Care Quality Commission

Bupa Care Homes (CFChomes) Limited

Green Gates Nursing Home

Inspection report

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Oxford
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Ratings

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

Overall summary

This inspection took place on 24 September 2015. It was an unannounced inspection. The service had met all of the outcomes we inspected against at our last inspection on 29 October 2013.

Green Gates Nursing Home is a care home service with nursing. The home is situated in the Summertown area of Oxford and is registered to accommodate up to 40 people. On the day of our inspection 32 people were living at the home.

There was a registered manager in post. 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.

People told us staff knew how to support them. One person said "No complaints about the staff so far. They ir are very good and know what to do". Staff were supported through supervision, appraisal and training to enable them to provide the care we observed during our visit.

Summary of findings

There was sufficient staff on duty to support people safely and meet their needs. However, people's call bells were not always answered promptly.

Staff understood the needs of people and provided care with kindness and compassion. People spoke positively about the home and the care they received. Staff took time to talk with people and provide activities such as and arts and crafts, games and religious services.

People were safe. Staff understood how to recognise and report concerns and the service worked with the local authority if there were any concerns. Staff assessed risks associated with people's care and took action to reduce risks. People received their medicines safely as prescribed. However, some nurse's competency assessments were overdue.

People told us they enjoyed the food and had enough to eat and drink. Comments included; "Food is good, lots of choice and I can get extra. There's also plenty to drink" and "The food is alright, no fault with it. And I get plenty to drink"

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) which governs decision-making on behalf of adults who may not be able to make particular decisions themselves. People's capacity to make decisions was regularly assessed.

People told us they were confident they would be listened to and action would be taken. The service had systems to assess the quality of the service provided in the home. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

All staff spoke positively about the support they received from the registered manager. Staff told us they were approachable and there was a good level of communication within the home. People knew the registered manager and spoke to them openly and with confidence.

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 safe. People told us they felt safe. Staff knew how to identify and raise concerns.

People received their medicine safely as prescribed. However, some nurse's competency checks were overdue.

There were sufficient staff on duty to meet people's needs. However, people's call bells were not always answered promptly.

Is the service effective?

Good

The service was effective. Staff had the training, skills and support to care for people. Staff spoke positively of the support they received.

People had sufficient amounts to eat and drink. People received support with eating and drinking where needed.

The service worked with health professionals to ensure people's physical and mental health needs were maintained.

Is the service caring?

Good

The service was caring. Staff were kind and respectful and treated people and their relatives with dignity and respect.

People's preferences regarding their daily care and support were respected.

Staff gave people the time to express their wishes and respected the decisions they made.

Is the service responsive?

Good

The service was responsive.

People were assessed and received person centred care.

There were a range of activities for people to engage in, tailored to people's preferences. Community links were maintained and people frequently visited the local area.

Complaints were dealt with appropriately in a compassionate and timely fashion.

Is the service well-led?

Good

The service was well led. The registered manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff around the home. Staff knew how to raise concerns.

Green Gates Nursing 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 24 September 2015. It was an unannounced inspection. This inspection was carried out by two inspectors.

We spoke with six people, two relatives, three care staff, three nurses, the chef, the activities coordinator and the registered manager. We looked at six people's care records and medicine administration records. We also looked at a range of records relating to the management of the home. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on it, observation and Short Observational Framework for Inspection (SOFI). SOFI provides a framework for directly observing and reporting on the quality of care experienced by people who cannot describe this themselves.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. A notification is information about important events which the provider is required to tell us about in law.

In addition, we reviewed the information we held about the home and contacted the commissioners of the service and the care home support service to obtain their views. The care home support service provides specialist advice and guidance to improve the care people receive.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe. Comments included; "Yes I'm safe enough. I can leave my door open all day", "Oh yes. They (the staff) are all brilliant, night staff and all". "I'm safe, I don't think you will get better staff." A relative said "My father is perfectly safe here".

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager or senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I'd report first to the nurse then the manager. I can also call social services or CQC (Care Quality Commission)" and "I'd tell the manager and the local authorities". Nurses told us they were confident their staff had the knowledge and commitment to report concerns. One nurse said "I am confident my staff would report any concerns, in fact they do. We always talk about things". Records confirmed the service notified the appropriate authorities with any concerns.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to reduce the risks. For example, One person had difficulty mobilising. The risk assessment gave staff guidance on how to support this person safely. The risk assessment stated 'hoist for all transfers, two staff required'. Staff were aware of and followed this guidance.

Another person used a wheelchair to mobilise. A risk assessment was in place and guidance to staff included 'ensure the person is wearing appropriate footwear and assist them with this'. Staff were aware and we saw this person wearing appropriate footwear. Risks to people were reviewed every month or as people's circumstances changed.

