Green Care Homes Limited

The Green Residential Care Home

Inspection report

The Green,
Ings Lane,
Ellerker,
HU15 2DP
Tel: 01430 422262
Website: n/a

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Ratings

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

Overall summary

The inspection of The Green Residential Care Home took place on 26 May 2015 and was unannounced. At the previous inspection on 29 September 2014 the regulations we assessed were all being complied with.

The Green Residential Care Home is registered to provide accommodation and care for 23 older people and to provide a domiciliary care service in the local vicinity. Accommodation at the home is provided over two floors and most bedrooms are single occupancy. There are two sitting rooms and a dining room. A small garden to the rear of the property is accessible to people that use the service. There is a car park to the rear for four cars and other parking is available near the village green. At the time of our visit there were eleven people using the service and one person receiving day care. There were six people receiving a service from the Domiciliary Care Agency provided by Green Care Homes Ltd.

Summary of findings

There was a registered manager in post who had been managing the service for the past eighteen months. A registered manager is a person who has registered with the Care Quality Commission 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 found we had some concerns about the premises being adequately maintained to ensure the environment was safe for people and staff. These were in relation to window restrictors to prevent people from climbing out of them and risking a fall, hot water signage to tell people that water was very hot, fire door closers on bedrooms to ensure they fitted tightly into their rebate reducing fire risk and recommendations made at the last fire safety maintenance check in 2014 (the fire safety panel to update) not being completed yet. Improvement in these areas was needed.

This was a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in respect of combined regulations 15: premises and equipment and regulation 12(2)(d) safe care and treatment. You can see what action we told the provider to take at the end of the full version of the report.

We found that people that used the service were protected from the risks of harm or abuse because the provider had ensured staff were appropriately trained in safeguarding adults from abuse and the provider had systems in place to ensure safeguarding referrals were made to the appropriate department. People were safe because risk assessments were in place to mitigate risk and staffing was in sufficient numbers to meet people's needs. However, though staff recruitment followed safe policies and practices it needed to be improved. It was recommended to the provider that all staff recruitment checks were completed fully before staff began working in the service or risks taken were mitigated with information on action taken. Management of medicines and infection control practices were appropriately carried out, but it was recommended to the provider that general cleaning in the service needed to improve.

We found that people that used the service were cared for by trained, knowledgeable and appropriately supervised staff. They were protected by the use of legislation that upheld their rights and their consent to care and treatment was obtained before the staff supported them with this.

We found that people were given adequate nutrition and their health care was monitored. While the premises were appropriate for older people they did not provide the best environment for people living with dementia and were in need of an upgrade.

We found that people that used the service were treated kindly by staff with whom they had good relationships. People's individuality was respected and while one staff was over cautious about ensuring medication was taken and therefore dis-regarded people's independence we found that other staff encouraged people to be as independent as possible.

We found that people were given appropriate information and explanations to make decisions, their privacy and dignity were respected and their overall wellbeing was considered and addressed by staff that understood their needs and wishes.

We found that people that used the service had person-centred care plans in place for staff to follow regarding people's physical, emotional and social care and health care needs, but some months these had not been reviewed. Sometimes staff did not respond to people's needs at times when people were unaware they needed help and had not requested it. It was recommended to the provider that they ensured staff were more actively responsive to people's needs when people were not directly seeking assistance, but were in need of it.

People had things to do at the service to keep them occupied and they sometimes went out on trips. They knew how to complain if they were unhappy about anything and were satisfied with the response they received or would receive if they had a complaint.

We found that people that used the service experienced a family-orientated culture and an open, accountable management style that ensured they were kept informed about things that affected them. Staff provided people with the information and explanations they required and

Summary of findings

had opportunities to make their views known about the quality of the service. Records were not as well maintained as they ought to have been in respect of dates and signatures.

Summary of findings

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 safe.

This was because there were concerns about the premises being adequately maintained to ensure the environment was safe for people and staff. This did not apply to the Domiciliary Care Agency (DCA).

People that used the service were protected from the risks of harm or abuse because the provider had ensured staff were appropriately trained in safeguarding adults from abuse and the provider had systems in place to ensure safeguarding referrals were made to the appropriate department.

People were safe because risk assessments were in place to mitigate risk and staffing was in sufficient numbers to meet people's needs. However, though staff recruitment followed safe policies and practices it needed to be improved. Management of medicines and infection control practices were suitably handled. This also applied to the DCA.

Is the service effective?

Requires Improvement

The service was not effective.

People that used the service were cared for by trained, knowledgeable and appropriately supervised staff. They were protected by the use of legislation that upheld their rights and their consent to care and treatment was obtained.

