

Green Gables Care Limited

# Green Gables

## Inspection report

6 Northdown Avenue  
Margate  
Kent  
CT9 2NL

Tel: 01843227770  
Website: [www.greengablescahome.co.uk](http://www.greengablescahome.co.uk)

Date of inspection visit:  
21 March 2017

Date of publication:  
03 May 2017

### 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 21 March 2017 and was unannounced.

Green Gables is a large detached house in a quiet residential area. It provides care and support for up to 18 older people, some of whom are living with dementia. There were 18 people living at the service when we visited.

There is a registered manager working at the service, they are currently at the service two days a week due to their leave arrangements. The service is being overseen by a deputy manager with the support of the provider and registered manager. 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. This was the first inspection since a change of provider in November 2016.

People told us they felt safe at the service. Staff recognised different types of abuse and knew who they would report any concerns to, they were confident that the registered manager or deputy manager would address any issues. Risks to people were identified, assessed and plans were put in place which gave staff the guidance needed to manage and minimise the risks. People's medicines were managed safely and in the way they preferred.

The management team had completed audits to identify environmental risks. Fire drills were completed and people had a personal emergency evacuation plan (PEEP) in case of a fire. Additional audits had been completed to monitor the quality of care given to people and checks were carried out on the records completed by staff to make sure they were accurate and up to date.

There were enough staff to meet people's needs and they were recruited safely. Staff told us they were well supported, they had regular one to one meetings with their line manager and had the training required to meet people's needs. People, staff and relatives told us that the provider, registered manager and deputy manager were approachable and accessible. Everyone working at the service shared the same visions and values, which were to give people excellent care and support them to have the best lives possible.

People were involved in developing and updating their care plans. People's care plans were person centred and showed what people could do for themselves and how they preferred to be supported. Staff knew people well, interactions between people and staff were affectionate and relaxed. Staff offered people reassurance and encouragement. People could have visitors whenever they liked and were supported to maintain relationships with family and friends.

There was a board in the dining room letting people know what activities were happening each day, some people said these could be more varied. The deputy manager agreed this was an area for development. People had a choice of food and drinks each day. People were encouraged to eat a balanced diet to stay healthy. When people were at risk of losing weight they were referred to a nutritionist and any guidance put in place was followed by staff. People had access to healthcare professionals when required and any concerns about people's health were responded to quickly.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The registered manager asked people for feedback about the service and their care on a regular basis and took action to address any issues raised. People had meetings where they could put forward their opinions about the food they were offered and activities they wanted to take part in. Complaints were recorded and responded to appropriately.

The registered manager attended local forums for managers and shared their learning with staff through team meetings. Staff treated people with dignity and respect; they understood confidentiality and people's records were stored securely. Both the registered manager and the deputy manager had clear oversight of the service, using regular audits and addressed any issues as they arose.

## 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 was safe.

Staff knew how to recognise different types of abuse and who to report any concerns to.

Risks to people and the environment were identified and assessed. Plans were in place to give staff guidance on managing risks.

There were enough staff to meet people's needs and they were recruited safely.

People's medicines were managed safely and in the way people preferred.

### Is the service effective?

Good 

The service was effective.

Staff were confident in their roles and had the support and training required to meet people's needs.

People were encouraged to make choices. Staff had a clear understanding of the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People had choices about what food and drink they wanted. People were supported to have a balanced diet to support them to remain healthy.

People had access to health professionals when needed and staff had guidance to support people with their health needs.

### Is the service caring?

Good 

The service was caring.

Staff had positive relationships with people and supported them to remain as independent as possible.

Staff knew people well and visitors were welcomed into the service at any time.

People were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People had involvement in their own care plans. Care plans were person centred, showing what support people needed and how they preferred it to be given.

People took part in activities they enjoyed. There was an opportunity to expand the activities on offer to people.

Complaints and concerns were recorded and responded to appropriately.

### Is the service well-led?

Good ●

The service was well-led.

Staff understood the values and visions of the service, they felt supported and valued.

The registered manager and deputy manager were approachable and accessible.