Two people were very frail and identified as being at risk of malnutrition. Suggested amounts of food and fluid intake were not specified. One person was not currently being weighed as it was recorded this caused them distress. The registered manager told us they were acting upon the GPs advice which was recorded in the care plan but they would start food and fluid charts in light of our comments. Care plan notes recorded both people were 'eating and drinking well'.

There were sufficient staff on duty to meet people's needs. The registered manager told us staffing levels were set by the "Dependency needs of our residents". Staff were not rushed in their duties and had time to sit and chat with people. However, people's call bells were not answered promptly and people told us they often had to wait some time for assistance if they called. We spoke with the registered manager about this who said "Staff numbers fluctuate depending on the needs and numbers of our residents. I have changed some job roles in an effort to change the culture here. It is slowly changing for the better but some staff still seem to think it's 'not my job'. This is a work in progress".

We asked people if there were enough staff to support them. People gave conflicting views. Comments included; "I think they don't have enough staff. They give us this thing to ring (call bell) but nobody comes. For meals we have to wait until 1.30 sometimes, yet it starts at 12.30 in the dining room. They need more staff", "Staff say they are permanently short of staff. I feel I am well looked after, but my temper is sometimes strained by having to wait", "There's enough staff around" and "I've no complaints about staff. There seems to be plenty from what I can see".

We spoke with staff about staffing levels and received conflicting views. Comments included; "I think it is good for nurses but I don't think there are enough care staff", "There's been a high turnover of staff and we have lots of new staff. At times, especially in the mornings it feels short", "I think there is enough staff, one or two could be a little more competent and the manager has taken action with them", "Sometimes if people go sick it's a problem but it's usually ok" and "I think yes, we do have enough staff".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

People had their medicines as prescribed and when they needed them. The staff checked each person's identity and explained the process before giving people their medicine. Medicines records were accurately maintained. Medicines were stored securely and in line with manufacturer's guidance. Nurses were responsible for the administration of medicines. The registered manager stated that nurse's competency to administer medicines was checked

Requires improvement

Is the service safe?

annually. However, records indicated that only one nurse had undergone a competency check this year and others were overdue. We observed the nurse on a medication administration round and saw that safe practice was observed. The nurse demonstrated knowledge of the needs of the people they administered medicines to.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. Induction training included fire, moving and handling and infection control. One relative said "No complaints about the staff so far. Their very good and know what to do".

Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff comments included; "We get good support here, especially from the manager", "I am supported at work, especially from the management", "I've been well supported here to take my role further and do more for the residents. It's very good" and "This is a small home to what I am used too. It's more personal and very supportive".

Staff could access further training. For example, one member of staff told us they had requested further training. They said "I've training booked for falls management and accountability in November".

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

People were supported by staff who had been trained in the MCA and applied it's principles in their work. Staff offered people choices and gave them time to decide before respecting their decisions. Staff spoke with us about the MCA. Comments included; "I encourage engagement and offer choices, try and get people out of their rooms but it is their choice", "It's about helping people to understand and supporting them to choose. It is decision specific, not a generic assessment so knowing them is important" and "I give choices to residents all the time then give them time to decide".

Care plans gave guidance to staff in relation to the MCA and best interest decisions. Staff were reminded to 'involve people and support them to express their choices'. They were also advised to 'fully explain what choices or decision they need to make and allow time for them to express their decision'.

At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the supervisory body as being required to protect the person from harm in the least restrictive way. The registered manager told us they continually assess people and currently had two DoLS applications in progress.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP, Care Home Support Service, Speech and Language Therapist (SALT), district nurse and physiotherapist. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. Where people were at risk of weight loss or pressure damage referrals to healthcare professionals had been made and guidance was being followed.

People received effective care. One person came to the home with two pressure sores. The person had been referred to a tissue viability nurse who visited this person regularly. Guidance to support this person was being followed which included the use of pressure relieving equipment. We went to this person's room and saw the equipment was in place. Care notes stated 'wounds healing well'. Two other people we saw were at risk of pressure sores. Staff were aware and guidance was being followed. We visited these people throughout the day and saw they had been repositioned in line with the guidance. However, repositioning records were incomplete. We spoke with the registered manager about this who said they would "deal with this immediately". Neither person had a pressure sore.

People told us they liked the food. Comments included; "Food is good, lots of choice and I can get extra. There's also plenty to drink", "The food is alright, no fault with it. And I get plenty to drink" and "I get more than enough, too much sometimes. At breakfast you have quite a choice. I have fruit and cereal and toast." The Kitchen had been awarded a Level 5 hygiene certificate.

Good

Is the service effective?

People had enough to eat and drink. Where people needed assistance with eating and drinking they were supported appropriately. Staff were patient and caring, offering choices and providing support in a discreet and personal fashion. Menus were provided weekly and staff helped people choose what to eat. People were also shown their meals so they could decide what to eat on the day. Where people required special diets, for example, pureed or fortified meals, these were provided.

