

Bloomcare Greengables Ltd

Greengables Care Home

Inspection report

54 Sandbach Road
Congleton
Cheshire
CW12 4LW

Tel: 01260270030

Date of inspection visit:
26 January 2023
30 January 2023

Date of publication:
05 April 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Greengables Care Home is a residential care home registered to provide nursing and personal care to a maximum of 30 people. The premises is a detached, two storey Victorian house standing in its own grounds. Accommodation is provided over two floors accessed by stairs and passenger lift. There are two lounges and a large dining room for people to use within the building. There is a secure outdoor area people can access. At the time of our inspection there were 19 people living in the home.

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

People felt safe within the services and spoke highly of the care they received from permanent staff however, at the time of the inspection people were raising concerns in relation to the staffing levels and the high use of agency.

We recommend the registered provider reviews how staff are deployed across the service, in line with people's dependency levels and layout of the building.

Information held within care plans was not always an accurate reflection of people's assessed needs and was not always person centred. People told us they had not been involved in planning their care. Not all staff were aware of individuals dietary needs.

There were mixed reviews in relation to the food served within the home, we recommend the provider reviews meal times and acts on feedback from people

Governance processes were not always effective in the monitoring of the service. Action plans had been implemented. However, these actions had not been completed, this had included night visits and night audits. Audit tools were in place, but the concerns noted within the inspection were not identified or responded to in a timely manner.

Not all staff had received the identified mandatory training required in line with the services policy; this included manual handling which placed people at risk of poor manual handling techniques.

We saw that complaints were investigated and responded to however, people did not always feel confident in raising a complaint.

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.

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

Rating at last inspection

This service was registered with us on 14 June 2022 and this is the first inspection.

The last rating for the service under the previous provider at the previous premises was Good (published 29 November 2020).

Why we inspected

The inspection was prompted in part due to concerns received about staffing and quality of care. A decision was made for us to inspect and examine those risks.

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

The provider took immediate action to mitigate the risk in relation to people's needs in particular their dietary needs. The effectiveness of this will be assessed during the next inspection.

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

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well led sections of this full report.

Enforcement and Recommendations

We have identified breaches in relation to care not being delivered in a person-centred way and how people's needs were risk managed. Governance systems were not effective in managing and monitoring the service.

Recommendations have been made in relation to the deployment of staff and the mealtime experience and for the provider to seek and act on feedback from people regarding mealtime provision.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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.

Please see our safe section below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Please see our effective section below.

Requires Improvement ●

Is the service caring?

The service was caring.

Please see our caring section below.

Good ●

Is the service responsive?

The service was not always responsive.

Please see our responsive section below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Please see our well led section below.

Requires Improvement ●

Greengables 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 team was made up of 2 inspectors, an Expert by Experience and a nurse. 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

Greengables is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Greengables is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, the provider has since recruited a manager and they are going through CQC registration process.

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. We used all this information to plan our inspection.

We spoke to 9 people who lived at the service 3 relatives and 8 staff members to gain their views and experience of the service. We spoke to external professionals. We reviewed numerous care records, multiple medication administration records, staff personnel files in relation to recruitment. We also viewed various records, policies and procedures in relation to the governance of the service and management.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- Risks were not always identified or effectively managed. Staff had not always ensured people were left with their call bells within reach, meaning they may not easily be able to access support when needed.
- Mattress settings did not always reflect people's needs and this placed them at risk of developing pressure sores.
- People who required support with repositioning were not supported in line with their assessed need. Inspectors raised a safeguarding with the Local Authority in relation to the development of pressure sore for one person.
- Rooms which should be locked for safety reasons were not always locked.

We found evidence systems were not sufficiently effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Personal Emergency Evacuation Plans (PEEPs) were in place and easily accessible, which meant systems were in place to safely evacuate people from the building in an emergency.
- Health and safety checks in relation to the environment and equipment were regularly carried out.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their roles and responsibilities but not all staff were up to date with their safeguarding training.
- There were clear systems in place to protect people from abuse. People who used the service said they felt safe and one person told us, "They can't do enough for you here. I feel very safe here."
- The service had suitable policies and guidance in place to ensure staff knew what action to take in the event of a safeguarding concern.

Staffing and recruitment

- The provider was recruiting staff, but during the inspection there was a lack of consistent staff. One family member told us, "I am concerned about the staff turnover and the use of agency workers. They do not know [person] as much as she needs."
- The dependency tool that was used to assess the staffing level was inaccurate at the time of the inspection. The provider acted quickly and rectified this.
- Some staff informed us they did not have enough time to support people and there were not always two

staff available for moving and handling. People who use the service were concerned regarding the staffing one person said, "The staff are overworked."