Audits were completed to monitor the environment and quality of care given. People, relatives and visitors were encouraged to give feedback and any issues were addressed.

# Green Gables

## 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 21 March 2017 and was unannounced. It was carried out by one inspector and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We did not ask the provider to complete a Provider Information Return (PIR), as we carried out this inspection earlier than expected. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We asked these questions during the inspection. We reviewed all the information we held about the service. We looked at the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we spoke with 15 people and seven relatives. We spoke with the registered manager, the deputy manager and four care staff. We looked at five people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

Some people were unable to tell us about their experience of care at the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed how people were supported and the activities they were engaged in.

We last inspected this service in June 2015. This is the first inspection since a change of provider in November 2016.

# Is the service safe?

## Our findings

People told us, "I feel safe, I have no hesitation about leaving my handbag around." And "There are enough staff and they keep an eye on us. When I use the call bell they come quickly." People told us that they had equipment to keep them safe. One person said, "I have a lovely soak in the bath and I feel very safe on the bath seat."

Staff recognised different types of abuse and knew who to report any concerns to. Staff told us, "I would talk to the deputy manager or registered manager if I was worried. I can always go to the provider. I know they would deal with it but if they didn't I would go to you, the Care Quality Commission." The registered manager was aware of their safeguarding responsibilities. Referrals had been made to the local safeguarding authority when required and action had been taken to reduce the risks of incidents happening again.

The registered manager and provider had supported people to raise issues about their treatment at a local hospital. They had contacted the local safeguarding team and community nurses to discuss issues people had about how they were treated. People said they were grateful for the support and felt listened to. Risks to people were identified, assessed and plans were put in place to minimise them. Staff had clear step by step guidance about how to support people to minimise risks. For example, some people needed support to move from one place to another. Risk assessments gave details about what people could do for themselves, what equipment was needed and how staff should support people. One person told us, "I always feel safe in the hoist." Staff also had guidance about how to support people to if they became anxious or upset and how to support people at the risk of choking.

Throughout the day staff supported people and followed the guidance in the risk assessments. Some people used pressure relieving mattresses or pillows to reduce the risk of their skin breaking down. Staff made sure that when people moved, for example to the dining area, their pillow was placed on the dining chair they were using.

The deputy manager and registered manager monitored risks, reviewing accidents and incidents on a regular basis to identify any themes or changes in people's needs. If people were at risk of losing weight referrals had been made to a nutritionist, people who had an increase in falls were referred to the local falls team.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly.

People had personal emergency evacuation plans (PEEP) and regular fire drills. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of an emergency. People's PEEPs were reviewed and updated as required, they gave clear information about the support people would need both emotionally and physically in the case of an evacuation.

Staff were recruited safely. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People had met

potential staff during the recruitment process and had given their views to the registered manager. The registered manager used a dependency tool which was updated monthly and was based on people's needs to ensure there were enough staff to meet people's needs. There were enough staff on the day of the inspection. People's call bells were answered quickly and staff regularly checked on people in the communal areas.

People's medicines were managed safely and people had their medicines the way they preferred. They told us, "It's nice not to have to remember my medicine, they bring it when I need it." and "They offer me pain relief so I have a choice if I want it or not." People's medicines were managed by staff who had been trained in giving people their medicines as prescribed by their doctor. The registered manager and deputy manager carried out competency checks on staff administering medicines to make sure they were administering people's medicines the correct way.

Temperatures of medicine cupboards were taken daily and were within acceptable levels. Some medicines do not work properly if stored at the wrong temperature. Staff ordered medicines as needed and disposed of any unwanted medicines appropriately. People's medicines records were completed fully and accurately by staff.

When people were prescribed medicines to have 'as and when' required such as pain relief, there was guidance for staff about what the medicine was for, how the person would let them know they needed it and how many doses they could have in 24 hours. We observed staff administering medicines to people in their own rooms and in communal areas. People were smiling and seemed relaxed. Staff gave people plenty of time to take their medicines and asked if they would like any pain relief.



