

Flintvale Limited

The Green Nursing Home

Inspection report

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Date of inspection visit:
01 June 2016

Date of publication:
19 August 2016

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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 1 June 2016 and was unannounced. The home was last inspected in November 2015. This was a focussed inspection and the provider was found to be requiring improvement in three areas. During this inspection we found that some areas had made some improvements.

The inspection team comprised of one inspector, a specialist advisor and an 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. The specialist advisor had experience in nursing care.

People, their relatives and staff told us they felt people were safe in the home. Staff were aware of the need to keep people safe, but not all staff knew how to report allegations or suspicions of poor practice. We saw that people were happy around staff and with the support they were receiving. Staff were not always available to meet people's needs in a timely manner. We found that people were kept waiting for care for longer than they found acceptable.

People were protected from possible errors in relation to their medication because the arrangements for administration and recording of medication were good and there were systems for checking that medication had been administered in the correct way. We saw that there were some concerns relating to the safe storage of medication.

People told us that they were very happy with the care provided. People had opportunities to participate in a range of activities in the home. People's relatives and friends were encouraged to visit and made welcome by staff.

Staff were appropriately trained, skilled and supervised and they received opportunities to further develop their skills.

The registered manager and most staff had supported people in line with the appropriate legislation when the care and support they received may have deprived them of their liberty. We saw that consent to care was not always gained before staff supported people. Staff did not always ask people how they wanted to be supported. In some cases people were not treated with dignity and respect. We saw that staff communicated well with each other.

People were provided with a good choice of food in sufficient quantities and ate meals which met their nutritional needs and personal preferences. The registered manager sought and took advice from relevant health professionals when needed.

The registered manager did not have robust systems or processes that monitored the quality of care consistently through observation and regular audits of events and practice. You can see what action we asked the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The service was not always safe.

People sometimes had to wait longer for their care and support than was safe for them to do so.

Medicines were not stored safely.

We saw that risks were appropriately assessed and managed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not always seek consent from people when giving them support. The registered manager understood their responsibilities in relation to the Mental Capacity Act.

Staff had been provided with training and support to enable them to meet people's needs.

People had been supported to eat and drink enough to maintain their health and wellbeing.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People were not always treated with dignity and respect.

People we spoke with told us they felt cared for well.

The registered manager and care staff knew people well.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People had not been actively involved in their plans of care.

People were supported to take part in a range of activities that enabled them to maintain interests and hobbies.

People were supported to express any concerns and when necessary, the provider took appropriate action.

Is the service well-led?

The service was not always well led.

The systems to assess, monitor and improve the service were not consistently robust or effective.

There were no systems in place seek the views of people who used the service.

People, relatives and professionals felt that the service was improving.

Requires Improvement ●

The Green 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 1 June 2016 and was unannounced. The inspection team comprised of one inspector, a specialist advisor and an 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.

Before the inspection we looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. These help us to plan our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed people having lunch.

During our inspection we spoke with 14 people who lived at the home, eight relatives, the registered manager and seven staff. After our visit we spoke with a psychiatrist and a tissue viability nurse on the telephone. We reviewed some aspects of the care records of five people who lived at the home and other documentation relating to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe in their home. One person said, "I do feel safe." Other people told us, "There is no bullying of any sort." They then added "I can tell staff whatever I like." A relative told us, "People are really safe there."

People were not always supported by staff who knew how to recognise when people were at risk of harm and what action they would need to take to keep people safe and to report concerns. We saw one person's records that showed that they had physically attacked another person causing them a small injury. This had not been appropriately reported by staff to management and actions had not taken place to safeguard people in the future. We saw that when the provider had been aware of the need to alert the local authority, they had submitted the referrals about safeguarding issues as necessary. They then put arrangements in place to make sure that people were risk assessed and others kept safe.

The registered manager had assessed and recorded the risks associated with people's support needs as well as those relating to the environment and any activities which may have posed a risk to staff or people using the service. In addition to overall environmental risk assessments, there were assessments in place relating to people such as moving and handling, bed rails and pressure areas. We saw that staff were using the risk assessments appropriately. A health professional told us, "They always follow my recommendations and I have done some training on pressure areas. Patients have improved there." When necessary, measures had been put in place to minimise any danger to people. The registered manager had reviewed people's care plans and risks regularly. We noted that risks to people were reassessed as their conditions changed.

We saw that there was a system of reporting and analysing accidents and incidents with the home and that the registered manager had notified the correct authorities appropriately. However we noted that not all incidents had been brought to the attention of the registered manager.

