

# HC-One Beamish Limited

## Greenways Court

### 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 23 October 2018 and was unannounced. A second day of inspection took place on 25 October 2018 and was announced.

Greenways Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Greenways Court provides personal care for up to 51 people. At the time of our inspection there were 48 people living at the home who received personal care, some of whom were living with a dementia.

A registered manager was in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in February 2016 we awarded an overall rating of outstanding. At this inspection we found the service was good overall and we have rated the key question responsive as outstanding.

During this inspection we found staff provided extremely compassionate end of life care. A relative told us how staff had gone the extra mile and been instrumental in ensuring their loved one had a dignified death. They told us how staff had provided enormous support to the whole family and had been able to anticipate the family's needs at such a sad time. Relatives described staff as outstanding in meeting people's care and emotional needs.

Staff were highly effective at providing and engaging people with access to a wide range of activities. People were actively encouraged to bring their hobbies and interests with them when they moved in, which meant people's lives had continuity and individuality. People and relatives told us how activities and events had improved people's quality of life.

Staff training in key areas was up to date. Staff received regular supervisions and appraisals and told us they felt supported.

Staff had received training in safeguarding and knew how to respond to any concerns. Safeguarding referrals had been made to the local authority appropriately, in line with set protocols.

A thorough recruitment and selection process was in place which ensured staff had the right skills and experience to support people who used the service.

People were supported to have enough to eat and drink and attend appointments with healthcare professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Risks to people were assessed and they were supported to do the things they chose in as safe a way as possible.

The home was clean and in a good state of repair. There was a warm, welcoming atmosphere.

Staff were trained in infection control and during our inspection we observed staff following good infection control practices.

People's privacy and dignity were respected. Staff spoke to people kindly and calmly.

Care plans were detailed and person-centred and contained important information about people's life stories so staff could get to know people well.

People and relatives knew how to make a complaint and were happy approaching staff or the registered manager if they had any concerns.

People were supported to engage in meaningful activities and access the local community.

Systems and audits were in place to regularly check standards and to support improvements within the home.

People, relatives and staff spoke positively about the registered manager being an effective leader. Staff said they felt supported and able to raise issues at any time.

The home had good links with the local community and people told us how much they enjoyed this.

## 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.

People told us they felt safe when receiving care and support.

There were enough staff to meet people's needs in a timely manner.

### Is the service effective?

Good ●

The service was effective.

People were supported to have enough to eat and drink.

People had access to healthcare services and received ongoing healthcare support.

### Is the service caring?

Good ●

The service was caring.

People and relatives said staff were kind and caring.

People's independence was actively promoted.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Staff provided extremely compassionate end of life care.

The registered manager had received numerous compliments about how fantastic staff had been with people and their families when a person reached the end of their life.

People were actively encouraged to bring their hobbies and interests with them when they moved in, which meant people's lives had continuity and individuality.

People and relatives described staff as outstanding in meeting people's individual care and emotional needs.

## Is the service well-led?

The service was well-led.

People's feedback was acted upon.

Staff told us they enjoyed working there and there was an open and positive culture.

Good 

# Greenways Court

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 25 October 2018. The first day of the inspection was unannounced which meant the provider did not know we would be visiting. The second day of inspection was announced so the provider knew we would be returning. The inspection team was made up of one adult social care inspector, one assistant inspector and one 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team, and other professionals who worked with the service to gain their views of the care provided at Greenways Court.

During the inspection we spent time with people living at the service. We spoke with 12 people and eight relatives or visitors. We also spoke with the provider's representative (regional manager), the registered manager, two senior care assistants, five care assistants, the administrator, the head chef, a kitchen assistant, a domestic and the maintenance person.

We reviewed four people's care records and three staff recruitment files. We reviewed medicine administration records for 10 people as well as records relating to staff training, supervisions and the management of 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

The provider and the registered manager continued to ensure people were living in a safe environment. People we spoke with told us they felt safe living at Greenways Court. A person told us, "I feel very safe. My door is open all of the time and I don't need to use my buzzer as there is always plenty of staff around". Another person said, "I feel safe because I'm well looked after."

Relatives told us they felt people were safe. One relative said, "[Family member] is safe here. One of the reasons why they came in was because of the amount of falls that they had at home. They've only had one minor slip whilst they've been here."

