

HC-One Limited

Greatwood House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Greatwood House is a residential care home providing personal care to up to 60 people. The service provides support to people with dementia, older people and younger adults. At the time of our inspection there were 52 people using the service.

People's experience of the service and what we found:

People told us they felt safe. The service had appropriate risk assessments in place to mitigate risks. Appropriate health and safety checks were taking place. Staff managed medicines well and people received their medication when needed. The home appeared clean throughout. Staff recruitment did not always include their references from their last employer in health and social care. We have made a recommendation about this.

Staff had completed training to be able to support people with their needs. Staff supported and encouraged people to maintain a balanced diet. Staff supported people to access additional support from health care professionals. There was limited dementia friendly signage in place around the home. The registered manager told us were consulting with an expert around improving this.

Staff treated people with kindness and respect. People felt listened to and their choices were respected. Staff supported people to maintain their independence especially around mobility and eating and drinking. People were not consistently recorded as being involved in reviews of their care plan.

Care plans were personalised to people's needs however some specific care plans did not contain sufficient specific detail to support people. When we spoke to staff they knew how to support people. We have made a recommendation about this. There was a variety of activities available for people to access within the home and within the wider community. Complaints were responded to appropriately.

The service was well-managed. People told us they felt able to raise any concerns with the registered manager. Regular staff and residents' meetings were taking place at the service. The management team took action in response to staff concerns.

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

The last rating for the service under the previous provider was Good, published on 31 July 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Greatwood House

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.

Inspection team

The inspection team consisted of 3 inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Greatwood House 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. Greatwood House 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 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 a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced. The second day of the inspection was announced.

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 asked the local authority for feedback. We reviewed the information the provider had sent us since registering with CQC. We used all this information to plan our inspection.

During the inspection

We reviewed 5 care plans, medication administration records and records related to the running of the service. We spoke to 8 staff including the registered manager, deputy manager, area manager, care assistants and domestic assistants. We spoke to 5 people living at the service and 3 visitors. We also spoke to a professional who works closely with the service. 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.

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 and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff completed safeguarding training and had good knowledge of the signs of abuse and how to report concerns. Any concerns were appropriately reported to the local authority.
- One person told us, "I feel very safe."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risk assessments were in place in relation to both the premises and people's care. Regular health and safety checks were completed around the service.
- Equipment around the home was regularly serviced and inspected.

Staffing and recruitment

- There were sufficient numbers of staff on shift at the service. Staff were deployed in line with the required staffing levels determined by the service. The service had a dependency tool in place which determined the number of staff the service required depending on the needs of the people living there.
- At the time of the inspection the service was overstaffed in line with their staffing dependency tool. However, we received mixed feedback from staff and people living at the service about the staffing levels. One person told us, "If I need anything I press the buzzer and they come." Another person said, "I have to wait sometimes... they do their best but there's not enough of them."
- Most appropriate recruitment checks were completed prior to a member of staff commencing work at the service. We found two examples where the previous health and social care provider had not been contacted for a reference. Multiple other references had been obtained and one person had already worked at the service. The registered manager stated they would ensure this was included going forward.

We recommend the service ensures their recruitment practices meet the requirements of Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

Using medicines safely

- People were supported to receive their medicines safely.
- Staff had received appropriate training and competency assessments around the administration of medication. People had no concerns about their medication.
- The service had appropriate protocols in place to administer 'as required' medication.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The service had an up-to-date infection prevention and control policy in place. Staff had completed training in this area and there was sufficient personal protective equipment (PPE) available throughout the home.
- There was a regular cleaning schedule in place and the home was clean and odour-free.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- Relatives told us they were able to visit the service at any time. The service had also organised social events where relatives were encouraged to visit.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Incidents at the service were reviewed by the registered manager and the provider to try to identify any trends and learning.

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 good. The rating for this key question has remained good.

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff were supported to complete regular online and classroom based learning.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Staff supported people to eat and drink in line with their care plans. There were several people at the home who had their fluid input levels monitored. Fluid charts showed that people were supported to increase their fluid intake and were regularly exceeding their goals.
- Staff were knowledgeable about people's dietary requirements and allergies. The provider had regular menus in place at the service.
- Staff gently supported and encouraged people to increase their dietary intake. We observed staff offering people choices by showing them the meals available and offering alternatives when needed. We received mixed feedback from people about the food.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- Staff had a strong working relationship with the local community nursing team who completed weekly ward rounds at the service. This helped ensure people received timely support and referrals to other health care professionals where necessary. One professional told us staff were "Really receptive, they see it as a working collaboration and we are all after the same thing."