During our previous inspection we found that there were issues relating to how long people were kept waiting for care or support. At this inspection we found that people were still waiting for attention for long periods of time. The registered manager told us that staff had been recruited but there was an issue within the staff team about the amount of sickness absence staff took. This had meant that there had been an increase in the use of agency staff. We saw that the registered manager was addressing these concerns. A member of staff told us, "The registered manager is trying really hard to sort the rota's."

People experienced delays in being supported when it was clear they needed attention or were requesting help. Current staffing arrangements did not help staff to provide a person-centred approach to meeting people's needs at all times. Comments from people included, "There is not enough staff." and "They can be helping someone when you need them." Other people commented, "I don't think they have enough staff because they are not always there when you want them." One person told us, "Be back in a minute means half an hour." One relative told us, "Quite often there is no one about. Sometimes you can go all afternoon and not see a soul." We noted that on two separate occasions a lounge area was not attended by any member of staff for over 15 minutes. During that time we noted that some people needed reassurance and

were becoming distressed.

We noted that the registered manager used a dependency tool to indicate the number of staff needed at any one time. We saw from the staff rota that the numbers of staff on shift regularly exceeded this. However, people still had to wait for support and care and therefore staff deployment was not effective.

We saw that the provider had safe recruitment processes. Staff told us that the provider had taken up references for them and had completed other checks before they started working with people. The registered manager did not offer employment to applicants until they had conducted the appropriate checks to identify if they were suitable to support people who used the service.

During our inspection we noted that the door to the medicines room was unlocked and that some people may have been at risk from taking medication that was not prescribed to them. We saw that the room was unsupervised and that people's medication was not locked away within the room. We saw a container for medication that needed to be disposed of did not have a lid on it, and was therefore available to anyone who entered the unlocked room. We brought this to the attention of the registered manager who informed staff to lock the door. When we returned 30 minutes later the door was still open and people were still at risk.

We saw that people received their medicines safely. People told us they were happy with how they were supported to take their medicines. We noted that the medicines were administered by staff who were trained to do so. We saw that controlled medication was stored safely and if people needed any medicines given to them covertly then the home had the required authorisations from the persons' GP to do that. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and conditions which would mean that they should be administered. We sampled the Medication Administration Records (MARs) and found that they had been correctly completed. Staff who administered medication could describe in detail how to recognise when a person, who could not communicate verbally, was in pain and may therefore need their medication. The home had a clear system for dealing appropriately with any medication errors. We saw that the system was working well. There were regular audits of the medication that had been administered that made sure people were kept safe.

Is the service effective?

Our findings

Staff we spoke with told us that prior to starting work, they were given an induction to the home. This ensured that the staff had the knowledge required before supporting people. One member of staff told us, "I had all my checks and references and I had two weeks induction." Another member of staff told us, "When we have done the shadowing we get signed off by a nurse before we can start." Shadowing was used by the provider to offer one to one support to new staff.

Since our last inspection we found that staff training and supervision had improved. Staff told us and records confirmed that staff received training to support them in their role. The registered manager also told us that staff could request extra training in supervisions, which staff confirmed. All the staff we spoke with confirmed they received regular supervision with their manager. One staff member told us, "We get supervisions regularly." Supervision helps staff to reflect on their care practices and to enable them to care and support people more effectively.

Staff told us that communication was good between them, and that they had regular staff meetings. One staff member said, "The care plans are good, there's a good handover, communication is good." Another staff member told us, "Communication is really good." When we spoke to a health professional however they told us that some information was not passed on in a timely manner. They said that on occasion only the named nurse was aware of changes to a person's health care, and that other staff did not know about the changes that had been recommended by the health care professional. This meant that people were at risk of not getting the correct health support in a timely manner.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff we spoke with told us they gained consent from people before supporting them. We saw that staff often sought people's permission before providing them with support, but this was not consistently done. For example members of the inspection team witnessed several transfers from chair to wheelchair or similar, where people were not spoken to, or interacted with, before or during the transfer. We noted that on some of the care records we looked at, issues around peoples consent were not recorded consistently. For example one person's care records stated that they had consented to get up early every day. However a mental capacity test said the person did not have capacity to make decisions of that nature. We observed that the person was very tired during the day and returned to bed to rest after lunch. We found that some principals of the MCA were not being adhered to.

