the service was exceptionally well led and they had confidence in the management team.
- Staff told us morale at the home was good and they worked well together as a team to ensure care was delivered around the needs of the people living there.

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 ratings from CQC's previous inspection were clearly displayed in the reception area and on the registered provider's website.
- The provider had met the regulatory obligations for their registration and in relation to their duty of candour responsibility.

Working in partnership with others

- Strong partnerships had been developed with community healthcare professionals, for example, ensuring best practice in falls prevention, and end of life care.

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

- A variety of meetings were held at the service with staff, people and their relatives. Staff told us they were provided with the opportunity to make suggestions for improvements at the service.
- The provider sought feedback regularly about the service provided and made changes to improve. An example of this was changing the main meal from lunchtime to the evening to meet people's preferences.