

Hampshire County Council

Green Meadows Care Home

Inspection report

Green Lane
Denmead
Waterlooville
Hampshire
PO7 6LW

Tel: 02392255328

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Green Meadows Care Home is a residential care home providing at the time of the inspection, personal care and accommodation to 34 people aged 65 and over who may also be living with dementia. The service can support up to 42 people.

People's experience of using this service and what we found

People felt safe living at Green Meadows Care Home and they were very much at the heart of the service. The service had maintained their rating of outstanding in caring. We received positive feedback from people and their relatives about the care provided from exceptional caring staff.

People and their relatives told us staff were extremely caring and staff went out of their way to make sure people were cared for.

People received excellent care that was based around their individual needs and that ensured care was personalised and responsive.

Staff working at the service understood people's needs and supported people in an exceptionally personalised way. Care was provided respectfully and sensitively, taking into account people's different needs.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills.

Medicines administration records (MAR) confirmed people had received their medicines as prescribed.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

Staff received frequent support and one to one sessions or supervision to discuss areas of development.

They completed training and felt it supported them in their job role.

People were supported with their nutritional needs when required. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes.

Staff had developed positive and caring relationships with people and their families. Staff were highly motivated and demonstrated a commitment to providing the best quality care to people in a compassionate way. People's privacy and dignity was always maintained.

Regular audits were carried out to assess and monitor the quality of the service. There were appropriate management arrangements in place and relatives were positive about the management in the home.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Green Meadows Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken 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.

Service and service type

Green Meadows Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with 12 people who used the service and one relative about their experience of the care provided.

We spoke with eight members of staff including the registered manager, service manager, deputy manager, senior care workers, care workers and the activity coordinator.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two health professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they felt safe. One person told us, "Very safe." A relative said, "Definitely very safe here."
- People were kept safe as staff had been trained and had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.
- The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse.
- People benefited from staff that understood and were confident about using whistleblowing procedures. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.
- There were robust processes in place for investigating any safeguarding incidents that had occurred and these had been reported appropriately to CQC and the local safeguarding team.

Assessing risk, safety monitoring and management

- Individual risk assessments identified potential risks and provided information for staff to help them avoid or reduce the risk of harm to people. For example, one person wanted to make their own hot drinks in their room. This had been risk assessed to ensure they were safe, and a cold-water wall kettle had been brought to lower the risk of burns.
- Some risk assessments required more information to assist staff to keep people living with diabetes or epilepsy safe. During the inspection these had been updated and were now in people's support plans to support staff.
- Risk assessments had been completed for the environment, and safety checks were conducted regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately.
- People's personal emergency evacuation plans, (PEEP's) were in place to guide staff and the emergency services about the support people required in these circumstances.
- The home had a business continuity plan in case of emergencies. This covered a range of eventualities and arrangements were in place in case people had to leave the home in an emergency.

Using medicines safely

- There were appropriate arrangements in place for the recording and administering of prescribed

medicines and medicine administration records (MAR) confirmed people had received their medicines as prescribed.

- A health professional told us, "The staff involved in medications at the care home are particularly well trained and easy to communicate with. They are very good at ordering medicines in time for the pharmacy to dispense."
- Risk assessments were in place for people's medicines including for people taking anticoagulant blood thinning medicines.
- There were effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct.
- The home administered medicines that required stricter controls called controlled drugs. In line with current legislation, two staff had signed when these medicines had been given.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.
- There were effective arrangements and checks in place for the management of topical creams. However, we saw some creams in people's rooms without opening and expiry dates. We brought this to the attention of the registered manager and it was immediately rectified.

Staffing and recruitment

- People felt there were enough staff to keep them safe and if they called for assistance that staff responded quickly.
- There were sufficient staff to meet people's care needs. We observed that staff were not rushed and responded promptly and compassionately to people's requests for support. Staff we spoke with felt staffing levels were adequate.
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Preventing and controlling infection

- People we spoke with were happy with the cleanliness of the home. A relative told us, "kept nice and clean domestic staff are lovely all part of it as well and really look after mum as well."
- There was an infection control lead in place who monitored staff and areas of the home by observations and regular audits. These included hand washing, the environment, practices, records and waste disposal.
- Staff had access to personal protective equipment (PPE), such as disposable gloves and aprons.

Learning lessons when things go wrong

- There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety. However, we saw one person's records that did not match their falls tracker and needed updating. We brought this to the attention of the registered manager, who took immediate action.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- The care plans seen were holistic, detailed in most areas and described people's needs in a range of areas including personal care, and daily living activities.
- Support plans were in place for people's oral care which informed staff how people would like their mouth care to be provided and when they would like to see the dentist.
- There were some details in care plans that could be improved. However, the service was in the process of switching over to an electronic care planning system which would be more detailed and be a live system, so all information would be up to date.

Staff support: induction, training, skills and experience

- New staff confirmed they completed a comprehensive induction programme before working on their own.
- Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate support to people.
- People were supported by staff who had completed a wide range of training to develop the skills and knowledge they needed to meet people's needs and to understand their roles and responsibilities. Staff praised the training provided.
- Staff were offered the opportunity to complete national vocational qualifications in health and social care.
- Staff told us they received effective supervision and annual appraisals. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop.

