

Coverage Care Services Limited

Greenfields Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Greenfields Care Home provides accommodation and nursing or personal care for up to 75 people. On the day of our inspection, 72 people were receiving services, some of whom were living with dementia.

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

People did not always receive care and support in a way that reflected their personal needs and preferences. People in different parts of the building received differing responses from staff.

At the time of this inspection the registered manager was not completing the duties of a registered manager at Greenfields Care Home. However, they were still employed by the provider in a different role within the organisation. Although an interim manager was in post the support provided by the management team was inconsistent.

People received safe care and support as the staff team had been trained to recognise potential signs of abuse and understood what to do to safely support people.

Staff members followed effective infection prevention and control procedures when supporting people. Staff members had access to, and used, appropriate personal protection equipment. Risks associated with people's care and support had been assessed. Staff members understood how to safely support people.

The provider supported staff in delivering effective care for people through care planning, training and one-to-one supervision. 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 at Greenfields Care Home supported this practice.

People were promptly referred to additional healthcare services to support good health. Staff members knew people's individual health needs. People were supported to maintain a healthy diet by a staff team which knew their individual preferences. When it was needed the provider had systems in place to identify and seek additional support.

People were supported by a kind and respectful staff team who were aware of their individual protected characteristics like religion, age, gender and disability. People were provided with information in a way they could understand.

The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them. The provider, and management team, had good links with the local communities within which people lived.

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

Rating at last inspection

The last rating for this service was 'Good' (published 05 September 2017).

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Greenfields Care 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 Care Act 2014.

Inspection team

One inspector, an assistant inspector, an inspection manager and an Expert by Experience carried out this inspection. 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

Greenfields Care Home 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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager had effectively stopped fulfilling their role in December 2019. Although still registered with us, and remaining in the employment of the provider, they were not actively involved with Greenfields Care Home. At this inspection there was an interim manager in post who was present throughout this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. 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 all of this information to plan our inspection.

During the inspection

We spoke with 25 people (13 as part of a group discussion) and four relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with twelve members of staff including care staff, catering, domestic support, the interim manager and the quality performance manager.

We reviewed a range of records. These included three people's care record. We also looked at the records of medicines administration. We had sight of two staff member's files in relation to recruitment and supervision. In addition, we looked at a variety of records relating to the management of the service, including any quality monitoring checks and incident and accident records.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All those we spoke with told us they felt protected from the risks of harm and ill-treatment at Greenfields Care Home. People, as part of a group discussion told us, "We always feel safe because the staff are so good and the environment makes you feel very secure. You don't have to worry about falling or being on your own because there is always somebody here to talk to and help you."
- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- Information was available to people, staff, relatives and visitors on how to report any concerns.
- The provider had systems in place to make appropriate notifications to the local authority to keep people safe.

Using medicines safely

- People were safely supported with their medicines by staff members who had received training and had their competency checked before supporting people.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep them safe. Staff members were aware of these guidelines.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support.
- People told us they felt safe and reassured living at Greenfields Care Home. We saw staff members supported people using various mobility aids whilst providing encouragement and redirection if needed to use them safely.
- The environment and equipment was safe and well maintained.
- People had personal emergency evacuation plans in place which contained details on how to safely support them at such times. These plans included the emotional support people would require as well as any physical support they would need.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them.
- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Preventing and controlling infection

- Staff members told us they had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses.
- Staff members had access to personal protection equipment which we saw they used appropriately.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accident and near miss incidents were recorded and passed to the manager for their review. They analysed these incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people.

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 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

- People's physical, mental health and social needs had been holistically assessed in line with recognised best practice. These assessments included, but were not limited to, nutrition, skin integrity, mobility and oral hygiene.
- Generally staff members could tell us about people's individual needs and wishes and the majority of people were supported by staff who knew them well. However, we did see instances on one unit where people did not always receive personalised care as those supporting on the day not fully aware of their individual preferences.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included people's religious beliefs, sexuality and personal preferences.
- One person told us about the emotional support they had received regarding their protected characteristics. This helped them to identify what was important to them as a person and how they could continue to live the life they wanted.