People were given adequate nutrition and their health care was monitored. This applied to the DCA as well.

While the premises were appropriate for older people they did not provide the best environment for people living with dementia and were in need of an upgrade. This did not apply to the DCA.

Is the service caring?

Good

The service was caring.

People that used the service were treated kindly by staff with whom they had good relationships. People's individuality was respected and while one staff was over cautious about ensuring medication was taken and therefore dis-regarded people's independence other staff encouraged people to be as independent as possible.

People were given information and explanations to make decisions, their privacy and dignity were respected and their overall wellbeing was considered and nurtured. This also applied to the DCA.

Is the service responsive?

Requires Improvement

The service was not responsive to people's needs.

Summary of findings

This was because people that used the service had person-centred care plans in place for staff to follow regarding their physical, emotional and social care and health care needs, but some months these had not been reviewed. Sometimes staff did not respond to people's needs at times when people needed help, but had not requested it. This did not apply to the DCA because staff responded well to the needs of people that used the DCA.

People had things to do at the service to keep them occupied and they sometimes went out on trips. They knew how to complain if necessary. This also applied to the DCA.

Is the service well-led?

Requires Improvement

The service was not well led.

People that used the service experienced a family-orientated culture and an open, accountable management style. People were provided with the information and explanations they required and had opportunities to make their views known about the quality of the service. This also applied to the DCA. However, records were not as well maintained as they ought to have been in respect of dates and signatures.

The Green Residential Care Home

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 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 26 May 2015 and was unannounced.

The inspection team consisted of two inspectors with the Care Quality Commission and an expert-by-experience with experience of working with older people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information we already held on our information systems, at information sent to us by the local commissioners of the service and at notifications the service had sent us over the last year. We asked for information from the GP surgeries and district nursing services that had contact with people that used the service at The Green, but we did not receive any responses.

We requested a 'provider information return' (PIR) from the service in February 2015. A PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We saw that the provider had not completed and returned the PIR to us. The reason for this was explained to us by the registered manager who told us they had not been aware they had received a request to complete it. The registered manager had seen our request to send us a list of contacts: health care professionals, local authority staff and other stakeholders with interest in people's care, which we had received.

We looked round the premises, spoke with seven people that used the service, spoke with the registered manager and three staff and with one visitor to the service. We looked at four case files for people that used the service, at two staff recruitment and training files and at other documents and records relating to the running of the service.

We telephoned and spoke with two of the six people that used the domiciliary care service and we spoke with the relative of a third person that used the service, about the quality of the care and support people received.

Requires Improvement

Is the service safe?

Our findings

People we spoke with thought the environment was adequately maintained. They made no negative comments about their bedrooms or the communal space available to them.

When we looked around the premises at The Green we found it provided suitable safe accommodation for older people. We saw there were suitable fire safety evacuation procedures posted around the service for people, staff and visitors to follow. There was a ceiling mounted hoist tracking system in the assisted bathroom, which enabled dependant people to be bathed safely. Fire extinguishers had been checked yearly and were due in July 2015. Maintenance contracts and safety certificates were available and up to date for electrical installations, fire systems, fire extinguishers, the passenger lift, lifting hoists and waste management. There was no gas safety certificate as the property was not supplied by gas. An oil burning boiler provided central heating and hot water. Oil burning fuel was supplied on a contract.

However, there were some parts of the service that required attention to improve safety all through the property. We found there were no safety restrictors on windows to prevent people from climbing out of them and risking a fall. There was no hot water signage above wash hand basins to tell people that water was very hot. We observed that some fire door closers on bedrooms did not always function fully to ensure doors fitted tightly into their rebate and so posed a fire risk. We saw that the last fire safety maintenance check in August 2014 and carried out by a contract maintenance company, had recommended the fire safety panel be updated. This had not been done yet.

We saw that there were generic risk assessments in place to cover issues relevant to all people that used the service and to staff. These covered security of the building, stress, falls from windows, asbestos within the property, staff moving large static items, scalding and water safety. These risk assessments had not identified the lack of window restrictors or hot water signage and therefore did not protect people and staff from risks of harm.

One bedroom, which we informed the registered manager about, had a small step into it and to enable an occupant to get into it in a wheelchair, a wooden ramp had been fitted. However, the ramp gradient needed to be checked for safety, but more importantly a lip had been fitted to stop a wheelchair rolling off the side of the ramp. This posed a serious trip hazard to ambulant people and staff. There were empty cardboard boxes standing in one corner of the lounge and in front of a fire escape. There was an electric socket in the laundry, used for night staff to iron clothing, which was too close to a water supply and presented as an electric shock hazard. The registered manager was informed of these safety concerns on the day we inspected.