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

- People were supported to live healthier lives, access healthcare services and support.
- Staff made appropriate referrals for people when concerns were identified. For example, referrals were made to community mental health teams when changes in people's behaviour was observed.

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

- People's individual needs were not consistently met by the adaption, design and decoration of the premises .

- People were supported to personalise their bedrooms. There was a homely feel throughout the home.
- There was limited dementia friendly signage around the home, For example, signage with more colours and pictures in line with best practice guidance. We brought this to the registered manager's attention during the inspection who informed us that they were in the process of receiving external support in this area.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act. Staff had good knowledge around capacity and how to support people.
- The service approached people at different times of the day to help assess and support their decision-making. All records around capacity assessments and decision-making were clearly recorded.

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

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

- People were well supported.
- People were supported by staff who knew them well. Staff gave examples of how specific people liked to be supported.
- People gave positive feedback about staff. One person told us, "They are very nice, the carers are lovely."

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

- People were supported to express their views and make decisions about their care.
- Staff supported people to express their views at monthly resident meetings.
- We observed staff asking people questions about how they would like to be supported and staff listened to people's responses.
- Care plans did not consistently demonstrate that people and their families were involved in care plan reviews. We report on this further in the Responsive Domain.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff treated people with kindness and respect. We observed caring interactions between staff and people living at the home.
- Staff treated people as individuals and appeared to know people and their preferences well.
- Staff supported people with kindness and noticed when people were unhappy. Staff noticed a person was upset and spent time listening to them and offered reassurance. The person appeared visibly reassured by this emotional support.
- Staff encouraged people's independence. For example, by encouraging them to walk or eat independently.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has select option good. This meant people's needs were met.

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

- People were supported as individuals, in line with their needs and preferences.
- Staff supported people as individuals and appeared to know them well.
- Care plans did not always contain sufficient detail and were not consistently reflective of the level of staff knowledge. For example, one person regularly displayed distressed behaviour. There was limited personalised information about supporting this person during these times, however staff were able to clearly explain how they support them and techniques which worked to reduce their distress. We brought this to the attention of the management team during the inspection who commenced reviewing their care plan.

We recommend the service reviews people's care plans to ensure they are personalised, include the involvement of people and their families and fully utilise the knowledge of staff.

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.

- People's communication needs were recorded in their care plans. We observed staff giving people the time and support to communicate their needs.

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

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- Staff supported people with a range of activities within and outside the home. Entertainers and children from local schools visited the home which people enjoyed.
- Staff supported people to access the local community. People enjoyed going shopping and attending local luncheon clubs.
- There was a committed activities coordinator in post who ensured people received meaningful engagement ..
- Staff continually looked at ways to engage people and had recently tried out a virtual reality session where people wore headsets that simulated them being in different places such as on a beach holiday.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- The service had an appropriate complaints policy in place which clearly outlined how to make a complaint. People told us they knew how to make a complaint.
- The registered manager responded to complaints appropriately.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- The service utilised the 'six steps to success' programme to support people at the end of their lives.

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. The rating for this key question has remained good. 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

- There was a positive and open culture at the service.
- Staff told us they raised any concerns regarding people at the service and felt listened to in response to their concerns.
- Staff and people felt able to discuss any concerns with the registered manager. One member of staff told us "[Registered manager] is always welcoming." Another told us, "We can go and discuss anything with [registered manager]."

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 understood their responsibilities under the duty of candour.
- Accidents and incidents were reviewed thoroughly by the regional management team. This included reviewing their duty of candour responsibilities to ensure that people were informed when something went wrong.
- The registered manager and staff contacted people's relatives when an accident or incident had occurred at the service. Relatives told us they were kept up to date with any concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The registered manager completed regular audits at the service and had a matrix in place to drive improvements. Some parts of the audits were not relevant to the service, but this did not negatively impact the outcome of the audits.
- The registered manager had submitted all necessary notifications to CQC.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Staff and people living at the service attended regular meetings where they could provide their feedback on the service. We received mixed feedback from staff about whether these conversations drove sustainable

improvement at the service.

- People told us they felt listened to by staff.

Continuous learning and improving care

- The registered manager was consistently reviewing ways to improve the service. The registered manager had a plan in place to update people's care plans around their medical conditions.
- Staff completed a significant amount of paperwork some of which was repetitive. We observed staff spending a significant amount of time completing paperwork. There were multiple documents to record the same action. For example, personal hygiene and bathing records. The records were misleading and looked like support with personal care had not been given but it had been recorded on another form. During the inspection, the registered manager reduced the amount of paperwork being completed.

Working in partnership with others

- The provider worked in partnership with others. The service worked closely with local nursing teams which assisted people to get prompt support in regard to their health. One professional told us, "The senior team are really, really organised."