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Green Trees Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 5 June 2018 and was unannounced.

Green Trees is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Green Trees accommodates up to 16 people. On the day of the inspection, there were 14 people living at the home.

When we last inspected, we found breaches of legal requirements in relation to person centred care, assessing risks associated with people's care, safeguarding people from abuse and not notifying CQC of important incidents.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions to at least good. At this inspection, we found that the provider had made improvements to address most of the concerns identified. However, we found that there was further improvement required to ensure people received care which met their emotional and social needs.

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.

We saw that improvements had been made to the provision of activities for people. However, we received feedback that on days when there were no activities, people were not stimulated. We also found provision had not been made to support people to access the community if that was something they wanted to do.

People told us they were well treated at the home and risks to their safety had been identified and ways to mitigate these risks had been recorded in people's care plans.

Staff were aware that the people they supported were vulnerable and they understood their responsibilities to keep people safe from potential abuse.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

The home maintained adequate staffing levels to support people.

We saw friendly, caring and supportive interactions between staff and people and staff knew the needs and preferences of the people using the service. Care plans were person centred and reviewed regularly.

People told us they enjoyed the food provided and that they were offered choices of what they might want to eat.

People had regular access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

We saw evidence of staff induction and an on-going training programme. Staff had regular supervisions and annual appraisals. Staff were safely recruited with necessary pre-employment checks carried out.

Quality assurance processes were in place to monitor the quality of care delivered. Required statutory notifications had been submitted to CQC.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service had improved to good. Safeguarding processes were being followed and potential safeguarding concerns were reported to the relevant authorities. Staff were knowledgeable around what to do if they had safeguarding concerns.

The service maintained individualised risk assessments that were regularly reviewed and detailed information for safe management of the identified risks.

There was sufficient staffing and the service followed safe recruitment practices.

Medicines were safely administered and managed.

Is the service effective?

Good

The service had improved to good. Staff were now supported through annual appraisals and regular supervisions. Staff received regular training.

People's nutritional and hydration needs were being met. People were happy with the food choices on offer.

Service worked very well with the GP and other health and care professionals in supporting people to maintain healthy lives.

The service complied with the Mental Capacity Act 2005.

The service used technology to maintain contemporaneous and accessible care records.

Is the service caring?

Good

The service had improved to good. We observed kind and friendly interactions between staff and people. Staff demonstrated that they knew people likes, dislikes and care needs.

People were treated with dignity and respect.

Relatives told us they were involved in initial care planning,

however not subsequent reviews.

Is the service responsive?

Requires Improvement

The service remains rated as 'requires improvement' in this area. We saw that further resource had been put into ensuring people had access to regular activities and stimulation. However, feedback indicated that day to day activities did not always happen.

Complaints were investigated and responded to. However, some relatives told us that they felt that they could not raise concerns with the registered manager as they would not be listened to.

Care plans were detailed, person centred and reviewed regularly as and when people's needs changed.

People were supported to have a dignified and pain free death.

Is the service well-led?

Good

The service was now well-led. The provider appropriately notified CQC of required statutory notifications.

We received positive feedback regarding the care people received at Green Trees. However, some relatives raised concerns regarding a lack of activities and the attitude of the management team when concerns were raised.

Staff spoke positively of the support they received from the management team.

The service had systems for assessing and monitoring the quality and safety of the service.

Green Trees 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 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 5 June 2018 and was unannounced. The inspection was carried out by one inspector. The inspection was supported by two experts by experience, one of whom spoke with people and visiting relatives during the site inspection. The second expert by experience contacted relatives for feedback the day after the inspection by telephone.

Before the inspection we looked at the information that we had received about the service from health and social care professionals and notifications that we had received from the provider. We had also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

During the inspection we spoke with five people who used the service and three visiting relatives, the registered manager, director and four care staff.

We looked at four people's care files, risk assessments, daily care records, 10 medicines administration records (MARs), six staff files, staffing rotas and records relating to the management of the service such as quality audits and complaints

Prior to the inspection we received feedback from a local placing authority.

Good

Is the service safe?

Our findings

People told us they felt safe living at Green Trees. Feedback from people included, "I feel safe here" and "If someone has fallen they are there straight away." A relative told us, "It is safe during the day and also at night." A second relative told us, "Safe! Absolutely, she has been there [length of time] and I feel they are very good with her."

