

Flintvale Limited

The Green Nursing Home

Inspection report

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

The Green is a residential care home providing personal and nursing care to 41 people aged 65 and over at the time of the inspection. The service can accommodate 59 people in one purpose-built building which is laid out over two floors.

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

The service has been rated as requires improvement at the last six inspections and the provider had failed to oversee and sustain the improvements required to improve the quality of the service.

The service had gone through a period of significant change with a new management team who had been in post for a short time. People, relatives and staff gave us consistently positive feedback about the changes that were being introduced and the approach of the new manager. However, the manager recognised that many improvements were needed to improve the quality of the environment and care offered and that more time would be needed to fully implement what was required.

Checks were not being carried out to ensure care and support was being delivered effectively. People, staff and relatives had not been consulted about the running of the home although the new manager was now starting to do this.

Improvements were required to make sure the environment was safe and that people's personal information was stored safely. Although there were enough staff on duty to keep people safe, the service needed to recruit more nursing staff to make sure people received safe and consistent care.

The environment needed updating to ensure it met people's needs and to ensure was homely and welcoming. Staff needed to receive more training and supervision to help them feel confident to support people with dementia.

Care plans needed to be reviewed as people's needs changed to ensure they received responsive care. People told us they wanted more activities to keep them active and that were in line with their interests.

Staff understood how people preferred to communicate and this enabled people to make choices. More work was needed however, to ensure information was presented to people in an accessible format.

People received their medication at the right time and staff understood how to keep people safe from the risk of abuse. Improvements had been made to how staff moved people safely.

Staff treated people with care and respect and told us that the home was becoming a better place to work. The service worked well with other agencies to ensure people's health was promoted.

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

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

Rating at last inspection

The last rating for this service was requires improvement (published 05 July 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the management and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

The Green Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, one specialist advisor who had a nursing background and one Expert by Experience.

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

Service and service type

The Green is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. There was a manager in post who had applied to be the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the manager, two nurses, the chef, the nominated individual, three care staff and the home administrator. We also spoke with one healthcare professional who was a regular visitor to the home.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. For example; we looked at training records and other records relating to people's care.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were not always protected from the risk of harm. For example, codes to locked doors were written next to doors and keys were left in public areas which people could access.
- Risk assessments were in place which helped staff follow safe working practices when delivering care. These included specific risk assessments for various activities such as visiting the opticians.
- Staff kept a constant presence in communal areas to make sure people were kept safe and regular checks were carried out on equipment to make sure items were safe to use.

Preventing and controlling infection

- The home was largely clean and tidy but there were no audits and cleaning schedules for some areas, such as the treatment room. We also observed that some mattresses and cot side bumpers needed cleaning or replacing.
- Staff had access to equipment, such as aprons and gloves, which they could use to prevent the risk of infection to people.

Staffing and recruitment

- People told us they did not have to wait long for care and support and we observed that there were enough staff on duty to meet people's needs.
- A number of staff had left the home in recent months and the home was relying on agency nurses to maintain the levels of knowledge required on each shift. This meant people were not always supported by consistent staff. One member of staff said, "We can be short of regular staff at times which has an impact on our ability to do all the additional bits."
- The manager told us recruitment of nursing staff was a priority and progress was being made.
- Checks such as references and DBS checks were carried out on staff before they started working in the home to make sure they were suitable. The Disclosure and Barring Service (DBS) helps employers to ensure staff are safe to work in a service.

Using medicines safely

- Prior to the inspection, we were made aware that one person had been given medicine which they were allergic to. Staff had not noticed the allergy warnings in the person's care records. The provider had notified us as required and had taken action to ensure steps were taken to ensure this did not happen again.

- Medication was stored and disposed of safely and staff took care to ensure people received the right medication at the right time. We saw that people were asked if they needed any pain relief and staff could describe what signs they would look out for if people could tell them they were in pain.
- Staff had been trained to give medication safely and talked to people about their medication so that people knew what they were taking.