Supporting people to eat and drink enough to maintain a balanced diet

- People we spoke with were happy with the food. One person told us, "Lovely. I had salmon, it was very good." Another person said, "The food is good". Other comments included, "Very tasty", and "Very lovely." A relative told us, "Food always looks good."
- At the time of the inspection there was building work taking place including a new kitchen, which meant food was currently brought in from an outside caterer until the building works were completed.
- There was a choice of two hot meals at lunch time and people were shown a plated meal of each option,

so they could visually choose what they would like to eat. This made choosing much easier for people living with dementia.

- Care plans detailed the support people required from staff at mealtimes and we observed staff assisting people to eat appropriately.
- Staff made mealtimes a positive and sociable experience for people. There was a relaxed atmosphere in the dining room, the meal was unhurried, and people chatted with staff.
- At the main entrance was a 'hydration station' with a jug of squash, glasses and fruit. Throughout the home are areas providing snacks, cake and fruit. We observed staff offering people drinks and snacks throughout the day. One person said they were hungry and were offered choices and then given a sandwich of their choice.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- A health care professional told us the service delivered high quality care. They told us, "We have noticed that the staff are good at keeping up-to-date with patient medication changes with the GP surgery and they always keep the pharmacy in the loop either by email or a phone call."
- People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, district nurses and chiropodists.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- Most people had capacity to make their own day to day decisions and they told us that their choices and wishes were respected by staff.
- We observed staff seeking consent from people before providing care and support. Staff showed an understanding of the MCA. They were aware people were able to change their minds about care and had the right to refuse care at any point.
- Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The registered manager had a system to ensure that DoLS were reapplied for when required and that any conditions were complied with.

Adapting service, design, decoration to meet people's needs

- At the time of the inspection there were extensive plans to improve the building and facilities. These included a new kitchen, a kitchen for people to use for baking. A village with a shop, cinema and pub. Management were very excited about the new plans and were looking forward for it being complete to enhance people experience of living at the home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now remained the same.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- The service had continued to build on their outstanding rating since the last inspection. We received feedback on how staff went the extra mile and continued to put people at the heart of all they do. Staff were passionate and committed on focusing on the person and the provider encouraged this through support and reward which had positive outcomes for people.
- All the people we spoke with told us staff were extremely caring and they were treated with compassion and respect. One person told us, "The carers are all absolutely lovely." Another person said, "I cannot complain in anyway about the carers, they are wonderful." A third person told us, "Brilliant. I haven't come across any who refuses to help me with anything." Other comments included, "This lady [staff] is lovely, very lovely", "They [staff] are very good here", "The girls are very attentive."
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. One staff member told us, "I love my job and being a carer and feedback from residents can be really positive. I like the way the residents are treated so well".
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact. The registered manager told us, "Got to do the best you can, and staff here are remarkable to make that happen; the passion shows."
- Staff demonstrated a good understanding of equality and diversity and respected people's differences. Staff valued people's beliefs, life choices and cultural needs.
- There was frequent laughter between staff and people. It was clear that all staff made a huge effort to make sure people had a fulfilling day. This was no matter what the staff member's role was. They all understood how their role contributed to people's care and wellbeing.
- All the interactions we observed between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing a caring attitude.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives, where appropriate, were involved in developing all parts of their care plan. One person told us, "We do as we please. There is no regime. We are told 'this is your home.'"
- People's care records included information about their personal circumstances and how they wished to be supported. The registered manager told us, "When we do an assessment we listen to what they want and need, look at their care plan and extend that. For example [person's name] wants a bigger room for their

stamps, so we moved them and then they wanted some shelves for displaying their items, so we put them up for them as well."

- The deputy manager told us that they gather as much information as possible and spoke to the families and used the information gathered by staff. Dog therapy also helped people to open up, for example one person saw a dog visiting that morning and then started speaking to staff about their dogs and engaged in conversation with fond memories.
- The service had a strong, person centred culture and staff regularly went that extra mile for the people and their relatives. For example, one staff member told us, "I do lots of things for residents and I like to do them. For example [person's name] says they want a steak. I am taking them to the pub, so they can have a steak."
- Some staff had been rewarded by the organisation for providing excellent person-centred care. We spoke with staff about how they achieved this. One staff member told us how they had organised theme nights and gone to the local takeaway to get people their choices. They had also taken some people in wheelchairs and independently walking to get some fish and chips and made a night of it and had a drink first in the pub on the way. They told us, "They thoroughly enjoyed it and seem to change when out in the community and talk a lot deeper."
- All the people we spoke with and their relatives stated that there were no restrictions to visiting. One relative told us, "[Person name] gets involved here, nice place to visit, always welcomed when come here staff are really friendly you can't fault them."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. One person told us, "The care is exceptional, you can't fault it." Another person said, "We are well looked after."
- Staff were observed to knock on people's doors and identify themselves before entering. Staff ensured doors were closed and people were covered when they were delivering personal care.
- People were encouraged to be independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could complete themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; End of life care and support