Staff support: induction, training, skills and experience

- People were assisted by a well-trained staff team. Staff members had access to training related to the support they provided. This included, but was not limited to, safeguarding, moving and handling, basic food hygiene and nutrition.
- Staff members told us they received support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training.
- New staff members completed a structured introduction to their role. This included working alongside more experienced staff members and the completion of induction training. This training included health and safety and infection prevention and control.

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

- People told us they enjoyed the food provided. We saw people making decisions about what they wanted to eat or if they wanted an alternative.
- When people needed additional support to eat, this was provided at a pace to suit them.
- We saw one person struggled to decide about their food. They were supported by a kind and engaging staff member who plated and showed the person several food options. The person decided to have their food later in the day. This approach enabled people to make a positive decision and prompted them to eat enough to maintain their health.
- When people required specialist assessment, regarding their eating and swallowing, this was arranged

promptly. Staff members were aware of any recommendations following specialist assessments and supported people consistently to maintain their well-being. Any recommendations were clearly recorded for staff members to follow.

Staff working with other agencies to provide consistent, effective, timely care

- Staff members had effective, and efficient, communication systems in place. This helped to share appropriate information with those involved in the support of people receiving services from Greenfields Care Home.

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

- We saw people confidently and safely moved around Greenfields Care Home. The Home was safe and well maintained with appropriate signage to assist people with their orientation.

Supporting people to live healthier lives, access healthcare services and support

- People had access to additional healthcare professionals including GP's, dentists, foot health practitioners and mental health teams. When it was needed people were referred promptly for assessment.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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

- We saw the provider had made appropriate applications in line with the MCA and had systems in place to ensure repeat applications were made in a timely way to ensure people's rights were maintained.
- When people could not effectively make decisions regarding their care and support, we saw the provider had completed appropriate assessments and followed the best interest process.

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

- People told us they were treated kindly and respectfully by a caring and considerate staff team. One person said, "The staff, every one of them, are caring and kind. They make our lives so good in so many different ways."
- All staff members talked about those they supported in a way that showed respect and a caring nature.
- When people started to show they were anxious staff members responded to this promptly. One person started to show they were experiencing some anxiety. A staff member responded to this and supported the person to express how they were feeling. This demonstrated to us the staff understood and supported people to express their emotions.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their privacy was supported by staff members. We saw people could entertain visitors in private areas should they wish to do so.
- One person showed us their key to their room. They explained they initially struggled with moving into a care home and the fact they could lock their own door reassured them. This was because they had a private space they, "Could escape to when they needed some time with their own thoughts."
- We saw information, which was confidential to the person, was kept securely and only accessed by those with authority to do so.

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

- People said they were supported to make decisions about their care and support and they were involved in the development of their care and support plans.
- Throughout this inspection we saw people were supported to make decisions. For example, whereabouts in the building they wanted to spend time, what they wanted to do and who they wished to socialise with.

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 deteriorated to 'Requires improvement.' This meant people's needs were not always met.

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

- People did not consistently receive personalised care that was responsive to their needs. We saw people received different responses from staff members throughout Greenfields Care Home. For example, in one part of the building we saw staff members did not appear to fully understand the needs of people. Their approach towards people was reactive to their behaviours instead of anticipating their needs. We spoke to staff members about what we saw. We were consistently told, by staff, they believed this was because of recent changes to staffing and they had been allocated to work with people they were unfamiliar with. As a result, they were reliant on a staff member who, whilst attempting to complete other tasks, was trying to coordinate their colleagues. This resulted in a strained and tense atmosphere for people to live in.
- In this specific unit one person told us they were not allowed out on their own and so couldn't leave the building. There wasn't anything in their care plan or risk assessment to explain why. We asked staff about this and one staff member told them they had been informed by a member of the senior team it wasn't allowed although no explanation could be provided. We outlined our finding with the management team who looked into this following our site visit. Following the inspection, we were told there were no restrictions to this person leaving but they felt this could have been a misunderstanding between the person, staff and the senior staff who had given the instruction in the first instance. They are now looking to ensure all staff have a consistent approach in this respect.
- One staff member told us they felt the allocation of staff within the building did not account for individual worker's confidence or specific knowledge of people and their preferences. As a result, staff members are reacting to people rather than positively engaging with them. This opinion was echoed by other staff members we spoke with and supported by some of the interactions we saw on one specific unit.
- However, in other part of Greenfields Care Home we saw staff were responsive to people and anticipated their needs and wants. Staff members could tell us about those they supported in detail indicating they knew people well. This included, what people used to do for a living, where they lived, who is important to them and what they liked to do.
- We saw care and support plans were detailed and regularly reviewed to account for any changes
- When it was appropriate families and those close to people were kept informed about changes to people's health and needs.