# Is the service effective?

## Our findings

People told us, "The staff know what they are doing and if they don't know anything they go and find out the answer." and "The staff know me well, they are always very helpful."

Staff had an induction which involved training, learning the systems in the service and shadowing more experienced staff. Staff told us they felt valued and supported. Staff had regular one to one meetings with their line manager to discuss their development and any issues. One said, "I enjoy my supervisions it helps me to know how I am progressing, it gives me a chance to make suggestions and raise any concerns."

Staff attended regular team meetings, the registered manager shared good practice and staff had an opportunity to express their views and make suggestions. Staff told us they did not need to wait for meetings to make suggestions. For example, staff told us one person's mobility had decreased and they were concerned the person's skin could break down; they raised it with the registered manager. The manager spoke to the person who agreed to have a pressure relieving mattress, this was put in place the same day and the care plan was updated.

Staff had training on basic subjects such as safeguarding, first aid and moving and handling. They had also completed additional training in subjects related to people's needs such as dementia and supporting people whose behaviour can challenge. Some staff had completed nationally recognised health and social care qualifications. New staff completed the care certificate, which is an identified set of standards that social care workers work through based on their competency.

Staff were confident in their roles and told us their training helped them meet people's needs. One staff told us, "I have had lots of training, it helps you understand people more and give them better care." We observed staff supporting people to remain calm, by listening to them and offering solutions. Some people could become confused, one person was sitting at the dining table and was unsure why they were there. Staff approached the person and placed their hand on the person's arm, reminding them that dinner was on its way and offering reassurance. The person relaxed and waited calmly for their meal.

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 decisions made on their behalf must be in their best interests and be 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.

The registered manager and staff had a good understanding of MCA and DoLS. People were encouraged to

make day to day choices and have a say in how their care was given. People told us, "I get up or go to bed whenever I want." When people lacked capacity, decisions were made in their best interest, involving relatives, staff and professionals who knew the person well. Some people had fluctuating capacity and when possible decisions were not made until the person could decide for themselves. The registered manager had applied for DoLS authorisations for those people who required them.

People told us they had plenty to eat and drink. People told us "The food is excellent here." and "I am very picky about what I eat, I only usually have breakfast and the odd meal here. I order takeaways and they are fine with that."

Relatives told us, "I can stay for lunch, the food is varied and very good, always lots of choice." and "My loved one has come out of themselves, communal eating has helped them eat again, people around here have started them having a conversation again."

People told us they liked the food and lunchtime was a social event with people chatting as they ate. People were given choices, some people chose items that weren't on the menu and were given what they requested. People were supported to have food which helped them to stay healthy. The cook was aware if people had specific needs such as pureed or fortified foods to increase calorie intake and help them maintain a healthy weight. Residents meetings and questionnaires were used to ask people if there was anything they would like added to the menu. People made suggestions about items for the menu which had been added. Twice a month people had the option of a takeaway, which they told us they enjoyed. One person said, "It's a change and a nice treat."

People were encouraged to drink plenty to keep hydrated. People were offered a choice of drinks throughout the day. People's fluid intake was recorded and there was a target for people to have during the day; however people's fluid intake was not totalled at the end of the day to see if they had met their target amount. There was a risk that staff would not know that people had drunk enough to prevent dehydration. The registered manager agreed this was an area for improvement.

People's health needs were recorded in their care plan, with guidance for staff about how to support people to manage these needs. Some people were living with diabetes; staff had clear guidance around the support needed, what acceptable blood sugar levels were for each person and what to do if their blood sugar was found to be outside of that range.

Staff responded to any changes in people's health needs and sought advice when needed. Staff worked closely with health professionals such as GPs and district nurses who visited people on a regular basis. One health professional said, "The staff here give us really good communication, we can talk about any concerns and they always follow any instructions we give them."

People and relatives told us, if people were unwell a doctor was contacted quickly or people were supported to hospital. Relatives told us they were made aware of any change in health needs or visits to hospital by staff promptly. Some people had ongoing health conditions; staff took their blood pressure regularly and their oxygen levels. Health professionals were immediately contacted for advice if there were any issues.