Staff knew how to protect people from harm. Staff had received training in protecting people from the risk of abuse and staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm. Staff knew how to escalate concerns to the registered manager or to external organisations such as the local authority. Staff told us they had confidence in the management team to deal with safeguarding issues promptly and effectively. Records showed safeguarding concerns were recorded and dealt with appropriately.

We reviewed recruitment files for three staff who had begun working at the service since the last inspection. A thorough recruitment and selection process was in place. This ensured staff had the right skills and experience to support people who used the service. Background checks included references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people from working with vulnerable people.

There were enough staff on shift to meet people's needs quickly and keep them safe. When people pressed their call bells for assistance this was provided promptly. One person said, "Every time I press my buzzer they come straight away. I pressed it yesterday just for a coffee and they were here in a flash." Another person told us, "I don't need to use my buzzer as there is always plenty of staff around."

Some people who lived at the service had complex needs which meant they sometimes found it difficult to fully express their views about the service. During the time we spent with people we saw how their body language indicated they were comfortable in staff's presence.

There were effective risk management systems in place. These included risk assessments about people's individual care needs such as nutrition, pressure damage and using specialist equipment. Control measures to minimise the risks identified were set out in people's care plans for staff to refer to.

Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed by the registered manager regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated from the building in an emergency.

Regular planned and preventative maintenance checks and repairs were carried out. These included daily, weekly, quarterly, and annual checks on the premises and equipment, such as fire safety, food safety and hoists. Other required inspections and services included gas safety and legionella testing. The records of these checks were up to date.

Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location to look for trends. Recent analysis identified that most unwitnessed falls happened in ensuite bathrooms early in the morning so staff were reminded to be extra vigilant at these times, people were encouraged to leave a bathroom light on at night and Tai Chi classes were arranged to support people's mobility. This meant the provider had taken action to reduce further incidents.

The arrangements for managing people's medicines were safe. Medicine records we checked had been completed accurately. The administration of topical creams was recorded on medicine administration records and individual care records. Staff who administered medicines had completed up to date training and their competency was checked regularly. Medicines were stored securely and checks were in place to ensure they were stored at the correct temperature. Medicines that are liable to misuse, called controlled drugs, were stored appropriately.

There were effective infection prevention and control measures in place. The laundry room had systems in place for dirty and clean clothing. Staff had all received training in infection control. Day and night cleaning schedules were in place and checks were completed to ensure the home was cleaned regularly. Staff wore appropriate protective equipment such as gloves and aprons where appropriate.

The service was clean and decorated to a good standard.

## Is the service effective?

### Our findings

At our last inspection we found the service was outstanding in this area. During this inspection we found the service was good as feedback from people and relatives did not indicate that the service was exceptionally effective.

Comprehensive assessments of each person's needs were completed before a care placement was agreed or put in place. This meant the provider was able to check whether the care needs of the person could be met and managed at the home. Following the initial assessment all risk assessments, care records and support plans were developed with the person and their representative where appropriate.

Records showed staff training in essential areas was up to date. Training which the provider classed as essential included safer people handling, food safety and equality and diversity. Staff we spoke with said they had completed enough training relevant to their role.

People and relatives we spoke with felt staff were trained to do their job. One person said, "The staff are well trained here, they're fantastic."

New staff completed a comprehensive training programme as part of their induction. This included training on the provider's values and principles, health and safety, safeguarding vulnerable adults and fire safety. One staff member told us, "The induction was good. I had a lot of help and support."

Records confirmed staff received regular supervision sessions and an annual appraisal to discuss their performance and development. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance in the workplace. Supervision records were not specific to each staff member and lacked meaningful detail. When we discussed this with the registered manager they said they would improve this. Staff told us they felt supported and valued by the registered manager.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We found that DoLS applications had been made appropriately to the relevant local authorities. Mental capacity assessments had been carried out for people as required. Some staff members we spoke with did not have a good understanding of this legislation. We found the registered manager had already identified this and further training in this area had been arranged for the near future.

Records showed where decisions had been made in people's best interests in conjunction with people's family members, staff members and professionals. For example, decisions about taking medicines and equipment such as bed sensors. Staff told us how they involved people to make their own decisions where possible, for example when choosing what to wear or what activities to do. During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. People told us staff always asked for consent. This meant the service was meeting the requirements of the MCA

People were supported to maintain their health and wellbeing. The service had close links with healthcare professionals such as community matrons and GPs. People's care records contained evidence of consultation with professionals and recommendations for staff to follow.