When we last inspected the service in March 2017, we found that systems and processes were not in place to ensure people were safeguarded from abuse or harm as the provider had not always notified the local safeguarding authority of potential safeguarding concerns. At this inspection, we found that the provider had addressed this concern. Records confirmed that the local safeguarding authority were promptly notified of any concerns around people's safety and the provider co-operated with investigations. The provider also notified CQC when they had concerns around the safety of the people in their care. Staff had received training around safeguarding and were knowledgeable about what to do should they have any concerns. One staff member told us, "I would report to the registered manager. I would make a detailed description. I would make sure there was a follow up." Staff knew about whistleblowing processes and where to report concerns outside of the organisation.

At our last inspection, we found that the provider had not always ensured that people were kept safe, as although the risks associated with their care had been assessed, they had not always put in place the control measures identified as part of the risk assessment. At this inspection, we found that the provider had addressed this concern. Detailed risk assessments were in place for all people who used the service. Risks assessed included falls, nutrition, moving and handling and skin integrity. Where a person had a medical condition, any risks associated with ill-health as a result were documented and guidance was provided to care staff on how to keep people safe. Risk assessments were personalised. For example, one risk assessment documented that the person should have their personal items to hand as they may fall should they attempt to reach for them. We saw this in action during the inspection.

We asked people and relatives if there were sufficient staff available to meet their care needs. People told us that they felt there were enough staff available to assist with their care needs. One person told us, "If someone has fallen they are there straight away." We received a mixed response with some relatives telling us they felt there weren't enough staff on duty. Feedback from relatives included, "One of the things I feel is that there are not enough staff because there are residents with different abilities" and "I believe they have minimal staff and that could prove to be a problem if they have a major incident. The staff do seem to have a lot to do so they don't have much time to sit and talk to residents." We discussed the feedback with the provider who advised that there may be times of the day when staff are assisting people in other areas of the home but that there should be a member of staff or the management team in communal areas at all times.

Rotas and our observations confirmed that there were two care staff on duty throughout the day in addition to the registered manager, deputy manager, provider, cook and cleaner. At night there was two staff on duty, one of which was providing sleep in cover. We observed that staff did not appear to be hurried or under any pressure and people were given assistance, as and when needed. The registered manager and management

team played a hands-on role at the home and took responsibility for administering medicines and updating care plans.

Staff continued to be recruited in a safe manner and staff files contained records of the required security checks, including references from previous employers, proof of identity, criminal record checks and information about the person's employment history.

Medicines were managed safely at the home and feedback from people and relatives was positive in this regard. A relative told us, "Yes, she gets the medication on time we have had no issues with medication." A second relative told us, "Before coming here he was on medication. Here he's on no medication and he's good." The registered manager took responsibility for the oversight and administration of medicines on a day to day basis. Senior care staff had also been trained to administer medicines if the registered manager was unable to do so.

Safe medicine management and administration processes in place meant that people were administered their medicines safely, on time and as prescribed. All records relating to medicine administration and management had been completed appropriately with no gaps or errors in recording. Medicines were stored safely and securely and stocks of medicines matched MAR's. Controlled drugs are medicines that are included under The Misuse of Drugs Regulations (2001) because they have a higher potential for abuse. Medicines classed as controlled drugs have specific storage and administration procedures under the regulations, which were being adhered to at the home. Where people had been prescribed 'as and when required' (PRN) medicines, a PRN protocol was in place which detailed the medicine, why it had been prescribed and when they should be administered. The management team carried out regular checks to ensure that medicines were safely managed.

Most people and relatives told us that the home was clean and well maintained, which was observed during the inspection. A relative told us, "The home is very, very clean." We found that bedrooms, bathrooms and communal areas and kitchen were clean and free from malodour. Care staff had access to a variety of personal protective equipment to protect people from cross infection and contamination. This included gloves and aprons. Staff had received training in infection prevention and control. We checked all food storage areas including the fridge and freezer and found that these were clean. All opened food items had been labelled with the date of opening clearly recorded.

The safety of the building was routinely monitored and records showed appropriate checks and tests of equipment and systems such as fire alarms, emergency lighting, gas and electrical safety and water safety were undertaken. Personal Emergency Evacuation Plans (PEEPs) were in place and the provider had a clear contingency plan in place to help ensure people were kept safe in the event of a fire or other emergency.

All accidents and incidents were recorded on an electronic system attached to the person's care record. Each record contained details of the incident or accident that had taken place, the actions taken, any investigative action taken and any lessons that were learnt.

Good

Is the service effective?

