

Mrs Brenda Clark

Greenways Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Greenways Care Home is a residential care home providing accommodation and personal care for people aged 65 and over living with a variety of needs, including dementia and diabetes, up to a maximum of 15 people. At the time of our inspection there were 12 people using the service.

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

People were safe living at the home. Any risks relating to their care and support needs had been identified and assessed, with information and guidance for staff to follow. There were sufficient staff on duty to meet people's needs. People received their medicines as prescribed. Systems had been implemented to mitigate and manage the risk of infection.

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 complimentary about the staff and the care they received; they were happy living at the home. A system of audits monitored and measured various aspects of the service and the home overall.

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 21 October 2021).

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.

We undertook a focused inspection to review the key questions of safe 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 has remained the same.

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

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Greenways 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 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 two inspectors.

Service and service type

Greenways Care 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. Greenways Care Home 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

The provider of the home is also the manager who oversees the delivery of regulated activities at this location. The provider/manager is legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 reviewed information we held about the service including statutory notifications which we had received. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service. We spoke with the provider, who is also the manager, two care staff and the administrator.

We reviewed a range of records including three care plans and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or harm.
- Staff completed safeguarding training and explained what they would do if they had any concerns. One staff member told us, "There are different types of abuse like mental, physical or verbal. I've never had to report anything, but if I did, I would go to the manager".
- Staff also knew they could report any concerns anonymously under the provider's whistleblowing arrangements. One staff member said, "I've never witnessed anything. I know about whistleblowing and if it's not right, I need to report it".
- There had been no recent incidents of abuse or alleged abuse at the home.

Assessing risk, safety monitoring and management

- People's risks were identified and assessed as needed.
- Risk assessments we reviewed within people's care plans included falls, moving and handling, and maintaining a safe environment. Where people were at risk of skin breakdown, they had been assessed using Waterlow. Waterlow is a tool used to calculate the risk of people developing pressure ulcers, using a points system.
- Information and guidance for staff were provided in relation to people's specific health conditions. For example, signs and symptoms were described in one person's care plan with regard to their diabetes. Another person could become unwell if pips or seeds were included in their diet, so their meal choices were planned with these risks in mind.
- Environmental risks had been assessed and mitigated. We reviewed records relating to fire safety, and maintenance of the premises.

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)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

- When the provider applied for DoLS, people's capacity to make specific decisions had been assessed.
- Staff had completed training on mental capacity. One staff member said, "You have to ask people before you do anything and gain their consent".

Staffing and recruitment

- New staff were recruited safely. All necessary checks were completed, including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient trained staff on duty to keep people safe. Staffing levels were assessed through the use of a dependency assessment tool. This identifies people's care and support needs to calculate the overall number of staff required.
- We observed staff were attentive to people's needs and call bells were answered promptly. One person said, "At night, staff will help if I ring the bell. When I can't sleep I get up and sit in the chair. If I'm wet, staff change me, I can have toast and tea or coffee if I can't sleep".
- At the time of the inspection, due to staff sickness, care staff were also undertaking cleaning and housekeeping tasks. When asked if there were sufficient numbers of staff, one staff member said, "If people need your assistance all the time it can be busy, but then other days it can be really quiet. It's hard to judge. Mornings are generally quite busy with bathing for example".

Using medicines safely

- Medicines were managed safely.
- We reviewed the ordering, storage, administration and disposal of medicines.
- Where staff administered medicines, they had completed medicines training.
- We observed a staff member giving people their medicines at lunchtime and it was clear they knew people well. People told us they could ask for medicine if they were experiencing pain and staff would help them.

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 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 using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

Visitors were made welcome in the home. During the pandemic, a separate room was made available so people could receive friends and relatives in a safe environment. All visitors were required to wear a disposable mask, unless exempt.

Learning lessons when things go wrong

- Lessons were learned if things went wrong.
- The provider/manager told us they had arranged for a keypad to be put on the back gate to prevent

people from leaving the home unobserved. They said, "I always ask the staff if there is any way we can improve systems, then please tell us. If new staff do things a different way, then we are open to suggestions".

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 the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People received personalised care that met their needs. One person told us, "It's okay here, the carers are lovely, and the food is good. If you don't like it, you can have something else. I was here through the pandemic and we survived. Staff were wearing masks. It was well organised". The majority of people had lived at the home for a long time and knew each other well. They looked out for each other and long-standing friendships were evident.
- We observed people sitting around the dining table to have their lunch. People ate their meals independently, but staff were available if they required help.
- When asked about duty of candour, the provider/manager said, "I have a responsibility to look after people and treat them as individuals. If something went wrong I would report it as needed, then analyse what had happened to get the best outcome for people".
- The provider/manager understood their responsibilities and regulatory requirements to be compliant. Events that needed to be reported to CQC or the local authority had been notified as required.

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

- People and staff were encouraged in the development of the service.
- People told us they were happy living at the home. One person said, "I would rather be here than home alone, I can get on with my knitting". Another person commented, "They all look after us".
- Staff felt supported in their roles, although they told us there had been no staff meetings for a while. Nevertheless, systems were in place to aid communication and for staff to discuss people's needs and any concerns. One staff member said, "It's nice, close-knit. The residents have been here a long time and it's nicer working in a smaller care home". They described the needs of one person and how they could become anxious and upset due to their dementia. The staff member obviously knew this person well and explained the need for patience and sensitivity that was required.
- Another staff member described the additional support they received as it could take them longer to understand some on-line training due to their particular learning needs.

Continuous learning and improving care

- A system of audits enabled monitoring of the home and were used to identify areas for improvement with

any actions needed. As part of fire safety, staff supervisions were organised to check staff understanding of what actions to take in the event of an emergency.

- Care plans were reviewed as needed. Medicines were audited to ensure they were safely managed, including a check on Medication Administration Records, and that these had been signed appropriately.
- A range of audits relating to the management of the environment had been completed. These included fire safety, organisation of annual fire drills, and weekly infection control audits. Portable Appliance Testing (PAT) had been completed, but not for 2022. This was an oversight and the provider/manager immediately arranged for PAT to be commenced; they sent us records after the inspection to confirm this.

Working in partnership with others

- The provider/manager worked in partnership with a range of agencies.
- Access to a managers' forum on social media provided a useful exchange of ideas and suggestions.
- We were told the community matron had visited the day before our inspection to introduce herself as she was new in post.
- Health and social care professionals such as district nurses and GPs visited the home regularly.