People were supported to maintain a balanced diet and to have enough to eat and drink. We observed lunch time during our inspection. Lunch choices were soup, jacket potatoes and a selection of sandwiches followed by lemon sponge or ice cream. The main meal was served at tea time. There were enough staff to support people to eat. Tables were nicely set with tablecloths, cutlery, flowers and condiments. Hot and cold drinks were readily available depending on people's preferences. The meal time experience was pleasant and relaxed.

People we spoke with told us the food was a good standard and they had enjoyed their lunch. One person said, "There is plenty of choice and if you don't like what is on the menu they will do you something else - nothing is a bother." Another person said, "I find difficulty in swallowing. I was on a liquid and soft food diet in hospital, which I hated, but here they cut up my meat, which I love, into tiny pieces so that I can enjoy my food again." A third person said, "I get plenty of food and drinks." A relative said, "[Family member] loves the food here and is putting weight on." Some people told us they felt the food was not as good as it had been a couple of years ago, but the majority of feedback about food was good.

The design of the premises was appropriate for the people who lived there. Corridors were wide to accommodate wheelchair users and communal areas, including bathrooms and toilets, were spacious.

There were visual and tactile items to engage people living with dementia. The dementia unit on the first floor had themed areas such as a garden and replica laundry. Written and pictorial signs helped people orient themselves around the home. Menus were available in picture format to support people living with dementia to choose their meals.

Communal areas were decorated to a high standard and had a warm and homely feel. Lounges were large with comfortable seating and fireplaces and had televisions, music players, newspapers, books, games and jigsaws for people to use independently. Communal bathrooms were decorated in a nautical theme and had music playing to make the bathing experience relaxing.

## Is the service caring?

### Our findings

At our last inspection we found the service was outstanding in this area due to the exceptional end of life care provided. The topic area of end of life care was under this key question in the previous assessment framework, but was moved to the key question responsive when the framework was reviewed and refined. During this inspection we found the service was good in this area.

People spoke positively about the care provided. One person told us, "The staff are excellent, just all the time. They are pretty consistent in being excellent." Another person told us, "I thoroughly enjoy it here, it's lovely." A third person said, "Staff are kind and caring and they encourage me in everything."

Relatives told us staff were kind and caring. A relative said, "The staff are marvellous and the food is excellent. I have no worries about [relative]. As a family we're welcome to visit at any time and we're always made welcome." Another relative told us, "This is a fabulous home. I know there's always a waiting list as it's so good here." A third relative commented, "The staff are pleasant and really good. I can't speak highly enough of the care here." A fourth relative told us, "Staff are very caring. Knowing [family member] is here gives us peace of mind."

An external health professional told us, "The staff are kind and friendly, I think they're doing a great job."

There were positive relationships between people and staff. People were at ease in the company of staff and there was a welcoming and homely atmosphere. Staff spoke to people kindly and calmly and explained what they were doing before providing care. Staff supported people to do the things they enjoyed and encouraged independence with daily living. For example, going to the local shop, walking short distances and doing household chores around the home.

Staff knew people well and exactly what support people needed in various situations. For example, during our inspection one person who used the service was anxious. Staff listened to their concerns, reassured them appropriately and explained what they could do to support the person. Interactions between staff and people who used the service were warm and unhurried.

One person told us, "I picked this room as my [family member] died when we were in here together. They only died recently, but they loved the flowers and I can see out of the window into the garden so I'm reminded that they are still thinking of me. I still get upset but the girls pop in and give me a cuddle." Another person said, "Staff make time every day to pop in and have a chat which is lovely."

People told us they were treated with dignity and respect. One person said, "All the staff treat me with dignity. When they bathe me they chat away and make everything light and cheery." We saw staff knocking on people's bedroom doors and waiting for a response before entering and speaking with people discreetly when asking if they needed support.

Staff understood it was a person's human right to be treated with respect, dignity and to be able to express

their views. A staff member commented, "We keep doors and curtains shut if it's personal care. We ask the person's permission, take their choices into consideration, and let them explain and do things how they would like things done."

Hot and cold drinks and a sweet trolley were available for people and their visitors in the reception area, which contributed to the warm and welcoming atmosphere.

Each person who used the service was given a 'service user guide' (an information booklet that people received on admission) which contained information about the service. This included the service's statement of purpose and how to make a complaint.