These areas did not ensure people that used the service and staff were safe from the risk of harm due to accidents involving scalds, electric shock, fire, trips and falls. The severity of these concerns was minor but the impact on people that used the service was potentially moderate.

This was a breach of both regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of the report. This breach did not apply to the DCA service.

People we spoke with told us they felt safe. One person said, “Feel safe? Yes I do, I know I’m not being attacked or anything and I’m not bullied.” Another person sitting alone in the quiet lounge told me staff did check on them and “They don’t stay long but long enough.” A third person said, “I feel safe now, there’s always someone around”. They told us that some time ago “One lady did wander around and she picked on me. She kept opening and shutting my door in the middle of the night, I had to get the night staff who kept taking her back to her own room. The door doesn’t snap into the lock and she knew that. I was a bit frightened and kept complaining to the staff and they dealt with it. She’s gone now, I can relax.”

Staff we spoke with told us they had completed safeguarding adult’s raining with East Riding of Yorkshire Council (ERYC) and they demonstrated a good understanding of safeguarding awareness when we asked them to explain their responsibilities. They knew the procedure for making referrals to the local safeguarding authority team at ERYC. One staff we interviewed was very new to caring and said they hadn’t yet completed any safeguarding adult’s training. Staff knew the types of abuse, signs and symptoms and we saw from the staff training record and individual training certificates that care staff had completed safeguarding training in the last two years.

Requires Improvement

Is the service safe?

The registered manager fully understood the procedure for using ERYC's safeguarding referral risk tool, but told us there had been no referrals made in over a year. We saw from the information we held on our system that there had been no notification of safeguarding referrals to the ERYC Safeguarding Adults Team in the last year. Safeguarding records held by the service also showed there had been no referrals in that time. This we were told by the registered manager was because there had been none to refer.

People we spoke with told us they did not really take any risks. One person said, "I like a quiet life now." We saw that people had risk assessment documents in their care files which covered areas of need, for example, mobility, falls, eating and drinking, skin integrity and when leaving the building. We found that some information in risk assessments was not always accompanied by the assessment 'working out' to show how the risk level had been reached and sometimes information conflicted with what had been assessed on initial admission.

We did not observe any people taking risks and whenever staff assisted people they did so safely. There was one minor concern in respect of risk. This was when a visiting chiropodist provided their service in the main lounge and at the same time staff assisted people to transfer using a sling hoist. Both of these activities took up the available floor space and at the time they were carried out together posed a trip hazard to people that were independent with their mobility.

There were risk assessments in place for people that used the domiciliary care agency (DCA) in respect of their environmental safety and any transferring with the aid of a hoist.

The service had appropriate emergency procedure plans in place, for example, in the event of utilities failing, flood and the passenger lift breaking down.

Accidents and incidents were appropriately managed and recorded and body maps were used to show injuries people had sustained. Action was taken to reduce the risk of repeat accidents happening and the registered manager had a system of documenting what they considered to be 'near miss events.'

People we spoke with gave us mixed information about the staffing levels. One person that used the service said, "There's plenty of staff." A visitor said "Sometimes there's only two staff on which is not enough, though lately there has been three."

We saw there were three care staff and one auxiliary staff member on duty, plus a cook and the registered manager on the day we inspected. The roster confirmed those staff present and also showed the usual numbers of staff on duty: three care staff each morning and afternoon and two waking staff at night. The auxiliary job, which entailed providing housekeeping and social / emotional support to people that used the service, had been created for one particular staff member because of their engagement skills. There were twelve people that permanently used the service and one person temporarily using it at the time of our inspection and so staffing ratios were adequate to meet people's needs.

The registered manager told us they used thorough recruitment procedures to ensure care home and DCA staff were right for the job. They ensured job applications were completed, references taken and Disclosure and Barring Service (DBS) checks carried out before staff started working. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Staff we spoke with, but one, told us they had called at the service asking about job vacancies. They confirmed that they completed application forms, had an interview and had DBS and reference checks carried out before they started working in the service. Files contained evidence of application forms, DBS checks, references and people's identities. There were interview documents, health questionnaires, correspondence about job offers, new starter details forms, induction information and a list of the service's policies and procedures. Staff had copies of the service 'staff handbook' to instruct them on what was expected from them.

However, one new staff member had not yet received their DBS clearance, but was working under full supervision. The service had not recorded this fact, which would have shown they were being monitored while working without a DBS, as this is only acceptable in special circumstances. We assessed that recruitment procedures were safe but had not been followed as carefully as they ought to have been and so people were not protected as well as they should

Is the service safe?

have been. **We recommend that the provider ensures they follow the latest best practice guidance for mitigating risk when staff are working prior to the receipt of a DBS check.**

There was a policy on the management of medicines and systems in place to manage medicines safely. We saw that no one self-medicated and this was confirmed to us by the registered manager. The service used a monitored dosage system. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for simple administration of medication at each dosage time without the need for staff to count tablets or decide which ones need to be taken when.