Our findings

People and relatives told us that staff were trained and skilled to meet the needs of the people living at the home. One person told us, "Yes, the staff know what they are doing, very helpful." A second person told us, "At night the staff are very good." A relative told us, "Yes, I think they are well trained, I mean because they have lots of different staff there and they do a good job." Staff told us they were supported to complete training to enable them to carry out their role effectively. One staff member told us, "I get reminders to keep my training up to date." A second staff member told us, "I thought the training was brilliant. I just ask the registered manager any questions I have and she sits down with me and explains. Training records confirmed that staff had completed regular training in areas such as dementia awareness, end of life, moving handling, health and safety, safeguarding and first aid. When staff completed moving and handling training, their competency in moving and handling tasks was assessed to ensure they could transfer people in a safe manner.

New staff completed an induction which included getting acquainted with the people who lived at the home, review of health and safety, policies and procedures and a period of shadowing with a senior member of staff. A staff member told us, "My induction was DBS, training, working with staff who watched how I spoke to people." When we last inspected, we found that staff did not receive an annual appraisal. At this inspection, we saw that the provider had addressed this issue. Staff were supported with regular supervision and an annual appraisal.

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 so that they can 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). Where a DoLS had been applied for and granted, the DoLS authorisation was recorded in the person's care file.

Staff had knowledge of the MCA and DoLS and understood the importance of obtaining consent from people prior to providing assistance. People we spoke with also confirmed staff asked for consent. Care plans documented that people's mental capacity had been assessed and where appropriate, people had signed consent forms to indicate that they consented to their plan of care. Where a relative had legal authority to provide consent for care, this was clearly documented.

We received positive feedback regarding the quality and choice of food on offer at Green Trees. Feedback from people included, "When we are downstairs in the afternoon they come around asking what you want, the day before, fish or meat" and "I'm a fussy eater, food is okay. Fish, chicken, beef. Vegetables I don't eat. They are trying some other things for me." A relative told us, "The food is so varied. It keeps people healthy. He weighs the same as when he arrived." We observed lunch on the day of the inspection. Most people were supported to eat in the dining room and people had their preferred seats. The atmosphere was informal and

pleasant. One person assisted staff by setting the tables and serving drinks. Where people required support to eat, this was provided in a timely manner. People had access to hot and cold drinks throughout the day.

People were supported to maintain good health and had access to healthcare services and received ongoing healthcare support. Feedback from relatives included, "If she's in pain they call the doctor to see her" and "The district nurse was in recently." People had access to a GP, optician, dentist and chiropodist. Where the provider had concerns around a person's physical or mental health, referrals were made to the appropriate health professional in a timely manner. Care plans detailed records of appointments with health and care professionals. We also saw evidence that following appointments, people's care plans were updated accordingly.

The provider utilised technology at the service. Except for MAR's all care records, staff records, quality checks and audits were kept electronically in a well organised structure. Staff updated people's daily records onto the system contemporaneously. Correspondence associated with people's health such as appointment letters or medical reviews were scanned on to the person's electronic file. A staff member told us, "The computer system is a god send. It makes caring so much easier. We can see everything straight away." The inspection team could access all documents required to carry out the inspection without any delay or difficulty.

The registered manager carried out assessments prior to a new person coming into the home. The registered manager told us that they would refuse to take a new person if they felt that they were unable to meet their care needs. We saw that for a newly admitted person who had been in the home approximately one week prior to the inspection, a care plan had been developed from the registered manager's assessment which documented the person's support needs and preferences around mobility, continence care, nutrition, personal care and pastimes/hobbies.

Good

Is the service caring?

Our findings

We received positive feedback from people and relatives regarding the caring nature of care staff. People told us they were treated with kindness and felt comfortable with care staff. Feedback included, "Yes, they will listen, I can speak with the staff. They listen. They are kind", "The [staff] are very nice here" and "We had our birthday a couple of months ago. We had cake." Feedback from relatives included, "The care is good. He tells me he's happy here" and "I feel they treat mum well. There are a couple of carers who are quite loving and caring. The carers seem kind to my mum and I have not seen anything iffy."

Staff were caring and supportive towards the people who used the service. People were treated with kindness and compassion in their day-to-day care. We observed positive and caring interactions between staff and people who used the service. Staff had a cheery and bright disposition and we observed laughing and gentle banter between staff and people who used the service. One staff member told us, "I really enjoy my job. So many residents ask how I am. I think the residents do more for me than I do for them!" A second staff member told us, "The residents are brilliant. This is a lovely home."