We found that people did not always receive support from an advocate where appropriate. An advocate is someone who represents and acts on a person's behalf and helps them make decisions. This is particularly important when a person is not able to make an important decision for themselves. We identified one person who had specific nutritional needs which increased their risk of choking. This person was not always able to make decisions about their needs in this area and their family had limited involvement in care planning. We discussed this with the registered manager and they acknowledged this person should receive support from an advocate to ensure their rights were upheld at all times. The registered manager said they would address this immediately.

People's personal information was stored securely to uphold confidentiality and protect their privacy. Records containing people's private details were kept locked away and staff computers were password protected.

## Is the service responsive?

### Our findings

At our last inspection we found the service was good in this area. During this inspection we found the key question responsive was outstanding. The topic area of end of life care was under the key question caring in the previous assessment framework, but was moved to this key question when the framework was reviewed and refined.

Staff worked closely with healthcare professionals to provide exceptional end of life care. People experienced a comfortable, dignified and pain-free death. Staff had the specific skills and compassion to provide emotional support and practical assistance to people and their families when a person reached the end of their life. Staff were given excellent support in this by the management team.

The registered manager had received numerous compliments about how fantastic staff had been with people and their families when a person reached the end of their life. One relative, whose family member had died recently, told us, "This is an outstanding place as staff go the extra mile in lots of ways and the management are here until all hours. The love and support they gave [family member] when they were dying was unbelievable. They gave us privacy and kept us going with food and drinks. They seemed to know exactly what we needed without us needing to ask. [Family member] passed away surrounded by their family in a beautiful room. It was a good death which was totally down to the staff. It's like a hotel here as the attention to detail is superb. All of the staff have gone the extra mile, not just the care staff. This really is a special place and as a family we're so very grateful."

This relative had written a thank you letter to the registered manager which stated, 'The atmosphere when entering the home for the first time took our breath away. The home is spotlessly clean, fresh and welcoming, with staff who are immaculately dressed, skilled and professional in every way. Empathy, care and dignity for the residents ooze from each and every one of you. The staff are like family to the residents and go above and beyond to make them feel safe and nurtured. Every single member of staff gave us strength, support and endless tea, coffee and sandwiches with lashings of compassion and, at a time when we needed to feel held, you were all there. We would like to give a special mention to [staff member] who is a diamond. Their professionalism and support have given us faith in the care system, confident in the knowledge that our [family members] have been cared for over and above in all aspects, mentally, spiritually, emotionally and physically. All staff, day, night, management, carers, laundry assistants and cleaners have shown us true dedication and commitment. The team approach you have here is exemplary. Your high standards are astounding and your home should be showcased and recognised with the highest of awards. You are rated outstanding but even that does not do you justice, it just isn't enough.'

People and relatives told us staff excelled in meeting people's individual care and emotional needs. A person told us, "Staff are fantastic- I used to be in a wheelchair, now it is just gathering dust in the corner as I`m constantly being encouraged to walk with my walker, something that I wouldn't have believed possible a few months ago."

A relative told us, "The staff create a home from home and a lovely ambience, but more importantly, treat

[relative] as one of their own family. Unless you have a loved one in a home you can't begin to comprehend how much of a comfort that is." Another relative said, "The care here is outstanding. People are so well cared for which gives me peace of mind. If I needed to move into a care home I would definitely move in here." There were excellent community links with local schools and churches. Staff told us how they collected food for a local food bank and people who used the service helped with this. People and families told us how much they valued this community involvement.

Staff told us how the local community had rallied round in March 2018 when there had been extensive snowfall. Staff told us how local residents and people's families had helped clear the car park so vehicles could get in and out. This meant the home was integral to the local community.

Staff were highly effective at providing and engaging people with access to a wide range of activities. The provider employed a wellbeing co-ordinator who arranged activities and events and encouraged people to bring their interests with them when they moved into the home. This meant people's lives had continuity and individuality. One person kept their organ in one of the lounges. This person told us how they liked to play spontaneously for their own enjoyment and for regular church services which were held at the home. During our visit this person played their organ and people made a point of coming to the lounge to listen and clearly enjoyed it. People who liked gardening were encouraged to 'bring the garden with them' when they moved in. Some people had access to an area of garden outside their room and they were encouraged to 'make it their own.' One person said, "This was really important to me as I'd always loved my garden. My garden here is obviously much smaller, but I love to potter in it and look at it from my room."