We assessed the medication management systems used by the service and saw that medication was appropriately requested, received, stored, recorded, administered and returned when not used. We were told that only senior staff trained to give people their medicines did so. We saw medicines being administered by a senior staff member who followed safe practices, with the exception of one issue. They administered a person's tablets directly into their mouth using their fingers. This staff member's practice was discussed with the registered manager and there were other concerns raised in the discussion. We were informed that they were still in their probation period and we have since been told by the registered manager that their contract was not made permanent.

We saw that one person in the quiet lounge needed to take their medicines at a more specific time and when the senior staff member brought them we observed they were impatient to have the person take them. They said to the person, "Do you want me to help you with your juice? Can you swallow? Has it gone? Has it gone now?" This information was passed to the registered manager to address.

Medicine administration record (MAR) charts contained clear details of when and how medicines were to be given and they had been completed accurately by staff. MAR charts were also in place for topical medicines, but these were held in people's bedrooms. We saw they had been completed.

People that used the DCA told us they did not require support with taking medicines and staff did not usually handle any. One person said, "Staff only ever check with my spouse that medication has been taken, but they do not need to manage it." Another person said, "I look after my own medicines, no one needs to help me."

When we looked round the premises to assess infection control systems we saw that paper towels were in use in communal bathroom areas and hand sanitizer dispenser were in use in strategic places. The laundry had designated dirty and clean areas and there was a system in place to ensure high risk dirty items were only handled using 'red' linen bags. Staff we spoke with told us they had completed infection control training and were aware of good infection control practices.

However, we found that parts of the service were untidy and unclean; stained walls, clothes and towels hanging on hand rails, a face cloth on the floor and paint splatters on the corridor floors from previous decoration. There were dusty corridors in the extension and rubber gloves on the floor outside one bedroom. A vacuum cleaner and a pile of curtains were unattended on the floor outside another bedroom.

The quiet lounge was well decorated and bright but the carpet had not been vacuumed. There were some empty cardboard boxes in one corner. We were told by staff and a visiting relative that this lounge was not used much, but we saw a person using it throughout most of the day.

We saw that while radiator grilles prevented people from touching very hot radiators, they posed a minor infection control risk. We saw that people that used the service had used them to hold rubbish: bits of paper, wipes, tissues and sweet wrappers, a drinks mat, the backs of sticking plasters and tangerine peel in one. We considered that people living with dementia may have thought they were waste bins. This was brought to the attention of the registered manager, to address.

We found that there were some unpleasant odours in the service: in people's bedrooms, which we informed the registered manager about, so that they could resolve them. After the chiropodist had visited no one cleaned up the remains. The service was not cleaned to as high a standard as it ought to have been. **We recommend that the provider ensures regular cleaning throughout the whole premises so that people have an improved environment to live in.**

Requires Improvement

Is the service effective?

Our findings

People we spoke with thought staff were skilled in their roles. They said, "The staff are lovely and they seem to know what they are doing" and "The staff know when I am not well and need more support. They know if I need the GP or not."

Staff told us they had received an induction to their positions and completed appropriate training for their roles. They were appropriately supervised. We saw evidence of induction, training and supervision in their recruitment and training files and training records. Staff said much of their training was completed on-line and included, for example, dementia awareness, principles of depriving people's liberty, first aid, fire safety and food hygiene. They told us they had attended courses on management of medicines, bereavement and moving and handling. One staff said they had not yet completed safeguarding training but that this was planned.

One staff had a job created for them as an auxiliary staff member. It entailed being a housekeeper / befriender. They spent their time keeping people's bedrooms tidy, talking to people and taking them out for short trips or walks around the village. They said they concentrated on people's emotional and psychological wellbeing by comforting them, being a person they could confide in or just sharing a moment of understanding and companionship. They were enthusiastic about their role and completed the training that other care staff completed.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected.

The registered manager told us there had been best interest meetings held for people whenever they were required. A best interest meeting may be needed where an adult lacks mental capacity to make significant decisions for themselves and needs others to make those decisions on their behalf. It is particularly important where there are a number of agencies working with the person, or where there are unresolved issues regarding either the person's capacity or what is in their best interest and a consensus has not been reached. We saw a completed best interest form for a person who did not have a photograph in their file but this was not really necessary. Nor was it a true best interest decision as there was no involvement from a multi-disciplinary team.