- We observed 1 staff member providing support to a person that required support from 2 staff. This puts the person at risk from unsafe moving and handling practice. A referral was made to the Local Authority in response to this.

We found evidence the service did not provide adequate staffing levels to ensure care was carried out in a safe and effective way. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider had clear recruitment procedures in place. Appropriate checks were carried out on applicant's suitability for the role prior to them commencing employment. However, agency and induction profiles were not always available to ensure that they had the rights skills and experience to meet people's needs.

Using medicines safely

- Medicines were overall well managed. However, policies and procedures were not always being followed correctly by staff when signing for medicines that required two signatures for administration.
- Prescribed creams were not always stored safely in-line with medication policy.
- Weekly medicines audits were being undertaken and issues were addressed in a timely manner.
- Medicine training and competency assessment were undertaken.

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

There were no visiting restrictions within the home, which is in line with current government guidance.

Learning lessons when things go wrong

- The local authority and the provider had undertaken a recent quality audit, which identified some improvement actions were required. The provider has not yet completed all these actions but were working on them.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were not always appropriately assessed. Falls risk assessment were not always completed or a reflection of people's needs.

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

- People's nutritional needs were not always safely met. Information was not consistent within care plans and daily records were not always completed. One person was observed eating a biscuit and drinking juice which was not in line with their assessed needs and presented a choking risk. This was a recent change in need and had not been communicated to staff. We brought this to the attention of the provider who took immediate action to address this concern.

- Staff did not feel there was enough of them to support everyone that required support at mealtimes. One staff member advised they would "jump in if people have been waiting a while." despite this not being their role.

- There was mixed feedback received regarding the quality of food. One person said, "The food is awful", another person said, "The food is not good. Yesterday we could not eat it because it was unappetising." However, 1 person told us, "The food is very good here now. The food is good quality."

- During the inspection the meat served at lunch time was observed to be very tough, 1 person showed inspectors the difficulties they were having in cutting this up. They said, "This is supposed to be chicken, look at it, I can't even cut it."

- Staff members complained about the quality of food served to people.

The registered provider had failed to ensure that service users' nutritional needs were being met with regard to their preferences and choice. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff did not have sufficient training and support. Records indicated managers had carried out some supervision sessions with staff, however these had not been completed in line with the provider's supervision policy. Some staff spoken to did not feel supported by management.

- Induction files were not always available or consistently completed. Not all staff had completed all their mandatory training in-line with the providers policy. We observed care was not always being delivered in line with good practice.

- Family members did not always feel the new carers had the experience required to support their loved ones. One family member told us "the experienced ones have but the new ones are learning".

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

- The provider works with the local GP who visits the home weekly.
- Referrals are made to the relevant health professionals when required.

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

- The home was well decorated, maintained and adapted to support people with physical needs.
- People's rooms were personalised.

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.

- 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.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The provider has an ambassador for the home who gathers other people's views.
- The provider holds resident meetings and actively encourages people to become involved. The meeting is documented and presented to management however, it is not clear whether any actions are completed.

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

- Permanent carers were said to be very nice and supportive. One family member said, "I should like to pass on my compliments and praise for the care and attention paid to my [loved one]." One person said, "The staff are lovely. They are just so gentle with me."
- We observed positive interaction between staff and people who use the service.

Respecting and promoting people's privacy, dignity and independence

- Staff were kind and caring, they listened and act on what was said to them. Staff were observed interacting kindly with people. Staff were thought to treat people with respect and dignity and respect their privacy. One person told us, "The staff respect our privacy." Another person told us, "They get me out of bed and down here for lunch so I can see my friends."
- We observed staff knocking on people's door prior to entering their room.
- People were encouraged to spend time in the communal areas however, if people wanted to spend time in their room this was respected. The activity coordinator would try and spend time engaging with those people who did choose to remain in bed.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 were not actively involved in their care planning. One person said, "I have not been involved and I don't know what this is."
- People did not always feel they had a choice over how staff supported them however, they would tell them if they knew them well enough. One person said, "We know them well enough we tell them."
- People were not always given adequate choice of meals to respect their wishes. People who had a special dietary requirement were not always offered a personal choice.
- People did not always feel they had a choice over how agency staff supported them but did with permanent staff. One person said, "We know them well enough we tell them."
- Food was observed to being prepared in advance this included pureed meals. Inspector observed desert that was left over from lunch being liquidised for those who required a pureed diet for tea.
- Daily notes were completed on the electronic system and were task based and not personalised. This meant we were not sure person-centred care was being delivered.
- Concerns were raised by staff in December and again during inspection that people were not having access to drinks in the morning as staff were too busy getting people up. However, inspector observed Kitchen assistant taking jugs of water to residents that didn't require thickener approximately 10.30am.

