

IHDF Limited

# Green Gables Care Home

## Inspection report

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Date of inspection visit:  
16 January 2019

Date of publication:  
19 February 2019

### 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

This inspection took place on 16 January 2019 and was unannounced. This was the first inspection of the service since the provider changed in January 2018.

Green Gable Care Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 11 older people and older people living with dementia in one building. At the time of Inspection there were 10 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were being recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

People who used the service and their relatives told us staff were helpful, attentive and caring. We saw people were treated with respect and compassion.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate identified risks. People felt safe at the home and appropriate referrals were being made to the safeguarding team when this had been necessary.

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

People's healthcare needs were being met and medicines were being stored and managed safely.

Staff knew about people's dietary needs and preferences. People told us there was a good choice of meals and said the food was very good. There were plenty of drinks and snacks available for people between meals.

Activities were on offer to keep people occupied both on a group and individual basis. Visitors were made to feel welcome and could have a meal at the home if they wished.

The home was clean and tidy, but in need of refurbishment in some areas. However, there was a plan in place to address this.

The complaints procedure was displayed. The home had not received any complaints since re-registering.

Everyone spoke highly of the registered manager/provider who they said was approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified they acted to make improvements.

We found all the fundamental standards were being met. Further information is in the detailed findings below.

## 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 were recruited safely. There were enough staff to provide people with the care and support they needed and to keep the home clean.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

Meals at the home were good, offering choice and variety. The meal time experience was calm and relaxed. People were supported to access health care services to meet their individual needs.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

### Is the service caring?

Good ●

The service was caring.

People using the services told us they liked the staff and found them attentive and kind. We saw staff treated people with kindness and patience and knew people well.

People looked well cared for and their privacy and dignity were respected and maintained.

### Is the service responsive?

Good ●

The service was responsive.

People's care records were up to date and being reviewed every

month.

There were activities on offer to keep people occupied.

A complaints procedure was in place and people told us they felt able to raise any concerns.

### **Is the service well-led?**

**Good** ●

The service was well-led.

A registered manager was in place who provided effective leadership and management of the home.

Effective quality assurance systems were in place to assess, monitor and improve the quality of the service.

# Green Gables 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 checked 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 16 January 2018 and was unannounced. It was carried out by an adult social care inspector 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 reviewed the information, we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the lounges and dining room. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included four people's care records, three staff recruitment files and records relating to the management of the service.

We spoke with seven people who used the service, three relatives, four care workers, the cook, senior carer and the registered manager.

# Is the service safe?

## Our findings

Medicines were stored, managed and administered safely. We saw medicines were stored in a locked trolley. The senior care workers took responsibility for administering medicines and we saw them doing this with patience and kindness. They explained to people what their medicines were for and stayed with them until the medicines had been taken. We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed.

One person spoken with said, "I get paracetamol four times a day, a water tablet once a day, and something else twice a day. They tell you what they are."

Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered. Some people were prescribed medicines, which had to be taken at a particular time in relation to food. We saw there were suitable arrangements in place to ensure this happened.

The administration of topical medicines such as prescribed creams was recorded in a consistent way. The MAR contained information including a body map of where cream should be administered and when.

The home was clean, tidy and odour free, although some areas would benefit from refurbishment. The registered manager confirmed refurbishment was ongoing.

We saw staff had access to personal protective equipment; such as gloves and aprons and were using these appropriately. When we looked around the building we saw there were paper towels and liquid hand soap in people's bedrooms and bathrooms. This meant care workers could wash and dry their hands correctly after delivering personal care in line with the service's infection control policy.

We saw evidence that risks to people's health and safety were assessed. For example, recognised risk screening tools were used for pressure area care and falls. We saw specialist equipment such as pressure relieving cushions and mattresses had been obtained and were being used by the service to mitigate risks.

The people we spoke with and/or their relatives told us they felt people were safe living at the home and all the staff were kind and caring. One person living at Green Gables told us, "I feel very safe. I'm very content in my abode." One relative said, "All the staff are brilliant and really do look after the people in their care." Another relative said, "I am pleased with the care provided and very confident people living at the home are safe."

Staff had completed safeguarding training and said they would not hesitate to report concerns to a senior member of staff, the registered manager or the safeguarding team. The registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. We looked at three staff recruitment records and saw; for example, they obtained two references

and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions, which may have prevented them from working in the caring profession.

There were enough staff on duty to care for people safely. People who used the service and their relatives told us, they felt there were enough staff on duty. This was confirmed by the staff we spoke with who told us there were enough staff on every shift to make sure people were kept safe and to meet their personal care needs. They also told us the registered manager increased staffing levels if people's needs changed and additional support was required. The care team was supported by a cook. We saw there was a good staff presence around the home and people's requests for assistance were responded to in a timely way.

We saw a range of checks were undertaken on the premises on equipment to help keep people safe. These included checks on the fire, electrical and gas systems. An external company was responsible for the maintenance checks in relation to water.

Personal emergency evacuation plans (PEEPS) were in place for the people who used the service. These gave information about what support people would need should an emergency arise.