We saw documents in people's files to show they had been assessed using the MCA legislation and when we spoke with staff they demonstrated a basic knowledge of the MCA and DoLS requirements. We were told that no restraints were ever used in the service, but staff were vigilant to ensure those people without capacity remained safe from accessing the outside of the service unaccompanied. There were documents giving people's consent to receive care and treatment from staff in line with people's care plans. People had been asked about their wishes in the event of their death and these were recorded.

People we spoke with said they were satisfied with food provision. They said, "We get nice food and I've a good appetite, they ask you what you like, there's a choice", "The food is first class", "The food is alright, you get enough" and "The food's good. You get more than enough to eat". They said if they didn't like something then an alternative would be given and that this was always accommodated. We spoke with the cook who explained they had sufficient budgets, equipment worked well and they knew people's requests, likes and allergies. We saw nutritional information in people's care files that included likes and dislikes, medical diets and nutritional risk screening. There were no concerns raised by people about food provision as all meals were home cooked from fresh ingredients. Medical diets were catered for and healthy eating options were available. One person that used the DCA said they were always satisfied with the meals staff prepared for them.

We saw the cook record the day's lunch and tea menus on a blackboard in dining room and then they took time to speak with a person and explain the choices available. The cook told us they knew what the person liked but let them make their own choices.

We observed lunch in the main dining room. Tables were well set with cloths, place mats, salt and pepper and cutlery and looked attractive. The dining room had a homely feel. There were jugs of juice on the tables and everyone had a drink of juice close to hand. It was a

Requires Improvement

Is the service effective?

sociable event. One care staff asked a person where they wanted to sit and assisted them but did not make sure they had settled. Another care staff helped them push their chair nearer to the table shortly afterwards.

People had their health care needs well documented in their care plans. Information included details of any medical diagnoses, prescribed medication, health care checks (vision, hearing, chiropody and dental) and information about hospital appointments and GP or district nurse visits.

While the service was suitable for accommodating older people there were some areas that required attention. These included some exposed pipes and dampness (from a leak) in the main entrance hall. The extension part of the property looked tired in respect of décor, some furniture was old and needed replacing and there was a broken bath panel side in one of the bathrooms. The bedrooms in the extension were in particularly poor decorative order. However, the decoration and maintenance in the old building was good and significantly better than in the extension. All paintwork was white glossed and walls in the bedrooms we saw were in a good state of repair.

Some automatic closers on bedroom doors were not adjusted correctly and did not secure the door to ensure privacy. For one person whom we had spoken with this had caused distress in the past when another person had constantly entered their bedroom. We saw that bedroom doors had no external handles, but a push panel and Yale lock. They had missing locks / numbers / name holders and marks left behind had not been repaired. Scratches and scuff marks were visible on them.

All bedrooms had 'nurse call bell' pulls and where these did not reach the bed space they were extended by the use of bandaging. This did not look good but was effective to enable people to reach them while in bed.

The premises were not designed for people living with dementia and this was discussed with the registered manager. We found that there could have been some improvement in the signage and the colour / pattern schemes of the décor and carpets to enhance people's quality of life by nurturing a better environment. Environment incorporates design and building layout, colour schemes, textures, experience, light, sound, smell. As an example we saw mirrors in the extension were old and although clean had flaws and marks due to their age. Whilst this could be seen as an attraction in the right place, in the context of the service a concern would be that these spots and marks could cause confusion and distress to some people living with dementia.

We recommend that the provider looks at the excellent information available in research on dementia care environments. This information looks at reducing the incidence of agitation and behaviour that may challenge a service, encourages meaningful activities, increases feelings of wellbeing, decreases falls and accidents and improves continence and mobility.

Good

Is the service caring?

Our findings

When we observed the interactions between people that used the service and staff we found that some good relationships had been established. People were comfortable with each other and with staff and those that required extra support received it. Much of the interaction between staff and people was task related. However, what interaction we did see was without exception kindly, caring, patient and non-patronising.

People we spoke with told us the staff were caring. People said, "The staff are nice, find them friendly, they talk to me like I'm talking to you, they don't treat me any different", "They (staff) are very nice, they look after you, nothing's too much trouble", "Very, very good, they (staff) are very helpful" and "The staff are very nice. We all get on very well; we are all a family more than anything else". A visitor said, "The girls are very nice, I don't think there's one I'd criticise."

People we spoke with that used the DCA service said, "I am very happy with everything as the staff are polite and they pass the time of day with pleasant conversation. They only assist me with my midday meal, but they are very kind", and "Staff are very courteous and polite and they assist my spouse to bathe and get into bed each night. I don't know what my spouse would do without them."