- People and their relatives were happy with the care and activities provided. One person told us, "They are very good here." Another person said, "We are well looked after here." A relative told us, "Mum definitely happy here and gets involved in the activities and [activity coordinator name] is brilliant. Enjoys all the activities, quizzes and bingo and the children coming in. Mum really enjoys the children and talks about them."
- Activities were planned for the month and included, gardening club, arts and crafts, music and movement, quizzes, pampering, pet therapy, bingo and outside entertainers. During the inspection we observed people enjoying arts and crafts, quizzes and a sing along.
- We spoke with the activity coordinator who told us, "I speak to residents to see what they want to do. Most popular is bingo. I go into people's rooms and have chats with people who are cared for in bed, most just want to talk".
- Care staff also got involved in activities. One staff member told us, "Theme nights every so often, last one was a month ago did a high tea for tea, had some cakes left over from a cancer fundraising got fancy crockery, tried to make it look like the Ritz. They thoroughly enjoyed that. All came to it, so will be doing again."
- During the inspection people were talking about eggs that had been brought in and placed into an incubator to hatch. It had been such a success that it had been arranged again. A relative told us, "Highlight of the year. Every year bring in about six eggs and watch as they start to hatch, lovely picture of mum holding the baby ducks."
- The service supported people to access the community. The service had connections with the local church and regularly took people into the village for meals or a coffee. Children also visited weekly from a local preschool and engaged with people which brought enjoyment to many people.
- People experienced care that was personalised, and care plans contained daily routines specific to each person. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. The care plans also included detailed daily routines specific to each person which helped to ensure that people received care and support personalised to them.
- However, we noted some care plans could be more detailed in places. The registered manager was aware and told us they are planning on using electronic care plans in November and are in the process of reviewing

all of our care plans.

- At the time of inspection there was no one needing end of life care. Care plans and training were in place should someone require palliative care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was able to demonstrate how they ensured information was accessible for all people using the service. They told us, "Will do everything we can to involve residents, picture format, wearing glasses, the right time. Just used flash cards for [person's name] for an assessment. Will use all the resources and as a large company have all resources available for sensory. Dementia training includes communication."

Improving care quality in response to complaints or concerns

- The home had a complaints procedure which was on display in the reception area. People told us they had no concerns and we saw lots of written compliments about the service.
- People told us they would speak with the registered manager or staff if they had any complaints. The home had not received any formal complaints. Any minor issues raised were discussed and addressed at the time which meant they had not escalated to a formal complaint.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives thought the service was well led. One person told us, "Generally speaking this home can't be faulted." A relative said, "It's an exceptional home and I wouldn't have her anywhere else."
- Throughout the inspection it was evident that the leadership team were all extremely passionate about their role and took ownership of ensuring improvements to the quality and safety of the care provided continued to be made.
- The registered manager told us how the service was rewarding staff on meeting the providers values in line with the staff charter. The values were, accountability, person-centred, resilience and working together. They told us, when staff went above and beyond in a certain area they were rewarded by a small token gift. When they have collected all four of the values they would get rewarded by the service manager. For example, one staff member was rewarded for taking people out collecting wild flowers while taken some in their wheelchair and then arranging the flowers with people in the home.
- There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- One person told us, "The manager is around quite a lot and comes to see me." A relative said, "Management definitely approachable."
- There was a stable and consistent staff team who were skilled and motivated. They were clear about their own specific roles and knew their roles well and how they contributed to the overall success of the service.
- The registered manager and senior staff used a series of audits to monitor the service. These included, medicines, care plans, infection control, health and safety, falls and daily walks around the home.
- Governance meetings were held with senior staff to ensure the service was meeting the regulations and any improvements required were incorporated into an action plan and reviewed regularly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- A healthcare professional we spoke with felt the service was not well led and that had been a breakdown in communication. They told us, "I have met with the manager on numerous occasions trying to resolve the

issue with communication. We have tried to use a system where we log in every time we enter a resident's room and then we complete a communication book on what we have done and what the forward plan is. Despite this the communication book does not seem to be read and the same residents are asked to be seen for the same problem which has already been resolved".

- We spoke to the service who were surprised at the comments and showed us evidence where they had been working together and told us they would follow up on the concerns raised to us.
- The healthcare professional also told us, "Although lots of problems, residents at Green meadows still seem content and happy with the care they are receiving. There is a lovely social aspect to the home where the residents meet in the dining room for meals and there are lots of activities happening".
- Meetings were held with people and their relatives to ensure everyone was kept informed about what was happening in the service and to ask for their views and suggestions. Records showed people had been updated about the buildings works and improvements taking place. One person told us, "We have one every month and they tell us what is going to happen. We've all had our say."
- The service had recently introduced a separate relative meeting after being requested by relatives. The deputy manager told us, "First one went well four relatives that came along. Very positive they wanted the opportunity and no actions from it so far."
- The provider sought feedback on the quality of the service by using an annual quality assurance survey sent to people and their families. The feedback from the latest survey showed people were very satisfied with the service and the care provided.
- Staff meetings were held regularly, and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas. A recent staff survey showed staff felt supported in their role.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.