Some people had made advanced decisions about any further hospital admissions or treatment. The registered manager had worked with them, their family; GP and local community nurses to plan their care moving forward. People were given information about their choices and given time to come to a decision. Once a decision was made a do not attempt cardiopulmonary resuscitation (DNACPR) document was completed. The registered manager also worked with people to update their care plan to reflect what

treatment they would accept and how staff should support them if they became unwell.

## Is the service caring?

### Our findings

People and relatives told us that the staff were kind, caring, helpful and respectful. People said, "They're homely, some homes you are just a number, here you are an individual" and "Everyone is friendly they get to know you, the carers are all wonderful, so kind and never cross with you."

Relatives told us, "Everybody's friendly and welcoming and caring and go out of their way to ensure that my loved one is happy."

A health professional told us, "It always has a warm friendly atmosphere here, I think it's a wonderful place." Staff told us, "We have time for people, we know them well and their families. It is important to be able to just spend time with people and listen."

People and staff knew each other well, people were encouraged to be independent and their care plans showed what they could do for themselves. Some people could be unsteady on their feet, staff kept an eye on people getting up from their chair; they were close enough to help if needed but gave people the chance to get up independently first. The deputy manager spoke to one person about getting some new shoes and asked, "Would you like us to book a taxi for you to go out and get your new shoes?"

People could have visitors at any time, visitors told us they always felt welcome and were seen chatting to staff in a relaxed and comfortable way. During the day of the inspection many people had friends and family to visit. There were areas around the service where people could chat in private if they wanted to. Visitors were offered food and drink and given the opportunity to take part in activities if they wished to.

Staff spent time with people. When chatting they got down to people's levels and leaned in to hear them clearly. They were reassuring and gentle sometimes placing their hand on people's arms or shoulders as they chatted. People smiled at staff and were heard laughing as they chatted. There was a cat living at the service and people enjoyed talking to it and stroking it.

Some people chose to spend time in their rooms, and staff respected this. People were asked if they wanted their bedroom door left open or closed. Staff regularly checked on people in their rooms and spent time chatting with them. They were offered the opportunity to take part in activities and made aware of what was on offer.

The registered manager knew people well. People were asking them if they were ok. The registered manager said, "I make sure to spend time with people, you have to be professional but they love to hear about my little one. It often prompts them to talk about their own families. We really want people to feel comfortable to be themselves here, that way they feel at home."

People were proud to show us their rooms and what they had chosen. People were able to personalise their rooms, one person loved butterflies and had brought their own curtains and bedding with a butterfly design, the provider had arranged for their room to have wallpaper to match. People had their own furniture and photographs on their walls.

People were treated with dignity and respect. People told us, "The staff always knock and wait to be invited in, even if they have just gone out to get something." When people were visited by the district nurses to administer insulin for their diabetes, staff used a screen to give them privacy in a communal area.

People's confidentiality was maintained, staff understood the need for this and records were stored securely.

## Is the service responsive?

### Our findings

People and their relatives told us staff responded to their needs. They said, "They ask me what I think and what I need" and "I can talk to the manager or deputy at any time and they sort things out straight away. I can always go to the owner too."

The registered manager met with people before they moved into the service. An assessment was carried out of people's needs and detailed the way they preferred to be supported. It also covered their concerns and worries about moving into a care service. If the registered manager felt they could meet the person's needs a time was arranged for them to visit if possible and then move in.

People's care plans were developed with them and contained details of their life history, who was important to them, what support they needed and how they preferred to receive their support. People told us, "My care plan is reviewed regularly; I am always involved and say what I think."

People's care plans had details of their likes and dislikes, alongside their life history and interests. Staff knew people well and talked to people throughout the day about things they were interested in or their families. There was step by step guidance for staff about what people could do for themselves and how they preferred staff to support them.

There was a board in the dining room which showed the activities which would be happening each day. People were asked for suggestions for activities during residents meetings. Some people chose not to take part in the activities offered and this was respected. The registered manager had been looking for new activities and entertainment. An entertainer had given a choice of two shows they provide, the activities co-ordinator spent time with each person in the service to ask them which show they would prefer.