We saw two care staff assist a person into the dining room in a wheelchair. We saw they assisted the person to stand to a walking frame and then to the table where they were seated. They did all this in a kindly, gentle manner, asking permission, reassuring and explaining what they were doing and how they wanted the person to cooperate. They then checked with the person that they were alright and settled before leaving them.

We saw a care staff go round each person and ask if they wanted drinks. They knelt down to be at the same level as people to talk to them and assisted one person with their drink though encouraging them to do as much as they could for themselves.

There was one minor area of concern. When the staff administered medication to two people we found they disregarded their ability to be independent and 'fed the tablets' into one person's mouth and tipped a suspension into the other person's mouth. Both people were able to help themselves to a drink of water and in our assessment would have been able to take the tablets and tip the suspension from the pot themselves. The senior acted over-cautiously in making sure people took their medication and could have facilitated people's independence by using close observation. With this one exception we saw that people were encouraged and supported to do what they could for themselves. One person said, "We help ourselves within reason, but some of us are getting on and we need a bit if assistance" and another said, "I try my best to do what I can and they let me, but they ask if I'm ok".

We saw that because the service had no designated treatment room a visiting chiropodist provided their services in the lounge, which did not ensure people's privacy or dignity and the registered manager and staff did not suggest this be carried out in people's individual bedrooms, where their privacy would have been assured. Other areas regarding privacy were maintained, for example, when people were assisted to the bathroom, when staff knocked on doors before entering and when staff discussed people's personal needs they refrained from using names. The service had a confidentiality code (policy), which staff were aware of. We saw that relatives visited whenever they wished and one relative told us they had visited at all times of the day and evening.

We observed the lunch time meal and saw care staff assisted people with their meal at a table in the dining room. Staff did this in a kindly, patient, non-patronising way at the pace dictated by people they were assisting and constantly encouraging and reassuring them.

We saw care staff offer wipes to people that had finished their meals asking them if they wanted to "Freshen up". They let those that wanted to take wipes use them. If people said no this was respected. This ensured people's dignity was upheld in respect of their personal appearance.

We saw that the meal time was a pleasant and relaxed experience for people. Although of necessity all interaction between people and staff was task orientated it was pleasant, patient and non-patronising. There was continuous banter between people and staff which indicated they were comfortable with each other.

People's wellbeing was considered in respect of their physical needs by all staff at The Green, who clearly knew what people's needs, preferences and wishes were. The housekeeper / befriender took extra time to ensure people received emotional support: companionship, an

Good

Is the service caring?

'understanding ear' in conversation and that little extra time to maybe sit outside or walk round the village. This role worked well and was carried out by a perceptive and intuitive staff member, who clearly understood and practiced empathy, consideration and compassion.

Examples of good care that people received were seen when we observed and heard staff offering people choices with food, where they wanted to sit and what they wanted to do. Others were when we saw staff provide people with practical support when mobilising we also heard staff give people information about what they were doing next and what staff expected people to do. When ensuring people were comfortable staff waited for people to make decisions about their personal care needs. And when we heard staff asking people about their mood and how they were feeling we saw that staff listened to what people had to say. We found that the staff were caring and their intentions were to provide a family orientated service where people felt at home.

Requires Improvement

Is the service responsive?

Our findings

Some people we spoke with told us they felt the staff responded well to their needs, but others did not. People said, "I'm a reader but when we come downstairs we watch television – I have a seat right next to it so I can hear it" and "I sit here and watch television, I can't read now because of my eyes". When we mentioned talking books they said, "We've talked about it but it seems you have to go a long way to get them, staff haven't time". However, people told us there was plenty to do at The Green. They said, "Somebody comes and plays music and gets us singing".

While we saw no activities taking place during our visit a chiropodist attended to people's feet and chatted with them at the time, and we were told by people and staff that the service ran a programme of activities.

One care staff told me told us they spent one-to-one 1 time with people, playing games, gardening, feeding the birds or just walking around outside. They told us they had recently held a spring fair and made £350 for the 'Residents' fund, which was used to provide birthday cards and presents for people and Christmas food and gifts. We were told there was a planned trip to Burnby Hall Gardens on Thursday 28th May 2015 and that people were to be taken to a local Barn Dance soon.

One person we spoke with that used the service told us "They take us out in a minibus. I go out on trips, we have a Christmas Party out at a club, that's nice, and we all get together. We've just had a spring fair".

We saw a copy of The Green Grapevine, an activities news-sheet. As well as those activities already mentioned the news-sheet told of an entertainer who sang vintage and wartime songs, who would be visiting on 24th June 2015. There was also reference to monies donated by the family of an ex-service user which had been partially spent on musical instruments and a request for suggestions for other games or activities that could be purchased.