Learning lessons when things go wrong

- The manager had started to put in new practices and staff training in response to recent incidents. For example, we were made aware before the inspection that there had been a number of concerns about how staff were moving people. The manager confirmed this and showed us what action had been taken to address these concerns.
- Not all incident and accident records were available for inspection as they had gone missing so it had been difficult for the new manager to analyse any further trends.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt the home was a safe place to be. Comments included "I feel safe" and "There is always staff around".
- Staff had received training in safeguarding and understood the importance of reporting concerns. One member of staff told us how they had used the whistleblowing policy to report concerns to the manager who had taken prompt action to address the concerns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Records showed that staff had not received regular training or supervision to ensure their skills and knowledge were up to date. One member of staff said, "We need more training on dementia and managing behaviour. I have had no training and this means we are struggling to meet some people's needs".
- Staff did recognise that the new manager had made arrangements to organise better quality training in the last two months which was making a real difference to their approach. One member of staff said, "The manual handling training was brilliant – the trainer showed us everything and it has made my practice much safer."
- Plans were in place to deliver further training and to introduce a regular supervision system.
- New staff had received a thorough induction and where required, staff had started to complete the Care Certificate. This is a nationally recognised set of standards designed to give new staff the basic knowledge required to deliver safe and effective care.

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

- People and their relatives had mixed views on the food and drink provided. Some relatives thought staff could do more to encourage people to drink and one person wanted food provided in line with their cultural preferences. They told us, "There is no Caribbean food so I have to ask people to bring it in for me."
- We observed lunch and people were given a choice of where they wanted to eat and staff were on hand to support people where needed. People were given food in line with their specific health needs such as a soft diet where required
- Records showed that people were maintaining a consistent weight and staff recorded people's food and fluid intake.

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

- People, relatives and staff told us a number of areas needed improvement to make the home more homely and welcoming. One member of staff said, "There needs to be some improvements to the décor and how quickly things get repaired." We spoke to the manager about this who confirmed an additional maintenance person was being employed to help with repairs.
- Carpets on the first floor needed replacing and there were very few pictures, photographs, games and books to stimulate conversation or encourage activities.
- A number of people in the home were living with dementia and more thought was needed to help people

find their way around the home safely and to know where they were. For example, there were very few dementia friendly signs to help people find certain rooms.

- The home had some large communal areas and a safe and well-maintained garden which we saw people spending time in.

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

- Staff did not always carry out regular health checks to monitor people's health. For example, we looked at one person's file and there was no record of physical health observations since March 2019.
- People did have access to health services when required; for example, the GP visited the home on a weekly basis and records showed that people visited the optician and dentist.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- We found that DoLS applications had been made where required and people were seen regularly by their named representatives to ensure the placement was still meeting their needs.
- There were some restrictions on people's liberty that had been put in place without evidence that these were in their best interests. For example, one person who lacked capacity had cot sides in place on their bed but it was not clear who had been consulted on this decision.
- Staff had received training in MCA and understood how they could obtain people's consent before delivering care and support.

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

- People's needs were assessed prior to them coming to live in the home to ensure their needs could be met. Records showed that relatives and healthcare professionals also contributed to this process.
- These assessments including finding out information relating to people's cultural and religious needs to make sure these would be met. For example, one person had expressed a wish for female only carers which was catered for.

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

- Staff worked well with other agencies to ensure people received the specialist support they needed.
- Care files contained records of referrals made to healthcare professionals such as dentists and physiotherapists. One healthcare professional we spoke with told us staff made timely referrals and their advice was followed in relation to treatment and care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was not always respected. We saw personal information was not kept securely and was left in communal areas that were not supervised by staff. We spoke to the manager about this who assured us this would be addressed.
- There were plenty of rooms people could use when they had visitors to ensure they had some privacy. We saw staff respect people's privacy by knocking on their doors before entering their bedrooms.
- Staff were aware of what people could do for themselves and supported people to be as independent as possible. One member of staff said, [Person's name] can do a lot for themselves but we will come in and do the bits they can't."

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

- People and their relatives were generally happy with the care and support that was delivered. One person said, "The staff treat me with respect."
- Staff delivered care and support in a respectful and caring way. We observed staff supporting people with patience and warmth when they became upset or anxious.
- However, we observed most staff interactions with people were focussing on tasks such as offering drinks. Staff missed opportunities to have conversations or engage people in meaningful activities which people may have enjoyed. One member of staff said, "I think some staff rush sometimes and deliver care in silence. I like to talk to people and I think this is something that is missing."