One person required a soft diet and their care plan stated they had a small appetite. Staff were guided to encourage the person to eat. The person was weighed monthly to monitor their condition and we saw they were maintaining weight. At the lunchtime meal the person was provided with a soft diet and staff encouraged them throughout their meal.

Staff demonstrated a good understanding about how to ensure people were able to consent to care tasks and make choices and decisions about their care. Throughout our visit we saw staff offering people choices, giving them time to make a preference and respecting their choice. One person used integral bed rails to keep them safe in bed. A detailed safety assessment had been completed to ensure the risks associated with bedrails were addressed. For example, ensuring the person would not become trapped by the bedrails. The person had been fully involved in the decision and had given their consent to their use.

Good

Is the service caring?

Our findings

People told us they enjoyed living at the home and benefitted from caring relationships with the staff. Comments included; "It's lovely here, I couldn't ask for more", "Yes I love it. You couldn't wish for better staff", "I like it here, it's very relaxed. The staff are ok" and "The staff are kind, gentle and caring". A relative said the staff are "Very friendly and kind".

Staff told us they enjoyed working at the home. Comments included; "I love it here, people are treated with dignity", "This is not a job but a vocation. I couldn't do anything else" and "I like it here. I love caring for people, it's my passion".

People were cared for by staff were knowledgeable about the care they required and the things that were important to them in their lives. Staff spoke with people about their careers, family and where they had lived. Staff also supported people to maintain hobbies, interests and religious beliefs. For example, one person was religious and wanted to attend religious services. The daily notes in their care plan evidenced the person was regularly supported to attend services.

Throughout our visit we saw people were treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff took time to speak with people as they supported them. For example, two people were sat outside enjoying the garden. A nurse came out and sat with them helping them choose their meals for lunch. Another person was sat in the garden. A member of staff came out to check on them every 10 minutes to chat and ask if they wanted anything.

We observed staff communicating with people in a patient and caring way, offering choices and involving people in the decisions about their care. For example, at lunchtime we saw people's preferences of what to eat and drink were respected. One person told us how their preferences were respected. They said "I tell them what I want and it happens. They are very caring, it's like a five star hotel".

People's dignity and privacy were respected. We saw staff knocked on doors that were closed before entering people's rooms. Where they were providing personal care people's doors were closed and curtains drawn. This promoted their dignity. We saw how staff spoke to people with respect using the person's preferred name. When staff spoke about people to us or amongst themselves they were respectful. Language used in care plans was respectful and appropriate. Throughout the day we saw people were appropriately dressed, their hair brushed and looked well cared for. One person told us how staff respected their privacy. They said "They always knock before they come in. They don't just barge in".

We asked staff how they respected and promoted people's dignity. Comments included; "I let them know what we need to do, offer choices and then go with their wishes" and "I promote their dignity and respect by learning about them, working with them to maintain their self respect. Doing what they want to do how they want to do it".

Some people had advanced care plans which detailed their wishes for when they approached end of life. For example, one person had stated they wanted to 'stay at Green Gates and be pain free'. The person's funeral preferences were also listed. Staff were guided to 'support them with their choices and decisions towards end of life'. Staff were aware of this person's advanced plan.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission to the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Care plans were detailed, personalised, and were reviewed regularly.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person needed support with washing and dressing. However, the person could express their preferences and staff were guided to 'offer choices and respect their wishes'.

Care plans and risk assessments were reviewed to reflect people's changing needs. Staff completed other records that supported the delivery of care. For example, where people had cream charts to record the application of topical creams applied a body map was in use to inform staff where the cream should be applied. Staff signed to show when they had applied the cream and there was a clear record of the care being carried out.

People received personalised care. For example, one person was identified as being at risk of choking and weight loss. The person's GP had provided guidance which included support with meals and having their food cut up for them. A malnutrition universal screening tool (MUST) was used to monitor this person's condition and they were regularly weighed. The person had also been referred to the speech and language therapist (SALT) and was waiting for an appointment. Staff were following this guidance and the person's weight chart confirmed they were maintaining their weight.

Another person's care plan stated the person was 'very sociable and likes to be involved in activities'. It also stated the person likes to 'dress smartly'. An 'activity and interaction' log was maintained and recorded what activities the person had engaged in. Throughout the log this person's activities had been recorded evidencing they led an active life at the home. For example, throughout September 2015 they engaged in activities everyday including trips out, one to one sessions in their room and a visit to the home hair dressers. We saw this person and noted they were smartly dressed.

People were offered a range of activities including games, quizzes, sing a longs, arts and crafts, keep fit, talks with guest speakers and gardening. Regular trips outside the home were organised and included shopping, libraries and a flower show. The service had a hairdresser who visited the home weekly or by request. We spoke with the activities coordinator who told us about activities in the home. They said "When residents come into the home I talk to them and their families to understand their preferences and past experiences. I try to tailor activities based on this information. We have trips, group activities or one to one activities in people's rooms".