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.

- People were provided with information in a way they found accessible and, in a format, they could easily comprehend. For example, we saw menus and care plans were presented with pictures to support people's understanding. One relative told us, "[Family member's name] has lots of friends here. It is very social and that is important as they are deaf; everyone knows that and they all make sure they talk to them not at them."

Where the service is responsible, how are people encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community, and to avoid social isolation

- We saw people were involved in activities they enjoyed, found interesting and stimulating. For example, we saw people playing an adapted sport and later taking part in a movement to music exercise class. All those we spoke with told us they felt engaged and motivated to do things they liked. One person told us they were encouraged to take part in activities in other parts of the building. They went on to say this encouraged them to make new friends and as well as doing something they enjoyed, they also socialised with people.

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support

- Greenfields Care Home supported people at the end of their lives. People were encouraged to identify what was important to them as well as what they wanted in terms of any treatments they wanted or wished to decline.

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 'Good.' At this inspection this key question has deteriorated to 'Requires improvement.' 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

- At the time of this inspection Greenfields Care Home had a registered manager. However, they had not effectively been completing this role since December 2019. The provider had appointed an interim manager to oversee the day to day running of the home. However, a decision had yet to be made regarding the longer-term management of the location.
- Staff members told us they found the last few months to be disruptive and inconsistent. We were told by several staff members there had been an influx of senior staff who had given them conflicting instructions over recent months. For example, one staff member told us they had been told how to do the same medication procedure several different ways by several different senior staff members. They told us they found this to be disruptive, demotivating and longed for some greater consistency. Another staff member said, "I feel we are recovering and improving from a period without any clear management or leadership."
- The provider had systems in place to identify improvements in the care they provided. However, these systems had not identified the difficulties some staff members experienced when providing responsive and person-centred care on one specific unit or the individual's perception they could not leave the building. Although the interim manager had identified a potential shortage of staff on one unit which they were reviewing.
- Staff members were positive about the current interim manager who they found approachable and supportive. We saw the interim manager had recently introduced a weekly communication session between all departments. This supported staff members to express any difficulties they were experiencing and to work together to identify a resolution. As well as discussing Greenfields Care Home, staff members were informed about changes to the wider organisation which they could disseminate to other staff.
- The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at Greenfields Care Home and on the providers website.

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

- People and relatives told us they had a positive relationship with the management team who they found to be accessible and engaging.

- Staff members told us they found the current management team supportive and approachable and recognised improvements were slowly being made. However, this had yet to be embedded and staff were still unclear about the long-term management of Greenfields Care Home.

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

- We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.

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

- People were involved in decisions about their care and support and were asked for their opinion.
- Staff members took part in staff meetings where they could discuss elements of the work they completed.
- Staff members understood the policies and procedures which informed their practice including the whistleblowing policy. They were confident they would now be supported by the management team and provider should they ever need to raise such a concern.

Continuous learning and improving care

- The interim manager kept themselves up to date with developments and best practice in health and social care. This included regular updates from professional organisations involved in adult social care which included the CQC. They told us they had regular contact with other managers within the organisation and could seek support if needed.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices district nurse and mental health teams.