At our last inspection, we observed that people had been left unattended for long periods of time and we identified concerns with a lack of staff engagement and interaction with people. At this inspection, we found improvements had been made. We observed staff spent time sitting with and talking to people. Staff told us that although they were generally kept busy with care tasks, they had time to speak with people.

We saw that people could express their views and make choices about their care daily. Throughout the day we observed staff offering choices and asking people what they wanted to do, for example meal choices. People told us they could get up and go to bed at a time of their preference. We saw people arrive downstairs at varying times throughout the morning and were served breakfast as and when they came down. One person told us, "I can go to bed whenever I want. I go to bed at 10.30pm. Sometimes I go downstairs to the sitting room to watch the big TV."

Care staff could demonstrate how they ensured people were treated with dignity and respect. A staff member told us, "For personal care, I shut the door or if the double room, use the screen." A relative told us, "So far, I think they show respect to mum and support dignity and privacy, particularly when supporting with personal care." A second relative told us, "The staff have to help him with personal care and I think personal hygiene is good, they get him washed and dressed and he always looks smart."

Relatives also told us that they thought that their loved ones were supported to remain independent. We saw that where people could, they dressed themselves and made their own way to the communal areas. A relative told us, "Mum is quite able but needed assisted care, so I don't mind when staff ask if she would like to do this or that, because it keeps mum independent. I think it's always good for her to do things for herself."

Relatives told us that they were involved in the initial stages of their relative's care planning but not in subsequent reviews. People's care plans demonstrated that they and their loved ones had been asked to

provide information around likes and dislikes and life history. One person's care plan detailed their employment and military history and the information in their care plan was used to celebrate a milestone birthday by engaging in a celebratory activity based on their previous employment. One relative told us, "In the beginning I was involved in care plan, but I have never been back to see it or make any amendments." A second relative told us, "When mum first went into the home I filled out a booklet about mum there but, I have not been involved in anything since." Relatives told us that although they had not been involved in care reviews, they did not see this as a problem as they were satisfied that their loved ones were receiving appropriate care.

People's cultural and religious backgrounds were documented in their care plans along with any needs they may have had around these areas. At the time of the inspection, nobody at the home required a religious diet. People were supported to access religious services and a member of the local clergy visited the home on a regular basis. The provider told us that they had a recent visit from a local muslim community group. We asked the provider how they would support someone who identified as LGBT+. They told us, "That is their choice. The home deals with the individual and whatever their needs and preferences are."

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in March 2017, we found that people did not engage in activities on a regular basis. Feedback from people and relatives was that aside from planned regular activities such as music, there was little for people to do other than watch television. At this inspection, we found that improvements had been made in this area. However, further improvement was needed around the regularity of planned activities and supporting people to access the community should they chose to do so.

Since the last inspection, the provider had employed an activities co-ordinator on a part time basis. Feedback received from people and relatives was that the activities co-ordinator was engaging and well received but the days they worked were infrequent. On the day of the inspection, there were no scheduled activities taking place. Following the inspection, the provider told us that the activities co-ordinator worked at the home two mornings per week. Since the last inspection, the provider had erected an activities board which detailed upcoming activities such as movie nights and musical entertainers. The provider told us that they had started to build relationships with local schools and churches and had benefited from visits from these groups. We saw that in March 2018 a children's show took place and in February 2018 the home hosted an animal show. In addition, there were regular planned activities such as music two times per week.

Feedback from people and relatives regarding activities was mixed, and included, "There was a singer. We could do with more activities. A lady comes in and we do exercises, some could do it, some not" and "I find it alright. The people are very nice, but I am very short sighted, a bit deaf. I am quite happy here. I do crosswords to keep my brain going." Relatives told us, "If anything he's having now more mutual meetings with people. He may do the ball throwing. After lunch I find that he is more in the mood to sleep. There is music", "When I came last Sunday, there was a gentleman singing, I am not sure what other activities they do each day" and "Well someone comes in and sings with residents on Thursdays and Sunday afternoon. I think [staff] comes in some mornings to do activities, but I have not seen her for a while."

We asked the registered manager and the provider about whether people could be supported to go on day trips or into the community. We were told that day trips did not take place as people did not like them and if people wanted to go out, their families usually provided that support. One person told the inspection team that they would like to go to the shops or a local café, but they had not been supported to do so.

We recommend that the provider supports people to access the community should this be their preference.