People told us they had a musician had arranged a sing along for people on St Patrick's day, singing Irish songs. They also told us they enjoyed film nights where they could watch a film and chat about it afterwards. One person said, "We have a music man at least once a month, I always enjoy that." People spent time in the garden if the weather was nice, one person said, "I planted seeds last year and they grew really well in the garden. I hope to do it again this year."

Some people went out independently or with family members, one relative told us, "I can always ask for a member of staff to come with us if I need to." The deputy manager told us, "Sometimes staff come in on their day off to take someone out or do an activity, they really go the extra mile."

One person was distressed as they wanted to go out, staff were concerned about them as they had recently been unwell. The registered manager met with the person and they agreed to take a mobile phone with them to call for help if needed or let the staff know if they would be returning later than expected. The person was happy to take the phone and said it was a good idea. They went out for a coffee at a local café later in the day.

People did tell us there could be more activities to choose from and the deputy manager agreed this was an area for improvement.

When complaints or concerns were raised they were recorded and responded to appropriately. The registered manager also recorded if the person who made the complaint was happy with the outcome. People told us they knew who to complain to and felt they would be listened to if they had a concern. People told us, "I would have no problem complaining, I would go straight to [the provider] and they would deal with it promptly." Another said, "I am happy to talk to anyone in charge." Most of the people we spoke to could name the provider, the registered manager and deputy manager and told us they would be happy to speak to any of them.

## Is the service well-led?

### Our findings

People and relatives told us that the registered manager, deputy manager and provider were approachable and accessible. They said, "I can talk to the manager if I need anything, they are always around." A relative commented, "This is very well managed service, homely and kind".

Staff told us, "I can always go to the managers or owner, they don't mind even if it is something small" and, "You can always contact someone if you need advice or help you just ask." The deputy manager told us, "We do on call so staff can contact us if they are worried, we can come in if needed or just reassure people they have done the right thing. The team all support each other."

Staff understood the values of the service, which were to give people high quality care and support people in the way they preferred. When staff went over and above their role the provider would send them a card to say thank you. There were regular team meetings and all the staff we spoke with said they were happy to give suggestions or express their views and felt they had been listened to. For example, some staff stated they felt there were not enough staff to meet people's needs as some people were unwell. The deputy manager reviewed the dependency tool, which worked out how many staff were needed based on people's needs, and allocated additional staff on duty to give support.

Staff were comfortable to ask for support if they needed it. One staff member told us, "I never worry about seeming silly, they always tell me they would rather I ask the question. I recently changed my role and am always asking questions."

The registered manager and deputy manager had a clear vision about the quality of service they required staff to provide which staff understood. The registered manager and deputy manager led by example and supported staff to provide the level of service they expected. Staff understood what was expected of them and their roles and responsibilities. Staff were allocated specific duties on each shift and these were monitored throughout the day to make sure they had been completed and to check if there were any concerns.

The registered manager attended local forums which offered training and information about good practice. They then used this information to make improvements in the service and shared it with the staff team in meetings. The registered manager was happy to seek advice from other professionals if required. The registered manager and deputy manager worked closely with each other and the provider to improve the service for people.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

Regular audits had been completed by the registered manager including the environment, infection control,



medicines, care plans and dignity. All audits had an action plan to address any concerns raised and details of when actions were completed. For example, some issues were found in the medicines audit about staff's recording, this was raised in the next team meeting, informing staff of the issues and reminding them what was expected. The office was tidy and all records were easily accessible.

People, relatives, visitors and staff were asked to give feedback on a regular basis. The results were analysed for any learning, the outcome was printed and placed on the notice board on the hallway for people and visitors to see. The registered manager also discussed the outcome at resident's and staff meetings. Feedback was generally positive and any issues were addressed directly with the person and the outcome recorded. One person had commented about issues with their bedroom, the registered manager met with them to find out what the problem was and found a solution, the person said they were happy with the outcome.