People and relatives were positive about the activities available and how people's quality of life had improved as a result. A relative told us, "At home [family member] only wanted to stop in bed but here they join in the activities." Staff told us how they had encouraged one person, who hardly ever came out of their room, to participate in activities. This person was now the regular caller for the bingo.

Activities included pet therapy, a living egg project (a 10-day chick hatching programme), outings to local attractions, quizzes, knit and natter, virtual reality headsets for reminiscence and pamper sessions. Relatives told us they were encouraged to bring pets to visit. Several visitors brought pets with them during our inspection and we saw how much people enjoyed this.

People were supported to practice their religious beliefs. During our visit we spoke with the vicar and a pastoral carer from a local church who had come to administer holy communion.

Staff promoted the 'three o'clock stop', which was an initiative for staff to take some time out to actively socialise with people. Examples of this included sitting in the garden with people or simply sharing a joke. A 'happy hour' was held every Friday so people could enjoy an alcoholic drink if they wished. One person told us, "I like happy hour as I get a small tot of whisky." These events ensured the service worked in an inclusive way.

People had been included in their own care planning, where they were able. Some people had limited involvement in their care planning because they could not always communicate their needs fully. Relatives told us they felt involved in the planning of care as they were invited to attend regular care review meetings. Records showed care plans were reviewed by staff regularly or when a person's needs changed.

Care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered. Records included important information about the person, such as what was important to them, who was important to them and how best to

support them. We saw these had been written in consultation with the person who used the service and their family members.

People's individual support needs were recorded and covered key areas such as mobility, personal care, nutrition, medicines and emotional needs. These provided information and guidance for staff on people's individual needs and preferences, such as what a person's bedtime routine was like. Daily records were maintained for each person who used the service and an effective staff handover process was in place.

Some of the people who used the service had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place. DNACPR means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records we saw were up to date.

The staff we spoke with had a good understanding of people's preferences and wishes and we observed staff using this information in their day to day role when supporting people. People's records contained information about their social history, likes and dislikes. It is important staff have access to this information so they can get to know people as individuals.

People and relatives told us staff responded quickly and appropriately when people's needs changed, for example if they needed to see a GP.

The provider had a complaints policy and procedure in place. Complaints records we viewed were dealt with appropriately and in a timely way. People and relatives we spoke with knew how to report any concerns. They said they were happy to speak to the staff, deputy manager or registered manager. One person told us, "I can go to bed when I want, get up when I want, the place is spotless, the food is great and nothing is too much trouble for the staff. What is there to complain about?"

## Is the service well-led?

### Our findings

There was a clear management structure in place and staff understood who they reported to. The registered manager spoke proudly and passionately about the home and how staff routinely "went the extra mile" for people who used the service and their families. We were assisted throughout the inspection by the provider and registered manager. All records we requested to view were produced promptly.

Services that provide health and social care to people are required to inform the Commission of important events that happen in the service in the form of a 'notification'. The provider had made timely notifications to the Commission when required in relation to significant events that had occurred in the home.

There was an effective quality assurance system in place to monitor key areas such as safeguarding concerns, accidents, incidents and medicines administration. Regular audits carried out by the registered manager and provider led to action plans with completion dates where necessary. For example, a recent audit identified one of the dining rooms needed repainting, so this had been scheduled to take place in the coming months.

People and relatives we spoke with knew the registered manager well and spoke positively about them. One person said, "[Registered manager] is great. They make a point of asking people how they are and their office door is always open." Another person told us, "The manager is great and so are all the staff. They're a reliable team." A relative told us, "I know I can go to [registered manager] at any time. This is a great home and that's down to the leadership here."

Staff said the registered manager was approachable and supportive and there was an open and positive culture. All of the staff we spoke with said they enjoyed working at the home. Numerous staff described the atmosphere at the home as "one big family."

Staff meetings were held regularly. Issues covered included staff training, care records and areas for improvement. Staff told us they felt able to voice their opinions and raise any concerns at these meetings or at any time. Minutes of staff meetings were taken so staff not on duty could read them later. Staff views were sought via an annual survey which had recently been conducted. The results of this were positive.

People's feedback was sought regularly via residents' meetings, informal conversations with staff and an annual survey. People's feedback was positive. There was a 'have your say' electronic terminal located in the reception area for people and their visitors to use at any time.

A 'you said we did' board was on display in the entrance area. People's views on when they wanted the main meal of the day served had been sought a few months ago. Most people were happy with having the main meal served at tea time, so no changes were made. This meant people's feedback was acted upon.