One care staff told us, "This afternoon we'll probably play games with people that want to, such as do a jigsaw, or play bingo". However, this had not taken place by tea time. One person told us they were a keen Grand Prix fan and showed us a list of race dates stuck on the wall by their television, which the registered manager had typed and laminated for them.

A minor concern could perhaps be the inclusiveness of some activities. One person told us "Other people do go out; they went to some gardens, that sort of thing but I use a frame and I couldn't be bothered".

The service responded appropriately to people's needs for care and support and this was reflected in care files, which had been compiled with the involvement of people and their relatives at the assessment and care planning stages. Care files we looked at contained admission assessments, daily records, support plans, nutritional screening tools (missing from one person's file) and risk assessments on manual handling, pressure relief, falls, communication, over-activity and mobility.

There was information about people's past lives, their daily routines and what belongings they had brought with them to The Green. Some of this information was also recorded in a 'one page profile' which gave staff quick and easy access to information to ensure people's needs and preferences were quickly understood and met. There were records of key worker notes, activities undertaken, health care professional's visits and monitoring charts for nutritional intake, pressure relief an falls.

We saw that monthly reviews of people's care had been carried out but some areas had lapsed, for example, one person's weight chart had been completed from August 2013 to May 2014 but there was no other record to show this had been continued. This person's personal care chart had not been completed since October 2014. Their social activity record had not been completed since April 2015 and there were only two entries on this since the start of 2015. Inconsistency with completing charts and records was evident and did not always support that people received the care they required in all areas.

One person's care file showed their weight loss had not been properly addressed. Their weight chart showed they had lost weight in February and again in March 2015 but there was no further checks made and no details of any referral to a dietician or GP. This meant the person had been at risk of poor health but no action had been taken to find out why or to prevent further weight loss.

We mostly observed staff responding to people's needs and requests for support in a timely manner. Two exceptions to this were that a person waited 25 minutes for their

Is the service responsive?

medication after reminding the senior staff it was needed and a person came to the dining room for lunch whilst requiring support which was obvious but no member of staff took any action.

The information about staff responding to people's needs was given to the registered manager in high-level feedback, but not in detail. **We recommend the provider ensures staff are more actively responsive to people's needs when people are not directly seeking assistance.**

One person we spoke with had requested a shower. Staff told them they were unable to have one because staff were involved in 'management of medicines' training being presented by the registered manager that afternoon and so there would be insufficient staff to facilitate the shower. Staff acknowledged this is had not been planned sufficiently well enough to take into account this person's usual request. We and the person asking for the shower were told an explanation had already been given to the person's spouse.

We saw there was a complaint procedure and forms to complete as well as a suggestion box by the main entrance. The registered manager kept a record of complaints made and this contained one that we had passed to the registered manager to investigate in March 2015. It had been appropriately addressed and recorded. There was no one to reply to but the registered manager responded to the Commission.

No one we spoke with told us they had made any formal complaints. One person told us they had raised concerns with staff regarding the behaviour of another person towards them and this had been resolved satisfactorily. A visitor told us they had concerns about their relative's relationship with another person that used the service and had raised those concerns with the registered manager who was monitoring the situation. The visitor said they were "Not too happy with this". When asked why they had not made a stronger case to the registered manager they said, "I shall do, though I'll leave it for a bit. The manager is very approachable and she does listen".

One person we spoke with said that if they had any complaints, "I would say something but I don't have any. I'd say it to one of the bosses; the registered manager is very nice." Another person told us, "I don't think I've ever had any complaints, if I had I'd see the manageress". People we spoke with that used the DCA service said, "If I were unhappy about anything I'd speak to the manager or care-coordinator, but I am completely satisfied" and "Yes I would tell the manager about any problems."

Requires Improvement

Is the service well-led?

Our findings

Staff told us they felt the culture of the service was based on a friendly and caring approach to people. People that used the service also agreed with this. One person said they saw themselves and everyone else in the service as one family. Another person said they tried to remain independent but knew they could ask the staff to help if they were "Struggling". Staff said they all 'mucked in' and had raised funds for the service to buy extra things for people: outings, birthday cards and presents for those unable to buy these things

We saw that an electronically held staff handbook was available to staff which informed 'care home' staff and DCA staff about what the service expected from them and how they should respond to their roles. We also saw a form for DCA staff to complete to evidence they had suitable insurance and driving licence if they were using their own car for work.

We found that the business and location changed legal entities in June 2014 when it became registered by a sole provider instead of a partnership. One of the partners took over as sole owner. This resulted in a new 'responsible individual' taking over as well.

