

Worcester Garden Limited

# Greenacres Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Greenacres Care Home is a residential care home providing personal care to up to 39 people. The service provides support to people living with dementia, older people and people with a physical disability. At the time of our inspection there were 31 people using the service.

Greenacres Care Home has two wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia.

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

The service did not have a registered manager in place. A manager had been recruited, however, at the time of our inspection they had not submitted their application to the Care Quality Commission to be registered.

Information about risks and safety was not always comprehensive or up to date. Safety concerns were not always identified or addressed quickly enough. Assessment of people's needs and outcomes identified were not regularly reviewed.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Unnecessary restrictions were placed on people that limited their lifestyle and independence.

Some improvements had been made in the providers quality assurance systems. However, there was still further improvement needed to ensure the systems in place identified and managed all risks relating to the quality of the service, including ensuring staff had the right competence, qualifications and skills to carry out their roles.

Although people received the care and support required, staff did not always have the time to be flexible or respond to people's changing needs. Staff told us they regularly felt stretched and focused on completing tasks rather than person centred care. We have made a recommendation about deploying staff to ensure they were meeting people's needs.

There was mixed views from staff about the culture of the service and they did not always feel listened to. There was some evidence of lessons learnt although the manager acknowledged this required improving and was part of the quality assurance action plan.

Staff managed medicines consistently and safely. Medicines were stored correctly and disposed of safely. Staff kept accurate medicines records.

The provider managed infection, prevention and control well. Staff were trained and understood their roles

and responsibilities for maintaining high standards of cleanliness and hygiene in the premises.

People were given choice and had access to sufficient food and drink throughout the day. People had access to healthcare professionals when required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 5 July 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections. At this inspection we found the provider in breach of regulations.

At our last inspection we recommended the provider review their management of some medicines, review their care planning process to take into account people's specific needs, improve staff training and supervision and strengthen the governance systems. At this inspection we found continued shortfalls in care records the governance systems and staff training. However, there was some improvement in the management of medicines.

#### 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenacres Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

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

We have identified breaches in relation to safe care and treatment, the Mental Capacity Act 2005 and quality monitoring systems.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led

Details are in our well-led findings below

**Requires Improvement** ●

# Greenacres 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 carried out by one inspector, a medicines inspector and an Expert by Experience. An Expert by Experience spoke to relatives by telephone following the site visit. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Greenacres 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. Greenacres is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This 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 not a registered manager employed by the service, however a manager was in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

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

### During the inspection

We spoke with 13 people who used the service and nine relatives to ask about their experience of care provided. We spoke with the nominated individual, the manager and the deputy manager, 10 members of staff and two healthcare professionals. We looked at five care files along with a range of medication records (MARs). We looked at other records relating to the management of the service including recruitment, staff training, supervision and systems for monitoring quality.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risks associated with people's care had not always been managed effectively.
- Care records were not kept up to date to reflect people's current needs. Some people's care records did not include what action staff should take to mitigate risks. For example, two people had several incidents of challenging behaviour, this was not reflected in their care plan or risk assessment and they were not managed in the least restrictive way.
- Personal Emergency Evacuation Plans (PEEPS) did not provide staff with the correct information and guidance to evacuate people safely in an emergency.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately after the inspection and started to update risk assessments.

### Staffing and recruitment

- The manager used a dependency tool to determine appropriate staffing levels. However, staff were not deployed in a consistent way. People told us they did not think there was enough staff. Comments included, "They could do with more staff. They [staff] are rushing around and don't have time for us" and "They are very short staffed, there is not enough staff to take me out, not even into the garden."
- We observed people waiting for long periods of time to be returned to the lounge after they had eaten their meals. Staff told us, "We do not get time to spend with people" and "Some days we have enough and some days we are really short."

We recommend the provider reviews its systems and processes for the deployment of staff in line with best practice guidance and reviews its practices accordingly.

- Staff recruitment procedures were followed, and staff were recruited safely.

### Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering and ordering medicines and act to update their practice including documenting specific instruction for staff. The provider had made improvements.

- People's medicines were managed safely and administered as prescribed. Instructions for medicines to be given at specific times were available for staff. This reduced the risk of people experiencing adverse side effects from the medicine not working as intended.

- People who were prescribed 'as and when' medication (PRN) had a protocol in place and staff had written why it was required and how much was administered.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe being cared for by staff. Comments included "[Persons name] is safe and that is all we wanted" and "I feel safe and staff know what they are doing."

- The provider had a whistleblowing policy in place and staff were aware they could follow this to raise concerns.

### Learning lessons when things go wrong

- There was some evidence of learning from accidents and incidents and action taken to improve safety. However, they were not consistently identified or addressed quickly enough.

- The provider was responsive to our feedback and had already begun making improvements in this area.