We saw the fire alarm was tested weekly and fire drills were held. Staff could tell us what they needed to do if the fire alarms sounded.

The service had been awarded a five-star rating for food hygiene by the Foods Standards Agency. This is the highest award that can be made and demonstrated food was prepared and stored hygienically.

Accidents and incidents were recorded and analysed to see if any themes or trends could be identified. Records showed what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again.



## Is the service effective?

### Our findings

The registered manager completed needs assessments before people moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

People's healthcare needs were assessed and plans of care put in place to meet their needs. Care plans were reviewed by staff to ensure they remained appropriate to people's needs. Care records showed people had access to a range of health and social care professionals such as GPs, district nurses, dieticians, opticians and dentists. People told us staff supported them well with their healthcare needs. Where required, we saw appropriate equipment such as hoists and bed sensors were in use. We saw people had been assessed for equipment appropriately. Care plans reflected visits from healthcare professionals and advice provided; for example, documentation was held about people's spectacles and hearing aids.

People had a health action plan and hospital passport which ensured healthcare professionals understood their needs and behaviours. The plans also gave important information about family, friends, likes and dislikes.

Staff we spoke with understood the need to obtain consent from people before they provided care. Staff understood the requirements of the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the records were appropriately completed and they were relevant to the person's care and treatment. For those persons who had authorised DoLS we saw good records were kept. The records informed the registered manager when further applications needed to be made to ensure they acted within the legal framework for MCA and DoLS.

People's consent was sought before care and support was delivered. Care plans considered people's capacity to consent to their care and treatment. Where people lacked capacity, relatives had been involved in decisions as part of a best interest process.

The manager had oversight of which people who used the service had a Lasting Power of Attorney (LPA) in place. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPAs can be put in place for property and financial affairs or health and welfare. This showed us the manager understood their responsibilities to act within the legislation.

We spoke with the cook. They had a good understanding of people's dietary needs and obviously took pride

in ensuring people received a varied and well-balanced diet. They told us they were kept up to date with any changes in people's dietary needs and were always informed when a new person moved into the home. People had a good, well-balanced diet with choices and people's individual needs were catered for, and their diet and weight monitored as necessary. Where people needed support with making choices and communicating their preferences, pictorial menus and objects were used to help people with this.

The dining room was pleasantly laid out. Tables seated two residents and were set out with clean yellow tablecloths and a Perspex table topper over the cloth. Tables were laid with placemats, cutlery, two cups and saucers, a carrier with condiments (including salt, pepper and vinegar) and a milk jug and sugar bowl. Each table had a vase with silk flowers, and a colourful sign with people's name.

Some people had a plastic 'side' attached to their plate to assist them. They were eating very slowly. The care workers were giving some verbal encouragement to these people. This ensured people maintained their independence.

People spoke positively about the food in the home. One person said, "The food is good, I enjoy all my meals". We saw people were offered drinks and homemade cakes and biscuits between meals and fresh fruit was available.

We saw signage on bedroom doors to help people navigate about the home. Some of the décor was tired and needed updating to ensure a consistently nice and pleasant living environment. There was a maintenance plan in place to ensure works were completed within a defined period. We saw people were encouraged to furnish their bedrooms with personal possessions such as ornaments, pictures and photographs.

We spoke with staff about the support they received. They confirmed they had regular opportunities for formal supervision and had also attended staff meetings. They said they felt supported by the registered manager and felt their concerns were listened to. Staff also confirmed they were able to access training both face to face and online.

The provider evidenced how they trained staff efficiently so that they were able to provide person-centred care in line with 'Registering the right support' guidance. The registered manager advised staff undertook an in-depth training programme which included health and safety, first aid, safeguarding adults, medication, moving and handling, infection control, equality and diversity and mental capacity. Training plans showed staff were up to date with all relevant training and gave the registered manager oversight of when they were due for renewal.

The registered provider had a comprehensive induction programme. Staff shadowed experienced staff until they were deemed competent to work with people. Staff were required to complete the 'Care Certificate', a nationally recognised set of standards that health and social care workers adhere to in their daily working life. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

The staff we spoke with told us about the training they had received which was specific to the service provided. The training covered all aspects of supporting people. It was clear from our observations that the training staff received was fully integrated into the way people were supported.

The service had good plans in place to ensure staff were organised to deliver effective care and support.

Detailed handovers took place between senior care staff and staffing rotas were planned so there was an overlap of staff to support information sharing and manage workloads. Information sharing with relatives was good. A relative said, "We are informed of anything and everything that changes."

# Is the service caring?

## Our findings

All people and relatives we spoke with told us staff were kind and caring. People's comments included; "All the carers are lovely." A relative told us, "Staff really friendly, always talk, have a good chat, kept updated, really good." Another said, "The carers are very caring."

Staff comments included, "We care for each person as though they are our own relatives," "I love the residents here and we all feel like a family."

We observed positive and friendly interactions between staff and people. We observed one staff member acting with care and patience when moving someone from one room to another supporting the person to use a walking frame. The staff member gently encouraged the person to take their time, explained each stage, and used touch to support and guide them.