Relatives told us that they were confident that people's physical and medical care needs were met. Relatives told us that the service was responsive to managing changes in people's care needs. One relative told us, "He is in very good health for his age we have no problems with what they do at the home." A second relative told us, "They know how to calm her down when she's anxious. The staff can speak with her. They will deal with it" and "I think [registered manager] did a very good job, when [person] had the heart attack." We saw on the day of the inspection, that one person had a chair with a sensor alarm as the person was at high risk of falls should they attempt to mobilise. We saw that when the alarm sounded, the registered manager was

prompt in reaching the person to provide support.

Care plans were in place for all people who lived at Green Trees. Care plans were primarily created by the registered manager and reviewed monthly by the registered manager or provider. Care plans detailed people care and support needs around nutrition, mobility, communication, personal care, continence, rest and sleep, pressure care, and emotional and physical health. One person's care plan detailed that they preferred a shower as they had arthritic knees. A second person's care plan detailed that they were, 'an extremely pleasant lady who enjoys the company of other residents.' Staff told us that they could access people's care records as and when they needed and updates were communicated to staff via the internal messaging system linked to the electronic care record system.

We looked at how the service managed complaints. We saw that complaints were documented, investigated and responded to with actions identified and completed. We saw that since the last inspection, two complaints had been recorded. When we asked people and relatives if they felt able to complain, we received a mixed response with some people telling us they were confident that complaints would be responded to. However, some relatives told us that they felt that they could not always approach the registered manager about concerns they had. Feedback included, "If we had any complaints we would go to [registered manager] and she is very responsive", "I don't feel confident to make a complaint to [registered manager], but as I said I will speak up if something is not right" and "I would complain to [registered manager] with great difficulty, but I don't think I would be listened to; almost laughed at or be put down." We discussed the feedback received with the provider who advised that the registered manager had taken the comments on board.

We looked at how the people were supported at the end of their lives. We saw that the provider worked with health professionals and local hospices to ensure people received appropriate end of life care. The provider ensured that end of life medicines were in place for when people required strong analgesia to relieve pain. We looked at compliments kept at the service and saw that many of these were from relatives following the death of their loved one. Some of the compliments read, '[Person] survived due to the outstanding care', 'We appreciate the dignity, compassion and care' and 'I feel you are part of the family now.'

Good

Is the service well-led?

Our findings

At our last inspection in March 2017, we found that the provider had not notified CQC of required notifiable incidents such as safeguarding concerns. A notification is information about important events which the provider is required to send us by law. A failure to notify CQC of incidents has an impact on the ability of the CQC to monitor the safety and quality of the service. Following the last inspection, the provider had notified CQC of matters such as safeguarding concerns and incidents of serious injury. At this inspection, we did not find any concerns that there were further matters which should have been notified to CQC.

We received positive feedback from people regarding the management in place and their overall experiences of living at Green Trees. Feedback received from people included, "Any problem I have I go to [registered manager]. She's very good", "I can talk with people, with the staff" and "I'm quite happy here. They are very good here."

All relatives we spoke with told us they were confident that their loved one was receiving a good standard of care, however, as noted in the responsive section of the report, some relatives told us that they thought there could be more activities on offer for people and did not find the registered manager approachable. Feedback from relatives included, "I'm here every day. On the whole it is very good. I've always been very happy", "If I had an issue I can go to see [registered manager] here", "I would recommend the home because there is so much potential, but there needs to be a change of attitude (management)" and "Any suggestion made they do not take any notice of."

We received positive feedback from staff regarding the support they received from management and the overall culture at the home. Feedback from staff included, "They [management] are very good. Everyone comes together as a family", "We do what we can to make them [people] happy" and "The quality of food is perfect. We are a caring team. Management always here. There is never a manager not here. But there should be more activities."

Following the last inspection, the provider started to hold relatives' meetings to explore ideas for ways to improve the home. Since the last inspection, three relative's meetings were held. Topics discussed at the meetings included ideas for activities, fundraising, a newsletter, garden access and showcasing activities on offer. Some relatives told us that they felt that not all suggestions had been put in place following the meetings.

The provider had systems in place to monitor the quality of the service. Regular monthly checks took place by the management team of health and safety, infection control, catering, medicines, record keeping and staffing such as training and supervisions.

Feedback was requested from residents, relatives and professionals involved with the service. An annual survey was completed in February 2018. The findings of the survey were overwhelmingly positive with over 90% of respondents satisfied with how safe, effective, caring, responsive and well-led the service was. Relatives told us they had received feedback forms to complete twice per year.

The registered manager worked with various health and social care professionals in delivering effective care services to people. We saw records of liaison with district nurses, chiropodist, a local hospice, the London Ambulance Service, local schools and the local Care Home Assessment Team.