People were not always involved in their care planning, care plans lacked personal details. This was a further breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People said they had an element of choice in the care they received. One person said, "I choose what to wear. I choose to join in things," Another person said, "We can go to bed when we want."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Some people have a communication care plans in place. However, they were not person centred and lacked detail on how best to support people.

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

- The provider employed an activity co-coordinator who encouraged people to join in activities. There were numerous activities taking part throughout the inspection including potting up bulbs in the garden and people were celebrating 'Australia day' with a tour of visits via YouTube, there was also an interactive quiz. People involved appeared to be enjoying themselves.
- People spoke highly of the activities available for them to participate in. One person said, "There are all sorts of things and I join in with painting. I enjoyed it."
- The provider had links with the local community this included, a development firm who had provided them with new planters, and school children who came into the service to sing. There were local activities; these included a visit to the local lake on Rickshaws and the local church cafe.

Improving care quality in response to complaints or concerns

- Relatives were aware there was a complaints procedure in place and one relative felt confident in raising a concern if they needed too. They told us, "I am comfortable about saying anything I need to." However, another relative said, "I say things all the time to them, but I want to speak to the new manager they might be able to make changes".
- Formal complaints were responded to and meetings arranged accordingly, however there was no evidence informal complaints were responded to and some still remained a concern.

End of life care and support

- End of life care plans were in place to guide staff should a person's health decline and they require this type of support. However, some lacked personal detail.
- Lack of management delayed end of life care planning for some, one family member said "I am waiting to see the new manager and discuss end of life care".

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- There was no registered manager in place at the time of inspection. However, the provider is taking steps to recruit one.
- The provider had various audits and checks in place to monitor the quality of care. However, these had not identified all the issues found during the inspection. We identified breaches of regulation.
- The systems in place for the monitoring and oversight of people's care planning documents was not always effective. It failed to identify the conflicting information within people's care records.
- Documents were not always fully completed; gaps were identified in recording of people's needs.
- There was a comprehensive electronic recruitment system in place. However, staff retention was challenging with several members of staff leaving or due to leave. One family told us, "I am actually very worried about what is going to happen now, I know some more staff are leaving soon."
- Actions from the fire risk assessment had not been completed in line with the timescale given.

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 breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection and took action to complete the identified actions within the fire risk assessment however, it is still not clear whether all actions have been completed.

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

- Some staff spoken to did not feel supported by management.
- Family members were concerned about the environment due to high turnover of staff and no management over site. One family member said, "I want to speak to the new manager and they might be able to make changes."

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 was open and transparent about the challenges the service was currently facing in relation to recruitment of staff and the current need for agency staff.

- The Care Quality Commission (CQC) was informed of incidents and events which occurred within the service in line with regulatory requirements
- People told us they knew who to speak to if they had any concerns. "I would tell my family.". "I would go to one of the carers who I get on very well with."
- The provider was receptive to feedback and took some immediate actions in response.

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

- Communication was not always effective. Relatives feedback included, "Communication has not been good, we did not know the manager had left.", "I don't get updated anymore, I only find out by asking about them", "I don't know about any medical updates."
- There is a whistle blowing policy in place and an anonymous call line, however staff did not feel confident in raising a concern.
- There were systems in place to obtain feedback from people, their relatives, staff and other stakeholders about the running of the service. However, these systems were not effective as people did not feel their feedback was acted on.
- The service was working in partnership with the local authority to make some identified improvements and this was ongoing.

Continuous learning and improving care

- Action plans had not been adhered to in a timely manner to ensure safe and effective care.
- Mandatory training was not always completed in line with the services policy.
- There was evidence resident and team meetings were taking place which, enabled people to give their views on the service and be informed of new changes. People felt they were, however, there did not appear to be any action plan following on from this.
- Management informed us they had responded to some of the requests from staff, this included a new staff room, coffee machine, extra space and an increase in pay.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People were not always involved in their care planning, care plans lacked personal details. Those who had dietary needs were not always offered a choice. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service did not provide adequate staffing levels to ensure care was carried out in a safe and effective way. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems were not sufficiently effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

Warning notice issued

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	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 breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

Warning notice issued