The registered manager had been in post for the last 16 months. However, they informed us on the day of our inspection that they were working out a period of notice and would be leaving in the next two weeks. We met the incumbent manager who was spending time at the service to get to know everyone and understand the way the service was run.

When we looked at our registration documentation for the registered manager we found they were only registered to manage the regulated activity of 'accommodation for persons who require nursing or personal care' and not for 'personal care' which are the two regulated activities the provider is registered for. These had been separately managed when the business was owned by two partners. The registered manager explained they had made an original application to be registered to manage both regulated activities, but this had not been followed through on their certificate of registration, because they had withdrawn the regulated activity of 'personal care' from the application. This withdrawal had been an instruction from one of the partners who held the registered manager position for the DCA. They continued to be registered manager for the DCA until they were 'bought out' by the other partner in June 2014. Since then there had been no registered manager for the DCA.

The incumbent manager was advised to ensure they made sure their application to become the registered manager of the two regulated activities was accurately completed so that this error did not reoccur.

We had requested a 'provider information return' (PIR) from the service in February 2015 and did not receive any information. We discussed this with the registered manager who told us they had not been aware that the PIR had been requested. They had received a request for contact details of all the organisations they cooperated with in the care and treatment of people that used the service, and this had been returned to us. They supplied us with evidence that the contact list had been requested. The registered provider was advised to be vigilant with all correspondence from the Commission to ensure they did not miss important information that required action.

When we spoke with the staff they expressed their sadness at the loss of the registered manager and said they would miss them very much. They said they felt the registered manager had an inclusive management style, they were a good organiser and sorted out people's problems efficiently.

We saw that there had been a satisfaction survey sent out in July 2014 to people that used the service. It was a detailed survey and four had been completed and returned. Comments reflected that people would like a bit more entertainment, activity and outings. We were told by people that this had been addressed by the registered manager. People had been out and had the opportunity to do more activities.

We saw that there was a satisfaction survey completed via telephone calls to people that used the DCA service at The Green. These had been issued in February 2015 to people. We spoke with three of the six people using the DCA at the time of our visit but they were unable to recall if they had completed a survey. However, comments on the surveys that had been returned were positive about the staff approach, their discretion and their support particularly with confidential information and maintaining people's dignity.

Requires Improvement

Is the service well-led?

We saw evidence that a relative's satisfaction survey had been issued in February 2015 and some had been returned. Again comments were positive with some suggestions for changes. This led the service to issue a document called 'You Said, We Did' which explained the action that had been taken in response to surveys. This was posted on the notice board for all to see and receive feedback about the surveys.

There were audits completed by the registered manager on the use of bed safety rails, checking hot water temperatures, maintaining cleaning schedules, waste management and the management of medicines. There were specific audits pertaining to the DCA service which included checks on management of medicines, significant events, health and safety, infection control and cleaning schedules.

The service had identified an issue with dispensing medicines at the chemist and had liaised with East Riding Clinical Commissioning Group to investigate what the problem was and how it could be resolved. There was written evidence of this.

The service had a copy of the National Institute for Health and Care Excellence (NICE) medication guidelines in care homes, which was available to staff should they need to consult the information to ensure safe practice was followed. We saw from reading the audit information on management of medicines, how errors / issues had been resolved and action taken to ensure these did not re-occur.

We saw that action plans had been completed for all of the areas that were audited. However, the final section of the action plan records: the date of the action taken, had not been completed.

We found that meetings were held for people that used the service, but the minutes of the last one held were dated August 2013, some six months before the registered manager was in post. The registered manager told us there had been more recent meetings but the minutes could not be located.

'The Green Grapevine', which was a newsletter to people that used the service and their relatives reminded residents and relatives that questionnaires regarding quality of the service were available by the visitors' book and could be filled in anonymously. We saw that they were available where the newsletter had pointed out. However, a visitor we spoke with said "I've never been asked to fill anything in, I didn't know there were any surveys".

We saw that most of the records held in the service were signed and dated but there were some records held for the running of the service and in people's care files that had not been dated or signed. For example, one person's care plan was not signed and dated. A body map for recording injuries to people following an accident or for showing the site of a pressure sore for one person was over used in that it had many different entries and contained several dates of when these had been identified: entries ranged from October 2014 to March 2015. One person's 'patient passport' was not signed to indicate who had completed it. While these did not impact on the care people received all records needed to be signed and dated to show their authenticity and when they were completed. **We recommend the provider ensures all records are signed and dated on completion.**

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who used services and others were not protected because the premises were not properly maintained in respect of window restrictors, hot water signage, fire door closers and the fire safety panel. Regulation 12(2)(d).