### 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

- The provider had systems in place to support people to have visits from family and friends. This included providing PPE.



# Is the service effective?

## Our findings

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

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

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider did not act within the legal framework of the MCA. Although staff had undergone training in MCA and DoLS they did not understand the principles of the Act.
- People's safety and human rights were not always upheld. People were not free to leave and were placed under supervision without adequate safeguards in place.
- Staff were not aware of who was subject to DoLS. Staff told us, "I have no idea who is on a DoLS" and "We have a few, but I have no idea who."
- People were not supported in the least restrictive way. One person had items removed from them without their consent and there was no capacity assessment or best interest meeting held to support the decisions made.

Failure to follow the principles of the MCA (2005) is a breach of Regulation 11(1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately after the inspection and ensured capacity assessments and emergency DoLS were applied for if necessary.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider continues to seek guidance and support to improve staff training and supervision systems in order to improve skills and morale. The provider had not made sufficient improvements.

- Staff had not received the appropriate training to support the needs of people living at the home. For example, no training was provided to support people who had diabetes or required catheter care. However, staff told us they knew people well and how to support them.
- Staff had access to on-line training and supervisions, however, there continued to be gaps in training and shortfalls had not been addressed.
- Staff did not receive regular appraisals of their performance. Training and development plans were not developed around learning needs. Some staff told us they had never had an appraisal.

Systems were not in place or robust enough to ensure staff training and performance was effectively managed. Although there were no evidence people had been harmed this was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection we recommended the provider consider current guidance in the assessment and care planning process to take account of people's specific needs in relation to anxious or distressed behaviour. Improvements have not been made.

- Care plans and risk assessments were not regularly reviewed to ensure people were receiving care that met their needs. Where people had challenging behaviour, their care plan had not been reviewed and did not give staff any guidance on how to manage and reduce behaviours.

We have reported on this under the safe domain, systems had not been established to assess, monitor and mitigate risks to people's health, therefore, they did not support staff to deliver care and treatment in a way that meets people's needs.

- During the inspection the manager started updating care plans.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access food and drink that met their dietary needs and wishes and were offered a choice for each meal. People told us the food was nice and there was plenty of choice. We observed staff providing people with regular snacks and drinks throughout the day.
- People had access to a range of health care professionals, such as community nurses, GP's, dentist and emergency care practitioners. One relative told us, "She [Persons name] is able to see the GP and the district nurse on a regular basis, she has also had a visit from the opticians."
- The manager told us they have regular contact with nurse practitioners who work closely with the service and visit weekly. One relative told us, "[Persons name] has good access to medical services."

Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs

- Where people required support from other healthcare agencies this was arranged, and staff followed guidance provided by professionals. Information was shared with other agencies if people need access to outside services.

- The environment was suitable and adapted to meet people's needs. People had access to equipment to support them to move around the service. There was plenty of communal space and bedrooms were personalised.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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 our last inspection we recommended the provider follows best practice guidance in relation to strengthening the quality assurance and documentation systems. The provider had not made improvements.

- The providers governance systems were not always effective. They had failed to identify the concerns found during the inspection in relation to risk management, deployment of staff, care planning, MCA and training.
- Care records were not always detailed, fully completed or reviewed. Care plans and risk assessments were not up to date. We could not be sure that people's care and support needs had been met.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. There was a breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had been without a registered manager since October 2021. At the time of our inspection a manager had been recruited and had started working for the service, however, they had not applied to the CQC to register.
- The manager had an improvement plan in place to ensure regular audits of systems to identify and manage risks to the quality of the service. At the time of inspection this had not been fully embedded into practice.

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

- The manager promoted continuous learning, however, this had not been fully embedded into the service. Learning had been identified in supervisions and the manager was currently in the process of embedding learning and development into team meetings.
- Staff did not always feel listened to or supported and there were mixed messages from staff about morale. Some staff told us, "Morale is low and they [staff] are all pushed to the limits," other staff told us, "Morale is much better than it was a year ago."

- People and their relatives spoke positively about the manager and the service. They told us, "The home is well managed, [Managers name] knows what they are doing" and "I am comfortable here, it is like a hotel, I would recommend it to anyone."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff had regular team meetings; however, some staff reported they did not feel supported and listened to within the meetings. Comments from staff included, "She [Manager's name] does not listen to what you are telling her" and "The meetings are just to give us information, She [Manager's name] does not want to hear anything from us."
- The provider engaged and involved people using the service. People told us they were happy to raise concerns and they always got dealt with.
- The manager told us they had a good working relationship with the memory clinic, the local GP surgery and the district nurses.

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 provider demonstrated an open and honest approach and understood their responsibilities under the duty of candour.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider failed to follow the principles of the Mental Capacity Act 2005
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were either not in place or robust enough to demonstrate safety was effectively managed.