We saw one person fidgeting quietly, pulling at their trousers and trying to reach their legs. A care worker having noticed this went over to the person and asked, "Are your legs bothering you?" "Shall we elevate your legs?" The person muttered and nodded. "Right, shall I get the remote? Here we are." [The care worker put the leg rest of the chair up to seat height] "Are you comfortable?" The person smiled and nodded. The care worker smiled back and touched the person's hand before leaving.

When we asked about the place a relative said, "It's friendly, you feel welcome when you come in. Visitors make themselves at home, go into the kitchen and make themselves a drink. I wash up, answer the door sometimes if they're busy. They can't just leave it if they are in the middle of doing medication."

The registered manager told us people's relatives and friends could visit without any restrictions and our observations confirmed this. We saw visitors could spend time in people's rooms or in the comfortable lounge or dining room. The relatives we spoke with told us they were always made to feel welcome when they visited the home and offered a drink and light refreshments.

Staff treated people with respect and dignity. We saw staff knocking on people's bedroom doors and waiting before entering. A staff member said, "I shut the door before doing any personal care, never do anything that would make people uncomfortable."

We saw the service had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about handling confidential information and on keeping people's personal information safe. All confidential records and reports relating to people's care and support and the management of the service were securely stored to ensure confidentiality was maintained.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff,

people and relatives showed us the service was pro-active in promoting people's rights.

## Is the service responsive?

### Our findings

We saw people's needs were assessed and this information was used to develop plans of care. The care plans addressed all aspects of daily living such as personal hygiene, eating and drinking, continence, sleep, skin integrity and moving and handling. Care records were detailed and reflected people's individual care and support needs as well as personal preferences, likes and dislikes. We saw people's care and support needs were regularly updated and reviewed. This ensured responsive care. There was evidence the person and/or family had been involved with writing the plans and reviews.

People said care needs were met by the service. People looked clean and well-dressed indicating their personal care needs were met by the service.

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise any identified risk. For example, we saw some people had specialist pressure relieving equipment in place to reduce the risks of them developing pressure sores.

Care records demonstrated the service was in contact with people's relatives informing them of any changes in their relative's health and involving them in any decision making.

We saw there was an activities programme on display in the front entrance. This gave details of 'in-house' activities arranged by staff and visiting entertainers. For example, singers visit and trips out were also organised to local events.

The registered manager told us the service did not employ an activities co-ordinator but the care staff on duty provided people with a range of in-house activities. In addition, special occasions were celebrated throughout the year and entertainers visited the home on a regular basis. The registered manager told us activities were based on people's preferences and what they wanted to participate in on the day.

The people we spoke with told us the level of activities were adequate to their needs. One person said, "There is something going on most days and you can decide if you want to join in." Another person told us, "I read books. Romances, of course and watch a bit of TV in the evening". We observed staff sitting and talking with people.

We saw the provider had a complaints procedure in place which highlighted how people could make a formal complaint and timescales within which it would be resolved. We looked at the complaints log and found no formal complaints had been received since the new registration.

One relative told us they did raise a concern once. "There was one member of staff who said things to my mum, shouted in her face. She didn't have any patience with my Mum. I went straight to the manager who took action and they were sacked."

The registered manager told us they were proactive in dealing with concerns raised by people who used the service and their relatives.

Where people had a 'do not resuscitate' (DNAR) instruction in place, we saw this was located at the front of people's care files. This ensured the document was easily located in the event of a sudden deterioration in a person's health. People's end of life care needs were planned for.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify, record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs.

# Is the service well-led?

## Our findings

There was a registered manager in post who provided leadership and support. They were supported by senior care staff. People who used the service and relatives told us the registered manager was well thought of and said they were approachable and empathetic. Staff we spoke with were positive about their role and the management team.

We found the registered manager/provider open and committed to making a genuine difference to the lives of people living at the service. We saw there was a clear vision about delivering good care and achieving positive outcomes for people living at the service.

Staff morale was good, and staff said they felt confident in their roles. Staff we spoke with told us they would recommend the service. It was evident that the culture within the service was open and positive and people who used the service came first.

The registered manager/provider complete audits and checks. These were available for us to view on the day of the inspection. These audits were effective in identifying issues and ensured they were resolved. These included care plans audits, medicine audits, meals service audits and environmental audits. We saw if any shortfalls in these services were found, action had been taken to address any issues of concern.

Staff meetings were held regularly, and staff had one-to-one supervisions to discuss any concerns or receive any updates. Staff told us team meetings took place and they found them useful.

We saw evidence the service worked effectively with other organisations to ensure co-ordinated care. The registered manager informed us they work in partnership with Bradford contracts team and the NHS. The registered manager and staff work in partnership with other agencies such as district nurses, GPs and social workers to ensure the best outcomes for people. This provided the registered manager with a wide network of people they could contact for advice.

People's views about the service were sought and acted upon. The service sent annual surveys to people who used the service, family and friends. This information was collated, and outcomes were fed back to people in residents and relatives' meetings.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows the CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation.