Downing (Green Gables) Limited

Green Gables Nursing Home (Downing Green Gables Limited)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 1 and 2 September 2016. Green Gables Nursing Home provides accommodation and nursing care for up to 38 people who have nursing needs. At the time of our inspection there were 35 people living at the service. The home consisted of three floors, with en-suite bedrooms on each floor, and a communal lounge, dining room and conservatory on the ground floor. Access between the floors was provided by stairs and a lift.

The home had a registered manager. 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.

We identified concerns relating to staffing that may compromise people's safety. There were insufficient staff deployed to ensure people remained safe at busy times when staff were mainly task driven. Staff often took too long to respond because they were providing support to other people. This meant that there was an increased risk that people's needs may not be met safely.

Staff were always under pressure and did not have time to sit and talk with people, which left some people feeling lonely and socially isolated. The home did not employ a full time activities coordinator which meant that people were not always supported to follow their interests and take part in stimulating social activities which enhanced their well-being.

Staff generally felt supported by the registered manager and deputy manager but some had become disillusioned in relation to the management response regarding their concerns about staffing levels. Staff did not always feel their views were listened to by the management team.

Most people told us they felt safe because they were supported by staff whom they knew and trusted. People were protected from abuse because staff were trained in safeguarding and understood the actions required to keep people safe.

Potential risks to people's safety had been identified and managed appropriately to mitigate the risk of harm to them. Risk assessments gave staff clear guidance to follow in order to provide the required support to keep people safe and promote their independence.

The provider followed safe recruitment practices. All staff underwent pre- employment checks as part of their recruitment, which were documented in their records. People were safe as they were cared for by staff whose suitability for their role had been assessed by the provider.

People were protected as processes were in place to manage emergencies to ensure people were safe, for example; evacuation plans in the event of a fire or flood and contingency plans to deal with the failure of

utilities.

People's medicines were administered safely by nursing staff who had completed safe management of medicines training and had their competency assessed by the registered manager. People had medicines risk assessments to manage the risks associated with the use of their medicines, including any known allergies or side effects.

Most people and their relatives told us the registered manager and staff provided effective care and support. People told us staff knew their needs and how they wished to be supported. Staff received effective supervision, training and support to enable them to carry out their roles and responsibilities effectively. Staff completed an induction course based on nationally recognised standards and spent time working alongside experienced colleagues. New staff had their competency assessed by the registered manager and nurses before they were allowed to support people unsupervised. Staff had completed the provider's required training which ensured they understood how to meet people's support and care needs. The provider had enabled further staff training to meet the specific needs of the people they supported, including diabetes and dementia awareness.

Staff consistently supported people to make as many decisions as possible and always sought their consent before providing any care or support. People who did not have capacity to consent to their care or support had their rights protected under the Mental Capacity Act (MCA) 2005.

People and relatives told us the food was nutritious and appetising. The cook followed nutritional guidance based on people's preferences and any professional assessments undertaken by dieticians or speech and language therapists to ensure people would receive the support they needed to eat and drink. People were supported to maintain a healthy, balanced diet.

People were supported to stay healthy and were promptly referred to relevant healthcare professionals when required.

People were supported in their day to day care by staff who were kind and gentle. People and relatives consistently told us that staff had developed positive relationships with people over time, which we observed in practice.

Initial assessments were completed before people moved into the home to ensure the provider was able to meet people's needs. Care documents showed needs and risk assessments were completed and reviewed with the involvement of the person, their relatives or care manager where required.

Staff had completed training in relation to equality and diversity and were able to explain how they ensured people had their different cultural customs and values respected. People were consistently treated with dignity and respect by staff, who spoke with people in a way that was appropriate to meet their needs and ensure their understanding.

All complaints about Green Gables had been managed in accordance with the provider's complaints procedure. People had access to information on how to make a complaint, which was provided in an accessible format to meet their needs.

We observed the registered manager and deputy manager engage with staff providing highly visible, clear and direct leadership, for example; supporting staff to calm a person whose behaviour which may challenge others had begun to escalate.

The provider had established quality assurance and governance systems which the registered manager operated effectively to drive continuous improvement in the service delivery. Staff embraced the provider's philosophy and values to provide the best quality care, which they demonstrated in their day to day support of people.

We identified one breach of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The provider had not ensured that sufficient staff were deployed at all times to keep people safe.

People were protected from abuse. Staff had completed safeguarding training and understood the action they needed to take in response to suspicions and allegations of abuse.

Staff understood the risks to people and followed guidance in accordance with their support plans to keep them safe when delivering their care.

Robust and safe recruitment procedures were followed in practice.

Medicines were given to people safely by appropriately trained staff.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and supervision to enable them to effectively meet people's assessed health and care needs.

People were supported to make informed decisions and choices by staff who understood legislation and guidance relating to consent, mental capacity and DoLS.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when required.

Is the service caring?

Good

People's feedback about staff and the service was positive.

Staff treated people with respect, kindness and dignity at all times.

Staff interacted with people positively, with patience, understanding and respect.

The service and the staff were very flexible and responded quickly to people's complex and changing needs or preferences.

People were consulted about and fully involved in their care and treatment.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always supported to follow their interests and take part in stimulating social activities.

The provider sought feedback to improve the service, which they acted upon.

A process was in place for managing complaints, which the registered manager used to develop and improve the quality of the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had not ensured the service was meeting all of the requirements of The Health and Social Care Act 2014 regulations.

The provider's quality assurance processes were not always effective,

Staff did not always feel their views were listened to by the management team.

The registered manager and deputy manager provide clear and direct leadership to the staff team.

Green Gables Nursing Home (Downing Green Gables Limited)

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 checked whether the provider was 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 of Green Gables Nursing Home took place on 1 and 2 September 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we read all of the notifications received about the home. Providers have to tell us about important and significant events relating to the service they provide using a notification. The provider had completed a Provider Information Return (PIR) before our inspection. This is a form we ask providers to complete, which includes key information about the service, what the service does well and any improvements they plan to make. We also looked at the provider's website to identify their published values and details of the care and services they provided.

Prior to our inspection we spoke with local authority commissioners who were involved in the support of people living at the home and two care managers. During our inspection we spoke with twelve people and nine of their relatives, to obtain their views on the quality of care provided at Green Gables Nursing Home.

We used a number of different methods to help us understand the experiences of people using the service who had limited verbal communication and were not always able to tell us about them. We observed how staff cared for people in communal areas across the course of the day, including when they participated in activities and when medicines were administered. We pathway tracked the care of four people. Pathway

tracking is a process which enables us to look in detail at the care received by each person at the home.

In addition, we spoke with the registered manager, the deputy manager, the home administrator, two nurses, 11 care staff, the activities coordinator, the cook and kitchen assistant and two cleaning staff. We also spoke with two visiting health professionals and a representative from a care commissioning group.

We reviewed seven people's care records, which included their daily notes, care plans and medicine administration records (MARs). We looked at 13 staff recruitment, supervision and training files. We looked at the individual supervision records, appraisals and training certificates within these files. We examined the provider's schedules which demonstrated how people's care reviews and staff supervisions, appraisals and required training were arranged.

We also looked at the provider's policies, procedures and other records relating to the management of the service, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings. We also reviewed staff rotas between 30 June 2016 and 1 October 2016. We considered how people's, relatives' and staff comments were used to drive improvements in the service.

We last inspected Green Gables Nursing Home on 3 and 4 June 2015 and judged the provider to be compliant with regulations.

Requires Improvement

Is the service safe?

Our findings

We identified concerns relating to staffing that may compromise people's safety. At the time of inspection 28 people living with dementia and 29 people required two staff to support them with their moving and positioning needs. The registered manager completed a weekly staffing needs analysis, which was updated whenever people joined or left the home. This was to ensure there were sufficient suitable staff to meet people's needs safely. The provider told us about the difficulties of recruiting staff in the Surrey area and how they had proactively recruited staff from an agency, on the basis they then became permanent staff. Since the last inspection the provider had increased the number of care staff employed at the home by three. However, the registered manager had raised concerns that there were no staff available in the lounge after lunch between 2 pm and 6pm. The provider and registered manager had discussed and agreed that staff could be better organised to ensure staff were able to support people more effectively during these hours. The provider had agreed to deploy a staff member in the lounge between 2pm and 6 pm. However during our inspection we did not observe such a staff member deployed in the lounge.

People, their relatives and staff consistently told us staff were caring but there were insufficient staff at busy times during the morning and evening. This meant that staff were always under pressure and did not have time to sit and talk with people, which left some people feeling lonely and socially isolated. One person told us, "I feel lonely and wish they (staff) could spend more time with me. I would like more company." One relative told us, "The quality of care is fine and most of the staff are brilliant, very caring but they just don't have the time to spend with (their loved one).

Staff often took too long to respond because they were providing support to other people. This meant that there was an increased risk that people's needs may not be met safely. One relative told us, "My (family member) is always calling out for help and doesn't press their alarm. Staff are always telling me they wish they had more time to sit and talk to (their family member) and could respond faster." Another relative told us their loved one required support to use the toilet frequently due to their illness and that staff often took too long to respond because they were providing support to other people.

People, relatives and staff consistently told us that there were insufficient staff to support people in the community. The home did not employ a full time activities coordinator which meant that people were not always supported to follow their interests and take part in stimulating social activities which enhanced their well-being.

Staffing levels were not organised in a way to provide safe, effective and timely care to people. On the first morning of our inspection we saw a group of six people sat at dining tables waiting for their breakfast, unsupported by any staff. One person who was repeatedly calling for help became distressed and was endeavouring to mobilise within their wheelchair. Support was eventually provided by the cook and other care staff. This meant people did not always receive the support they required at the time they needed it to ensure they were safe and their needs were met.

We observed 12 people who were sat in the lounge in the early evening. All of the people in the lounge

required support with their mobility. At this time there were no staff situated within the lounge. This meant there was an increased risk of people falling trying to mobilise without support.

Staff also told us they were often tired because their shift pattern meant they often worked four 12 hour shifts with only one day off in between, which rotas confirmed. This increased the risk of people receiving unsafe care from staff who were tired.

The failure to ensure there were sufficient numbers of suitable staff to keep people safe and meet their needs at all times was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people told us they felt safe because they were supported by staff whom they knew and trusted. A visiting health professional told us they had observed staff supporting people safely in accordance with recognised best practice in relation to dementia awareness and moving and positioning. They told us, "I have no concerns. The staff know people's needs and how to support them safely in a kind and friendly way."

People were protected from abuse because staff were trained in safeguarding and understood the actions required to keep people safe. Staff had completed the provider's required safeguarding training and were able to explain their roles and responsibilities to protect people, including notification of external bodies. Staff were able to explain their understanding of the provider's whistleblowing policy. Whistleblowing is a process that supports staff to report concerns in confidence and their disclosure is protected in law. The provider's safeguarding and whistleblowing training was up to date. People were kept safe by staff who could recognise signs of abuse and knew what to do to protect people when safeguarding concerns were raised.

Potential risks to people's safety had been identified and managed appropriately to mitigate the risk of harm to them. Risk assessments were completed with the aim of keeping people safe while supporting them to be as independent as possible. During daily shift handovers the registered manager and staff reviewed people's needs and associated symptoms and ensured these were managed safely, for example; people's increased risk of falls, deteriorating skin integrity and diminishing nutrition.

The home also held regular meetings with external health professionals, including physiotherapists, occupational therapists, speech and language therapists and commissioning groups. When risks were identified, staff developed and followed risk management plans to help keep people safe from harm. Risk assessments gave staff clear guidance to follow in order to provide the required support to keep people safe and promote their independence.

Incidents and accidents were assessed and monitored by the registered manager and deputy manager. All staff knew and understood the provider's incident and accident reporting process to ensure all risks were identified and managed safely.

The provider followed safe recruitment practices. All staff underwent pre- employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS check helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff had provided proof of their identity and right to work and reside in the United Kingdom before starting work at the service and had completed relevant health questionnaires. Prospective staff underwent

a practical role-related interview before being appointed. People were safe as they were cared for by staff whose suitability for their role had been assessed by the provider.

The service had contingency plans to manage emergencies, for example; how to evacuate people safely in the event of a fire or flood. Plans also prioritised people's care provision during such an event. Staff understood these plans and knew how to access them if required. We reviewed documents that demonstrated the effective implementation of these plans during a recent failure of service utilities. This failure and the action taken were recorded and subject of an appropriate notification to the CQC. People were protected as processes were in place to manage emergencies to ensure people were safe.

People told us they received their medicine as prescribed and staff were quick to respond to any need for pain relief. People's medicines were administered safely by nursing staff who had completed safe management of medicines training. The registered manager told us they assessed the competency of staff to administer medicines annually, which records and staff confirmed. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects. People had medicines risk assessments to manage the risks associated with the use of their medicines, including any known allergies. People's medicine administration records (MARs) had been correctly signed by staff to record when their medicine had been administered and the dose given.

People's preferred method of taking their medicines, and any risks associated with their medicines, were documented, for example; where people preferred to take medicine mixed with their food. Staff explained how people's moods sometimes affected their willingness to take their prescribed medicines and how they tried to administer them later if initially declined. Where people were prescribed medicines, there was evidence in their care plans that regular reviews were completed to ensure the medicines were still required to meet their needs. People were supported to take their medicines safely.

The home managed the use of controlled drugs safely, in accordance with legislation. Controlled drugs are prescription medicines controlled under the Misuse of Drugs Act 1971, which require increased security, administration and recording measures.

Where people took medicines 'as required' there was guidance for staff about their use. These are medicines that people take only when needed. The home had a protocol for the use of homely remedies. These are medicines the public can buy to treat minor illnesses like headaches and colds.

There was appropriate storage for medicines to be kept safely and securely. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to remain effective. People's prescribed medicines were managed safely in accordance with current legislation and guidance.

People were protected by the prevention and control of infection. Staff told us that infection control was a priority because many people had reduced immune systems and were vulnerable to infection. Staff understood their roles and responsibilities in relation to hygiene. Housekeeping staff maintained cleaning schedules and were observed to follow best practice guidelines to reduce the risk of cross infection, for example; we observed staff washing or sanitising their hands as they came out of bedrooms or before they went in. Staff maintained and followed infection control and hygiene policies and procedure in accordance with national guidance.

Good

Is the service effective?

Our findings

Most people and their relatives told us the registered manager and staff provided effective care and support. People told us staff knew their needs and how they wished to be supported. One person told us, "The staff here know me and my ways and how to care for me. I know sometimes they are busy but they make sure we come first." Another person told us, "They (staff) are very kind and treat me so gently whenever they move me in the hoist to make sure I'm not hurt." A relative told us, "The Matron (Registered Manager) is very experienced and always willing to speak to you if you have any questions, which is reassuring."

Staff completed an induction course based on nationally recognised standards and spent time working alongside experienced colleagues. New staff had their competency assessed by the registered manager and nurses before they were allowed to support people unsupervised. This ensured they had the appropriate knowledge and skills to support people effectively.

The provider had reviewed the induction process to link it to the new Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. Some staff had been subcontracted on a long term basis from an agency which ensured staff had completed the care certificate before being allocated to a service.

Staff had completed the provider's required staff training, including safeguarding people from abuse, moving and positioning, fire safety, food hygiene and infection control. This ensured staff understood how to meet people's support and care needs. Where staff training needed to be refreshed this had been identified and scheduled for completion by the home administrator. Training had been refreshed to ensure staff were enabled to retain and update the skills and knowledge required to support people effectively. The provider had enabled further staff training to meet the specific needs of the people they supported, including diabetes and dementia awareness. People were supported by staff who had the necessary skills and knowledge to meet their needs effectively.

Nurses are required by their regulatory body to have their practice re-validated every three years. The registered manager effectively supported and encouraged staff with their continued professional development and to revalidate and update their training to maintain their professional qualifications.

Staff told us the management team were approachable and supportive. Staff received an annual appraisal and formal supervision every eight weeks. Supervision records identified staff aspirations and plans to achieve them. Supervisions afforded staff a formal opportunity to communicate any problems to the management team and suggest ways in which the service could improve. Staff told us that the registered manager and deputy manager were good listeners and encouraged staff to speak with them about their ideas or concerns. Staff received effective supervision, training and support to carry out their roles and responsibilities.

Staff consistently supported people to make as many decisions as possible and always sought their consent to their day-to-day care. Staff consistently gave people time to consider their decisions, in accordance with

their support plan.

The Mental Capacity Act 2005 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 any limits on their freedom should be the least restrictive possible. People can be deprived of their liberty to receive care and treatment only when it is in their best interests and legally authorised under the Mental Capacity Act. The application procedures for this in care homes are 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 were being met.

Concerns had been raised that restrictions on some people's freedom had been imposed without an appropriate DoLS authorisation to do so. At the time of our inspection we reviewed documents which demonstrated appropriate DoLS processes had been undertaken involving the appointment of advocates, assessments by the community mental health team, psychiatrist and best interest assessor. Where required, DoLS applications had been submitted for people in the home, in accordance with legislation. Paperwork associated with these applications demonstrated a process of mental capacity assessment and best interest decisions that promoted people's safety and welfare when necessary.

Staff told us they had completed MCA training and were familiar with it's principles. Staff sought guidance from the registered and deputy manager if they were unsure about anything, which records confirmed. We reviewed documents which demonstrated all care staff had further training scheduled in relation to the MCA on 22 September 2016. If people lacked the capacity to decide to receive care, where required, their relatives had been consulted about their best interests. Nursing staff applied the principles of the MCA to ensure that people were involved in decisions about their care so that their human and legal rights were protected and upheld. Where people had been assessed as lacking capacity to make specific decisions about their care, the provider had complied with the requirements of the MCA.

People's nutritional needs were assessed and there was guidance for staff on how to support people in the way they needed. The cook followed nutritional guidance based on people's preferences and any professional assessments undertaken by dieticians or speech and language therapists to ensure people would receive the support they needed to eat and drink. This guidance was detailed in people's files and the cook was involved in ensuring people received suitable foods of the correct consistency to reduce the risk of choking.

People were supported to maintain a healthy, balanced diet. We observed staff offered support to people to make food and drink choices and checked when they had finished their meals. Where required people were provided with supportive equipment, such as easy grip cutlery and non-spill cups, in accordance with their nutrition plan. Throughout the meal attentive staff offered gentle encouragement, particularly to people who had been identified to be at increased risk of malnutrition. Staff provided appropriate support with people's mobility whilst attending and leaving the dining room. Later we spoke with people who had chosen to eat in their bedroom. One person told us, "I prefer to eat alone but the girls (staff) always ask me what I want." A relative told us, "The staff are very good at monitoring who is eating what and encouraging people to eat and drink enough."

People and relatives told us the food was nutritious and appetising. One person told us, "The cook looks after us. If you don't fancy what's on the menu they make you what you want." One person told us, "I like simple food like meat and two veg and that's what we get." A relative told us, "The food's not fancy but the

cook makes what they (people) like and they all seem to enjoy it."

People were supported to stay healthy. Records showed that people had regular access to healthcare professionals such as GP's, district nurses, dieticians, occupational therapists, physiotherapists, opticians and dentists. During our inspection we observed staff supporting people in accordance with guidance provided by health professionals, for example; supporting people with their mobility using techniques recommended by an occupational therapist. We observed staff support people to manage an eye infection in accordance with the guidance provided by their ophthalmologist.

People's care plans were reviewed monthly, which identified all interventions that had taken place for each person, and highlighted significant changes, for example; changes in prescribed medicines and the updates from any visiting health professionals. These reviews identified risks to people's health and wellbeing, for example; the risk of tissue damage or falling. Where people were living with diabetes, they had detailed care plans providing staff with clear guidance how to support them effectively.

Good

Is the service caring?

Our findings

People were supported in their day to day care by staff who were kind and gentle. People told us they were happy living at Green Gables which was their home. One person told us, "I would rather be in my own home but know I need help and I don't think I could be anywhere better. The nurses (staff) are so caring." A relative told us, "The staff are very caring and know how to reassure and comfort people when they are confused or upset." They also told us, "The staff know how to comfort different people in different ways which they respond to."

The registered manager had cultivated a family atmosphere in the home where people, relatives and staff shared a mutual respect and affection. Staff were adept at communicating with people in the required manner, whether in one to one conversations or in groups. Staff spoke with people in a way which made them feel special, regularly enquiring about their welfare. One person told us, "Some of the staff have been here longer than me, so they really are like my family. There's one carer (staff named) who always knows just what to say to cheer me up." Another person told us, (Staff named) is so caring, he's like a big gentle bear."

People and relatives consistently told us that some of the staff who had been working at Green Gables for a long time had developed positive relationships with people over time, which we observed in practice, for example; One long serving staff member regularly came to the home on their day off with their dog to take people out for a walk. Relatives and staff told us this brought back fond memories for people who had enjoyed lifelong associations with their own beloved pets.

Throughout the inspection we observed and heard staff providing reassuring information and explanations to people whilst delivering their care, particularly when supporting them to move. We observed one person who was disorientated after briefly dozing in an armchair. Staff immediately provided gentle reassurance, stroking the back of their hand, which eased the person's anxieties and improved their wellbeing. One person told us, "Sometimes I get frightened when I'm being moved in the swing (hoist) but the nurses are so kind and patient they just stop and talk to me then I'm okay." We observed staff supporting this person to transfer from an armchair to their wheelchair, providing gentle reassurance which eased their anxieties.

Staff were very knowledgeable about people's needs which enabled them to develop trust and understanding. A visiting care commissioner told us Green Gables "feels like a real home" and that relationships between people and staff were 'caring and compassionate'. During our inspection we observed a group activity where we saw a person become confused and distressed. Staff immediately provided comfort and reassurance, in accordance with the person's care plan.

People's privacy and dignity were respected. During a group activity we observed staff discreetly support one person to rearrange their dress to uphold their personal dignity. Staff always knocked and asked for permission before entering people's rooms. People told us they enjoyed a laugh and joke with staff, who always spoke with them in a respectful way.

Staff knew people's life stories, their interests and like and dislikes which enabled staff to engage in

conversations about topics other than the person's support needs. One person told us, "I like talking to (named staff) because they really take an interest in me and my life which makes me feel that they really care."

Some people had limited verbal communication, whilst others had sensory impairments. We observed staff demonstrate their understanding of how people showed their displeasure or discomfort, by addressing identified issues in a sensitive manner, for example; One person appeared to be experiencing discomfort with their hearing aid and was becoming agitated. We observed staff sensitively support the person by checking the device and supporting them to replace it using a lubricant in accordance with their support plan, which immediately reduced their agitation and anxiety. Where staff supported people with sensory impairments we observed meaningful interactions encouraged by staff adopting techniques, in accordance with people's support plans, for example; ensuring they were sat directly in front of a visually impaired person, face to face and at the same level, often by kneeling down.

People were consistently treated with dignity and respect by staff, who spoke and communicated with them in accordance with their communication plan. We observed staff speak with people in a way that was appropriate to meet their needs and ensure their understanding. When required, staff spoke slowly and clearly, allowing people time to understand what was happening and to make decisions. Where necessary, staff used gentle touch to enable people to focus on what was being discussed. When people were upset, we observed that staff recognise and respond appropriately to their needs immediately, with kindness and compassion. Staff knew how to comfort different people with techniques they preferred, for example, by holding their hands or putting an arm around their shoulder. Staff demonstrated in practice that they understood guidance in people's care plans regarding their individual emotional needs.

People were involved in planning their care. People and relatives told us they had visited the home before they moved in, which had reassured them. Initial assessments were completed before people moved into the home to ensure the provider was able to meet people's needs. Care documents showed needs and risk assessments were completed and reviewed with the involvement of the person, their relatives or care manager where required. Care plans captured people's individual preferences and identified how they wished to spend their time and live their lives. People were supported to be involved in decisions about their care.

Relatives and visitors were welcomed to the home and there were no restrictions on times or lengths of visits, for example; One person had regular visits from their family member who lived in Ireland. The person's relative told us, "I come for two days and the matron allows me to stay as long as I want."

Staff had completed training in relation to equality and diversity and were able to explain how they ensured people had their different cultural customs and values respected. The deputy manager told us that the multi-cultural nature of the staff team had naturally created an ethos of respect for diversity which enhanced the provider's policy and procedures. The registered manager and staff supported people with their spiritual and emotional welfare, for example; staff had arranged for two people with similar religious beliefs to establish a relationship with one of the people living at Green Gables.

Requires Improvement

Is the service responsive?

Our findings

People, their relatives and staff consistently thought the support provided to offer them opportunities to follow their interests and take part in social activities could be improved. People did not benefit from the focus of a full time activities coordinator (ACO). We spoke with the ACO who told us they worked in the laundry for three days per week and spent two days in their role as the ACO, which rotas confirmed. The registered manager told us they were recruiting more laundry staff to allow the ACO to focus entirely on activities. The ACO was concerned that they did not have sufficient time to ensure people who could not join in with group activities received one to one support and there was insufficient staffing deployed to support day trips into the community. This meant that people did not always receive support that was responsive to their social needs to ensure their well-being.

People were not always supported to follow their interests and take part in stimulating social activities. Most people told us they would prefer more activities and trips outside the home. One person told us, "I quite like the activities in the home but they're not very exciting. I would like to be able to look forward to going out more, like going on an adventure." One person told us, "I used to look forward to going outside into the garden but haven't been out there for ages." A relative told us, "I don't know if it's staffing or what but they don't organise trips out anymore, like going to the local garden centre."

People and their relatives consistently told us they received personalised care and support that met their health needs at all times. People and relatives told us they had the opportunity to visit the home before they moved in, which had reassured them. People's needs were assessed before they moved to the home to ensure staff could meet their needs. People and their families were involved in care planning wherever possible. A relative said, "When (their family member) first moved into Green Gables we were asked to provide as much information as possible about their childhood, their life history, work history as well as their medical history. One person who moved into Green Gables during our inspection told us they were impressed by the support provided by the management team and staff to ensure they settled in.

The registered manager and nurses had developed care plans to advise and guide staff about people's care, support and nursing needs. They were centred on the individual needs of each person and their medical history, their preferred daily routine and how people wished to receive care and treatment. The care plans included information about people's medicines, continence, skin integrity, nutrition and mobility. Staff demonstrated a good understanding of people's needs and preferences. They knew how each person liked to receive care and support, for example; which people required to be repositioned regularly to ensure their skin integrity. Records of daily care confirmed that people received care in a personalised way according to their individual needs, for example; one person had a plan to improve their mobility with guidance from an occupational therapist. We observed staff support the person in accordance with the health professional's advice.

The nurses conducted reviews of people's care plans monthly and the registered manager completed a full review of three people's care records per month. Any identified changes were updated in the person's care plan, and communicated to other staff, to help ensure people's current needs were known and met.

We observed staff responded promptly when people's needs changed, for example; Nurses effectively monitored the blood-sugar levels of people living with diabetes and took appropriate action when their readings were too either too high or too low, then took further readings to ensure the action taken had the desired effect . On the first day of our inspection two people had developed an infection and they were immediately referred to their respective GP's. We observed three handovers which highlighted developing health issues, which required eight referrals to relevant health professionals. We checked later in the inspection to confirm all of these referrals had been made and people had been seen by the relevant health professional or an appointment had been made.

We observed one person in the lounge who was repeatedly shouting for help. We reviewed their care records and found this was recognised behaviour, even when their needs had been attended to. The constant shouting for help by this person then increased the anxieties of other people who initially tried to converse with them using humorous banter but then began shouting "Shut up" at the person. We observed one person endeavour to reach their walking aid because they wished to leave due to the noise. Staff entering the lounge with people they were supporting briefly engaged with the person shouting, although the shouting recommenced when they resumed their initial support task. We informed the nurse who took action to reassure and comfort the person shouting. We spoke with the nurse later who told us that during the afternoon and at 'supper time' staff were caring for people on the floors in their bedrooms, which meant there often were no staff in the lounge, other than those supporting individuals to their rooms. This meant there was an increased risk of people falling trying to mobilise without support.

During the inspection we spoke with a visiting health professional who provided a range of complementary therapies to people. Complementary therapies are used in addition to medical treatment. They aim to improve mental and physical wellbeing and many people find the experience of having the complementary therapy itself pleasant. Two people we spoke with told us their pain relief and quality of life had improved significantly since receiving weekly massages from the therapist.

Feedback to improve the service was sought by the registered manager using a range of methods. The registered manager was dedicated to the people living at Green Gables and told us they were "always looking for ways to improve the quality of their lives and the care they experienced."

The registered manager was committed to listening to people's views and making changes to the home in accordance with people's comments and suggestions. People said they could let staff know if they were unhappy with something. The registered manager and provider sought feedback in various ways, including provider surveys, visitor's questionnaires, house meetings, and staff meetings, which they used to drive continuous improvement in the service.

In the last year the registered manager had received 14 formally written compliments. The main themes running throughout these letters were the kind and loving care provided by exceptional, friendly staff and the provision of wonderful home cooked food.

Since our last inspection there had been four complaints raised about Green Gables. People had access to information on how to make a complaint, which was provided in an accessible format to meet their needs. Staff knew the provider's complaints procedure but told us they dealt with small concerns as soon as they arose to prevent them escalating. The registered manager spoke with relatives whenever they visited the home to find out if they had any concerns or whether there were any improvements required. One relative told us they had raised concerns about their family members deteriorating mobility. The registered manager immediately arranged for a new mobility assessment to be completed by an occupational therapist. This assessment recommended the use of a different type of supportive equipment, which the provider

obtained. The registered manager and staff were responsive to people's complaints and necessary learning from concerns was implemented to prevent the risk of a recurrence and to improve the service. All of the complaints were reported, recorded, investigated and managed in accordance with the provider's complaints policy and procedure. Complaints and concerns formed part of the provider's quality auditing processes so that on-going learning and development of the home was achieved.

Requires Improvement

Is the service well-led?

Our findings

It is a requirement of good leadership for provider's to be meeting all of the requirements of The Health and Social Care Act 2014 regulations. At our inspection we found the provider had not complied with the regulations in relation to staffing.

The provider's quality assurance processes were not always effective, such as acting on feedback from people, staff and relatives as well as observations to identify and take timely action to ensure improvements in quality and safety. The provider frequently met with the management team to discuss how staffing levels and organisation could be improved and sought feedback from the staff on how to improve their working conditions. The registered manager and provider had identified the need to deploy a staff member in the lounge between 2pm and 6pm daily, to which the provider had agreed. However, such staff were not deployed during our inspection.

The provider had established other effective quality assurance and governance systems, for example; audits of care planning, medicines management, health and safety and infection control. Completion of these audits identified where improvement was required. The management team then issued actions to designated members of staff to ensure the necessary improvement and learning was implemented, for example; the medicines management audit identified that the unused medicine returns had not always been completed correctly. The registered manager's care plan audit identified those which required to be updated. We noted the registered manager had arranged extra funding for nurses to work overtime where required to ensure all monthly reviews were up to date. The provider visited the home at least once a month. As part of this visit they spoke with people and staff, observed care being delivered, and reviewed a range of care records and audits.

Whilst staff generally felt supported by the registered manager and deputy manager some had become disillusioned in relation to the management response regarding their concerns about staffing levels. Staff told us they had raised the issue through the registered manager and the provider had addressed staff meetings. Staff told us the provider had explained how the staffing levels were compliant with national guidance and based on a needs analysis using people's dependency as a criteria. Staff told us they understood the point which was repeatedly made but felt they were not being listened to and their point of view was not valued. A member of staff told us, "Most of us (staff) don't feel comfortable raising the same issue over and over again in staff meetings. They (the management team) encourage us to raise things but don't listen about staffing." Another member of staff told us, "We all want to do more for the people here like spend more quality time and more activities. Poor old (Named staff) doesn't know if they're coming or going between activities and the laundry. We're always robbing Peter to pay Paul." Staff told us they did not always feel their views were listened to so they were not actively involved in developing the home.

The registered manager and deputy manager promoted a positive culture within the home that was open and inclusive. We received positive feedback from staff and comments included, "The matron is always available and regularly supports us when it gets busy" and "I've worked here for over twenty years so the people here are more than just patients, and that's what makes working here so rewarding." A nurse told us

the registered manager was extremely supportive with their guidance and advice while achieving the revalidation of their professional qualifications. People and their relatives told us the 'Matron' (registered manager) was highly visible and readily approachable. One person told us, "The Matron walks through every morning to make sure everything is ok and that everyone is happy." Another person told us, "If I have a problem I just tell the Matron or the nurses and they sort it out."

During the inspection we observed the registered manager and deputy manager engage with staff and positively manage them, for example; the deputy manager provided clear guidance to staff about how to support individuals. Staff told us that the management team were flexible and their level of their support was increased during challenging periods, for example; the deputy manager provided additional nursing support to meet a person's escalating needs. This meant they were unable to complete planned care plan reviews which they then completed on overtime. Observations confirmed the registered manager and management team were highly visible within the home and provided clear and direct leadership to the staff regarding the day-to-day running of the home.

The registered manager completed a weekly and monthly review of all accidents and incidents. The weekly review ensured incidents had been effectively recorded and investigated, with necessary measures implemented to mitigate the risk of a future occurrence. The monthly review analysed any themes or trends to identify and drive improvement in service delivery.

The management team responded to and shared learning from incidents which had occurred in the home, for example; one of the nurses identified that infection control could be improved through the use of better quality personal protection equipment, which were then obtained. The nurse then refreshed infection control and hygiene best practice during group discussions. The nurse told us how they hoped to develop regular staff meetings where different competencies and best practice could be discussed and refreshed.

There was a clear management structure at the home, which consisted of the provider, the registered manager, the deputy manager, the home administrator and the nurses. The deputy manager assumed responsibility for the day-to-day management of the home in the absence of the registered manager. The registered manager and deputy manager were on-call, available to provide advice and support to staff out of hours. The management team had clearly defined areas of responsibility which were understood by all staff.

The registered manager and deputy manager were both registered nurses and kept up to date with the latest clinical advice and guidance in order to maintain their registration. They were members of various networks and the associations relating to health and social care which they used to ensure the Green Gables followed the latest best practice guidance, for example; practice in relation to infection control and wound dressing.

The provider's aim published on their website was to ensure all people living at Green Gables had the right to live to their fullest potential in a homely environment supported by knowledge-based care practices. The provider's philosophy recognised the core principles of care which encouraged and promoted people's privacy, dignity, choice, human rights, self- esteem, fulfilment, opportunity, independence and spirituality. Staff were aware of the provider's values and philosophy which we observed staff demonstrate in practice, whilst supporting people.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient quantities of staff were not deployed within the service at all times. Regulation 18 (1).