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

- Staff gave people were given the opportunity to make choices throughout the day. Staff were able to tell us how they supported people to make choices and express their views.
- One member of staff said, "I like to give people a choice; for example, I will let people taste the menu options so that they can make a proper choice."
- Care records showed that people had been consulted about their care and support needs.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

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

- Care plans were not always personalised and were not consistently reviewed when people's needs changed. For example, some people were living with a deteriorating condition but this was not reflected in the care plans. This meant staff could not always give the most effective support.
- Staff had a good understanding of people's needs and were able to tell us how they tried to give personalised support. One member of staff told us, "[Person's name] can be quite challenging when we do personal care but I try to talk to them and know a tea and biscuit always helps." Relatives recognised that staff worked hard to respond to people's needs. One relative said, "If my mum is not sitting comfortably, they will be very attentive and help her."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was little evidence information was given to people in a way they could understand. For example, menus and activity plans were not displayed using pictures which would have helped some people make choices.
- Staff were able to tell us how they communicated with people who did not have the ability to speak. For example, one member of staff said, "[Person's name] can communicate by using their eyebrows or smiling. I slow my speech down for them to give them chance to understand".

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

- People told us they wanted more to keep them active and engaged throughout the day. One person said, "I do get bored; they don't offer anything I am interested in."
- People's life stories and interests were recorded but not being used to inform activities. For example, some people told us about interests and jobs they had when they were younger but said they had never been asked about these.
- We did observe activities co-ordinators trying to engage people in simple arts and games but they told us they needed more training to help them in their role. One member of staff said, "There are activities but there could be more. We only have one activities co-ordinator a day which is not enough."

Improving care quality in response to complaints or concerns

- Most of the complaints records were not available for inspection so it was difficult to assess how well the provider responded to complaints and how they used complaints as an opportunity to improve care. We spoke with one relative who had made a formal complaint some months ago but had received no response.
- There was a complaints policy on display in the home which was presented clearly and encouraged people to speak to the manager.

End of life care and support

- No-one was receiving end of life care at the time of the inspection. People had plans in place which stated how they wished to be cared for at the end of their life. Relatives had been involved in these plans where appropriate and plans were personalised and sensitive.
- The manager told us they were preparing additional training for staff on delivering end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate.

There has been a long history of significant shortfalls in service leadership. Although the new management team had started to address some shortfalls, the provider has not been able to demonstrate sustained improvement over time and significant improvements are still required.

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

- There were a range of checks and audits in place but many had not been completed. This meant that areas of concerns identified at this inspection had not been previously identified by the provider. For example, staff had not signed that they had given people barrier creams and fluid intake sheets were not monitored. Other audits such medication checks and infection control checks had not been completed since March 2019. We spoke to the manager who told us some audits and checks were not being completed as managers had had to concentrate on making the service safe when they had started work in the home.
- The new manager had not received any handover and important information relating to the management of the home was missing. This had made it difficult for the manager to identify areas of concern quickly. For example, there were no records of complaints, incidents and some audits.
- The service had not managed to retain qualified staff and there had been a number of changes to the management team in the last two years. This had made quality improvement difficult and there had been a lack of consistency in approach.

The failure to ensure the service was effectively monitored was a breach Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulation 2014

Continuous learning and improving care

- The provider had not demonstrated a clear understanding of the improvements required following a number of inspections. Improvements have not been made or sustained and there was no clear plan of how improvements would be achieved.
- The manager, with support from the new nominated individual had started to identify significant areas of concerns and address them. For example, two members of staff had recently been dismissed due to not following safe moving and handling procedures
- The manager had joined a number of local networks to ensure they were up to date with best practice.

The failure to ensure the service made or sustained the required improvements over an extended period of time was a breach Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulation 2014

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

- There was no evidence that the service had worked with people, relatives or staff since the last inspection.
- The manager had just started involving people and their relatives in improving the service. Questionnaires had been sent out to relatives and a resident's meeting had been held to discuss changes to the menu.
- Staff meetings had been re-introduced and staff told us the manager was approachable and willing to listen to their views. One member of staff said, "The management has really improved recently and I really buy into what the manager is trying to implement."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives were positive about the changes being introduced to the home by the new manager. One relative told us, "The current manager has made significant changes and is very open and honest." Another said, "The home has changed a lot for the better and people are free to talk now."
- The new manager and nominated individual had worked hard to restore staff morale and an open culture in the last two months. Staff told us that the home was becoming a better place to work. One typical comment was "[Manager's name] is a much better manager. They are very open and I can ask them anything. Their door is always open".
- The service was displaying the previous CQC rating in the home so that members of the public were aware.

Working in partnership with others

- The manager told us that the home had good working relationships with a number of other health and social care organisations that benefitted people. For example, we saw that the local pharmacy was working well with the home to ensure medication was delivered on time and ensuring that waste was minimised.