The registered manager told us and we saw that DoLS authorisations had been granted for some people. These applications had been made appropriately. However one person's application had been declined. We looked at the person's care plan and saw that this information was not in there to inform staff about how to support the person without restricting them unlawfully. Staff we spoke with did not have an awareness of who required a DoLS and the reasons for them. One member of staff told us, "We wouldn't let people out." A health care professional told us, "[The staff's] understanding of the MCA could be improved." Staff did not have an understanding of how people with a DoLS in place needed to be supported and how to ensure they are not unlawfully restricting people.

During the day we saw that people had hot and cold drinks made available to them. We sat with people while they ate lunch and we saw that the tables had been laid with the visual clues and prompts to support people living with dementia to anticipate that lunch was about to be served, the tables were well laid with cutlery, glasses and jugs of drinks. This helped people to recognise that it was lunch time and to enjoy their meal time experience.

People had two choices of main meal available to them, and a choice of cold drinks. The choice of food was made verbally by staff to each person in the morning. People appeared relaxed and enjoyed the food on offer to them. People's comments included, "It's very nice food." and "I eat everything it's very good." and, "The food is gorgeous, you get a big plate and a choice of things." Staff told us people were consulted about their likes and dislikes with regard to the menu during the reviews of their care plans. We observed that people, who did not have their meals provided in the dining area or required assistance from staff, also received their meal in a timely manner. We spoke with the cook and they told us that when a new person started using the service, staff would complete a 'resident food profile' form either with the person or their relatives, which was then handed to the kitchen staff for information. This included any allergies, likes, dislikes, preferences or special dietary needs the person may have. This ensured that people received food they liked and in a manner that was suitable for them such as pureed food. We also noted that any dietary advice was recorded in people's care plans.

People and their relatives told us that they were supported to access healthcare services to maintain their health. Staff knew the actions to take if they felt a person was becoming unwell. We spoke with a health professional who was visiting the home. The health professional told us that staff call them promptly if they have a concern and acted on any instructions given to them to improve people's health. The professional told us, "The home is improving in my opinion, they are following my recommendations." Records we looked at confirmed that people had access to a wide range of health professionals including visits from dentists and opticians, psychiatrists and GPs.

Is the service caring?

Our findings

Staff did not always support people in a dignified or respectful manner. One relative told us that they felt that staff did not have a good understanding of their relatives' support needs. The relative told us they had witnessed staff sometimes treated the person unkindly and disrespectfully as they did not appear to understand the consequences of the persons disability. We spoke with the registered manager about this who assured us that staff would be given the correct information they needed to support the person well.

We did not find that staff consistently treated people with respect and dignity. We saw that one person was resting in their bedroom which contained a large basket of other people's dirty laundry. The bedroom was untidy with a used towel on the table and dirty glove on the floor. A radio was playing loud pop music which may not have been the person's choice. We saw that the room was left like this for over half an hour while care staff supported other people with their personal care needs. We also noted that staff referred to incontinence products as 'nappy pads' and that one person told us that when they asked to be taken to the toilet they were told to "use your pad." The person told us that this was not acceptable and they did not like to be asked to do that.

People spoke highly about the caring attitude and kindness shown to them by staff. People said, "They are all very caring" and, "They are nice, on the whole they do a great job" and, "I think [the staff] are wonderful." One person who was very enthusiastic (about the home?) told us, "It's a palace here; I've never enjoyed myself so much. They are all nice and very kind and treat you very nice." A relative said, "The staff are kind, they really do look after [my relative]." Another relative told us, "In general staff are patient and kind and competent."

Records showed that people and their families had been involved in expressing how they wanted to be cared for and supported when they first started to use the service. People were regularly supported by staff who understood their specific communication style to express their views of the service.

During our visit we spent time in the communal areas and saw that people were relaxed about asking staff for assistance. We observed many warm kind interactions between people and staff and noted that staff knew people and their preferences well. Staff ensured that doors to bedrooms and curtains in shared rooms were closed before personal care took place and we saw staff assisted people to adjust their clothing or their position if their dignity was being compromised. On one occasion however we saw that one person had food very visibly on her face for over 20 minutes. Although staff were in the vicinity, the persons care needs were not attended to until a member of the inspection team brought it to the notice of the staff.

Is the service responsive?

Our findings

We saw that the home had completed pre assessments before each person moved in to ensure that the service could meet the person's needs. Relatives we spoke with told us they were involved in the assessment, planning and reviews of their family member's care, and were kept well informed by the home. We noted that people's records confirmed this.

People's care plans had been developed as staff got to know people. We saw that plans had been updated in response to changes in people's needs on a regular basis. Plans contained instructions for staff about how people needed and preferred to be supported. We saw that staff did know people and their preferences well, and provided support in line with people's wishes. We did not see evidence of people's life history being available to staff in their records.