People told us they enjoyed activities in the home. One person said "We have singers come in, people who play the piano and exercise sessions." Another person told us about a 'handling small animals' activity. They said "They gave us each an animal to hold. I had a little white rat, it was gorgeous". During our visit a 'pat dog' and the owner was visiting the home. This was a regular and very popular event and people clearly enjoyed this activity.

People's religious and spiritual preferences were respected. Regular religious services were held in the home and if people wished they could take communion in their rooms. A member of staff said "If someone doesn't want to attend the service we arrange for the minister to visit them in their rooms if they wish. We try to get families involved with both religious services and activities".

The home had a large, well maintained garden area for people to enjoy. Access to the garden was unrestricted and accessible for people who used wheelchairs. Staff regularly visited the garden to make sure people were safe and to provide support if it was needed.

People knew how to raise concerns and were confident action would be taken. People spoke about an open culture and told us that they felt that the home is responsive to any concerns raised. One person said they had never had to make a complaint but they would "Go to the manager" if they needed to. Another person said "I would not hesitate to complain if I had to". We spoke with one person who told us a relative had made a complaint on their behalf. They said they had received and

Good

Is the service responsive?

explanation and “Everything is ok now”. The complaints policy was displayed around the home and contained guidance for people on how to complain. We looked at the complaints folder and saw complaints had been dealt with promptly and compassionately in line with the policy. One recent complaint was waiting to be resolved.

People’s suggestions were recorded and acted upon. One person had suggested disabled door openers should be fitted to some doors in the home. We saw the registered manager had contacted the provider’s property surveyor to action this suggestion and was waiting for a response.

Good

Is the service well-led?

Our findings

Most people told us they knew the registered manager. One person said "She comes around in the mornings and afternoons." Another said "I have only seen her about twice, so I can't make a comment". Throughout our visit we saw the registered manager around the home talking to people and staff in a relaxed and friendly manner. People responded to them with smiles and conversation.

Staff told us the registered manager was supportive and approachable. Comments included; "The manager is really good, straight and very supportive. Their door is always open", "I like the manager. Very supportive and has supported me to get residents out to libraries, trips and flower shows. They are approachable. I don't think there is a culture of blame here", "Very helpful. She will sometimes help with care, or serve the food." and "I've had good support, especially from the manager".

The registered manager told us their vision for the service. They said "I am slowly changing the culture here. I want this to be a 'can do' service. I've used delegation, training and changed some job roles to achieve this. We are getting there".

The provider's 'Commitment to openness' was displayed in the reception area. It stated 'at BUPA we are committed to promoting a culture of openness and transparency throughout the whole organisation'. Most of the staff we spoke with were aware of this statement.

Accidents and incidents were recorded and investigated. The registered manager analysed information from the investigations to improve the service. For example, One person was found kneeling on the floor in their bathroom. They were uninjured and stated they had 'lost their balance'. The incident was investigated and the conclusion was it was an unforeseen accident. The person was advised to call for assistance when visiting the bathroom. The person had not fallen since this incident. Accident and incident data was analysed every month to look for patterns and trends.

Learning from accidents and incidents was shared at briefings, staff supervisions and staff meetings. Staff told us learning was shared. Comments included; "We share learning at meetings, we have lots of them" and "Yes we do share learning. Sometimes in meetings or supervisions". One nurse said "We recently had some information given to us about pressure care. This changed things slightly but it has helped us to give better support to people".

Regular audits were conducted to monitor the quality of service. Audits covered all aspects of care and staffing procedures. Data from audits was analysed and action plans created to improve the service. For example, one audit identified training evidence for staff was not up to date. We saw the action plan and noted action had been taken by the registered manager and training certificates and evidence were now in place. Another audit identified more information was required in relation to a person's care plan and their risk of falls. Action had been taken and we saw their care plan had been reviewed and the information was now complete.

The registered manager sought and published feedback via annual surveys and from www.carehome.co.uk. People could post comments about the service on this website. One person had posted 'Green Gates has proved excellent on all counts. Nursing care and medical support is reliable and thoughtful. Staff are dedicated and resourceful'.

We saw a poster prominently displayed in the staff entitled 'just a reminder'. It stated 'our residents do not live in our workplace, we work in their home'. Staff were aware of this poster. One said "Yes, it's absolutely right and a good reminder to us all".

There was a whistle blowing policy ('speak up') in place that was available to staff around the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Records showed the whistle blowing process was discussed at staff meetings where staff were encouraged to communicate any concerns in safety and confidence to the registered manager.

The service worked in partnership with visiting agencies and had strong links with GPs, the pharmacist, district nurse, Care Home Support Service and other healthcare professionals.

Good

Is the service well-led?

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.