Whilst people had been involved in the pre admission assessment they were not formally involved in their on going care planning and review. We did not find evidence that relatives had been asked to be involved in the care planning process. The registered manager confirmed this. This meant that the registered manager had not taken the appropriate steps to ensure that people had been supported to be involved in agreeing their care.

We saw that there were some activities available for people, and noted that the home employed activities staff who sometimes assisted with meal times and giving people drinks and helping them with their meals. This ensured that people had sufficient support when eating and drinking.

Activities were based on people's individual preferences and also included some group activities such as a summer fete and bingo. During our inspection we saw that people were having manicures and had access to magazines and books. People told us they enjoyed these activities. We saw that some pet chickens were kept in the garden area. Staff told us people also enjoyed the pet chickens that they had helped to hatch and rear. A health professional told us that they had seen improvements in the number and range of activities available to people at the home. We saw that improvements were being made within the home itself such as a decorated tea room for people to enjoy, that was sometimes used for private parties such as birthdays and anniversaries.

Relatives we spoke with knew how to make a complaint. One relative told us, "I would see the manager directly". Staff knew the action they should take if someone wished to make a complaint. We saw information displayed informing people of how they could complain in a way that would support them to understand how complaints could be made. The home also had a suggestion box in the reception area for everyone to use if they wished. Staff told us that they knew about the whistle blowing phone line that they could use if they felt that the registered manager was not responding to their concerns well. We looked at the complaints folder and saw that the home had a system for monitoring complaints and making sure that they were responded to in a timely manner. We noted that one recent complaint was being dealt with appropriately.

Is the service well-led?

Our findings

At the last inspection we were aware that incidents and safeguarding concerns were recorded, however at that time no detailed analysis was being undertaken. At this inspection we found this was still the case. For example a recent safeguarding incident had occurred and appropriate actions had not been taken. The audit process had failed to identify this.

The systems in place to assess, monitor and manage the home were not always effective and had failed on occasions to identify issues that needed to be addressed. This included concerns related to the cleanliness of the home, which had not been identified and acted on in a timely manner. During our inspection we saw that some areas of the home had recently been refurbished and this work was on-going. However we found that some areas smelt unpleasantly and appeared unclean. Some people were using arm chairs that were stained and had ingrained dirt on the arms. There was also a badly stained carpet in one lounge. We saw that various drinks had been spilt up a wall sometime prior to the inspection and had not been cleaned. The registered manager told us that replacement flooring was on order. During our inspection we saw that the registered manager took immediate action to begin to rectify these concerns.

We saw evidence that some incidents had been used to learn from mistakes but that a detailed analysis of all incidents including safeguarding concerns had not been undertaken. We saw that some audits were completed by nursing staff on a monthly basis, but they were not then checked by a manager. We found some shortfalls in practice throughout the inspection, which showed that some practice issues were not being identified by these quality audits.

At this inspection we saw that some staff practices were not always effective and responsive to the individual needs of people who lived at the home. Therefore we looked at the arrangements the provider had in place to drive through improvements in staff practices so that people consistently received effective and responsive care. We saw that some surveys had been undertaken with relatives, but these had not been analysed for trends or actions taken in light of comments made within them. We did not find that people had been actively encouraged to participate within their care reviews. We did not find that there were effective processes in place to seek the views of people that used the service. People shared with us their comments about staff being available but these issues had not been identified by the registered manager. No systems were used to gather people's views and opinions.

Some principals of the Mental Capacity Act (2005) were not being adhered to. For example consent was not consistently sought and some staff did not understand the implications of depriving someone of their liberty. The provider had not ensured that staff had the correct level of knowledge and understanding to uphold people's rights.

These issues about failing to effectively assess and monitor risks, and make improvements are a breach of Regulation 17 (1, 2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

There was a registered manager in post, and people who lived at the home and their relatives told us they knew who the registered manager was and they felt comfortable to approach them at any time. Staff told us that the registered manager was approachable and that they felt well supported. Staff knew there were procedures in place should they wish to raise concerns about poor practice and they felt confident in using the procedures. Where they had known about them, the provider had kept us informed of all the events that affected the safety of people, as they were required to by the regulations.

Since our last inspection staff we found that staff supervision and training had improved. Staff told us that staff supervisions took place which gave staff the opportunity to reflect and improve their practice and identify training requirements. Staff told us that regular staff meetings were held where there were able to put forward ideas about improving the service and said they would be listened to and acted upon.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	We found that ineffective systems and processes were in place to assess and monitor the service.
Treatment of disease, disorder or injury	