

Green Pastures

Green Pastures Christian Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 6 February 2018 and was unannounced.

Green Pastures 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.

Green Pastures is registered to provide accommodation for up to 60 older people, some of whom may have a form of dementia who require nursing or personal care. At the time of the inspection there were 35 people living in the home. The home is purpose built and set on three floors. People only occupied the ground floor and the first floor with a view for the second floor to become operational when more people moved in.

We were welcomed by the registered manager and staff who were happy to see us and keen to show their caring nature.

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. The registered manager worked closely with the clinical nurse manager.

There was a positive culture within the home that reflected the provider's vision of 'Fullness of Life, Growth and Excellence'. The registered manager and the team had a clear vision about how they wished the service to be provided to people. Staff talked about 'personalised support' and they aimed to improve people's lives and enable them to live the lives the way they wanted. Staff effectively supported people in a way that recognised them as individuals and enhanced their well-being.

People had exceptional opportunities to enhance their social inclusion and participate in various activities that met their needs and took account of their preferences. Feedback from people reflected that activities provision enhanced their well-being and sense of purpose.

People's care plans were current and gave clear guidance to staff on how people wished to be supported. Staff knew people's needs well and used this knowledge to provide people with personalised care that put their well-being at the centre of the service delivery. People knew how to complain and complaints were dealt with in line with the provider's complaints policy. People's input was valued and they were encouraged to feedback on the quality of the service and make suggestions for improvements. Where people had received end of life care, staff had taken actions to ensure people would have as dignified and comfortable death as possible. End of life care was provided in a compassionate way.

People told us they felt safe living at Green Pastures. Risks to people's well-being were assessed and

managed safely to help them maintain their independency. Staff were aware of people's needs and followed guidance to keep them safe. Staff clearly understood how to safeguard people and protect their health and well-being. There were systems in place to manage people's medicines. People received their medicines as prescribed.

Green Pastures had enough staff to meet people's needs and keep them safe. The home had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles.

People had their needs assessed prior to living at Green Pastures to ensure staff were able to meet people's needs. Staff worked with various local social and health care professionals. Referrals for specialist advice were submitted in a timely manner.

People were supported by staff that had the right skills and knowledge to fulfil their roles effectively. Staff told us they were well supported by the management team. Staff support was through regular supervisions (one to one meetings with their line manager), appraisals and team meetings to help them meet the needs of the people they cared for.

People living at Green Pastures were supported to meet their nutritional needs and maintain an enjoyable and varied diet. Meal times were considered social events. We observed a pleasant dining experience during our inspection.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. The registered manager and staff had a good understanding of the MCA and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of MCA. The registered manager and staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be deprived of their liberty for their own safety.

People told us they were treated with respect and their dignity was maintained. People were supported to maintain their independency. The home provided information in an accessible format to help people understand the care and support that was available to them. The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

People, their relatives and staff told us they felt Green Pastures was well run. The registered manager and management team promoted a positive, transparent and open culture. Staff told us they worked well as a team and felt valued. The provider had quality assurance systems in place which were used to drive improvement. The registered manager had a clear plan to develop and further improve the home. The home had established links with the local communities which allowed people to maintain their relationships.

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.

Medicines were stored safely. However, systems around PRN and covert medicines record keeping needed improving.

Risks to people were assessed and risk management plans were in place to keep people safe.

Staff understood safeguarding procedures.

The home had enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed to ensure those needs could be met.

Staff had the knowledge and skills to meet people's needs.

People were supported to have their nutritional needs met.

Staff had good knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards. People who were being deprived of their liberty were cared for in the least restrictive way.

People were supported to access healthcare support when needed.

Is the service caring?

Good ●

The service was caring.

People were treated as individuals and were involved in their care.

People were supported by caring staff who treated them with dignity and respect and supported them to maintain their independence.

Information about their care was available to people in accessible formats

Staff knew how to maintain confidentiality

Is the service responsive?

The service was extremely responsive.

People had exceptional opportunities to enhance their social inclusion and participate in various activities which met their needs, took account of their preferences and enhanced their well-being and sense of purpose.

People's care plans outlined their needs, wishes and preferences and people told us they received support that met their needs.

People knew how to raise concerns and concerns were responded to. The provider saw concerns as a part of driving improvement and they valued and acted on feedback received.

Outstanding 

Is the service well-led?

The service was well led.

People and staff told us the management team was open and approachable.

The leadership created a culture of openness that made people feel included and well supported.

People's views were sought and acted upon.

There were systems in place to monitor the quality and safety of the service.

Good 

Green Pastures Christian Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 February 2018 and was unannounced. The inspection team consisted of two inspectors 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 and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We received feedback from two health and social care professionals who regularly visited people living in the home. This was to obtain their views on the quality of the service provided to people and how the home was being managed. We also obtained feedback from commissioners of the service.

We spoke with 14 people and eight relatives. We looked at seven people's care records and eight medicine administration records (MAR). The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the home and getting their views on their care. During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with the registered manager, the clinical nurse manager and five staff which included a nurse, care staff and catering staff. We reviewed a range of records relating to the management of the home. These included four staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. In

addition we reviewed feedback from people who had used the service and their relatives.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Green Pastures. One person told us, "I feel totally safe here and I know someone will come to help". Another person said, "As far as I'm concerned it is all very good here, I'm lucky". People's relatives told us people were safe living at the home. One person's relative commented, "At the end of every visit I have to go and find a carer to then escort me to let me out and vice versa when I come in".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding vulnerable people and had good knowledge of the service's safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. One member of staff said, "If I had any concerns I'd report to manager or whistle blow if need be, I'd protect the resident".

Risks to people were identified and risk management plans were in place to minimise and manage the risks and keep people safe. These protected people and supported them to maintain their freedom and independency. Some people had restricted mobility and information was provided to staff about how to support them when moving them around the home. Risk assessments included areas such as nutrition, falls, fire and moving and handling. Risk assessments were reviewed and updated promptly when people's needs changed. For example, one person became high risk of choking. The person was referred to the speech and language team (SALT). Staff were advised to give the person pureed food and thickened fluids. This person's risk assessments and care plans were reviewed promptly to reflect the changes. People had personal evacuation emergency plans in place (PEEPs). These contained detailed information on people's mobility needs and additional support required in the event of a fire.

The provider had a whistle blowing policy in place that was available to staff across the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy. One member of staff told us, "I can whistle blow to safeguarding or CQC (Care Quality commission)"

The provider had a clear procedure for recording accidents and incidents. Accidents or incidents relating to people were documented and investigated to reduce the risk of further incidents occurring. The registered manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents. One member of staff said, "We assess first and make sure the person is safe. We then complete and incident form and the manager will do a follow up".

Green Pastures had enough staff to meet people's needs and keep them safe. Throughout our inspection we saw people were attended to without unnecessary delay. Call bells were answered in a timely manner and staff took time to engage with people. People told us there were enough staff to meet their needs. People

said, "I have no problem with staff ratios here" and "There are plenty of carers here, I think yesterday there were more. I don't know why but they seemed to be tripping over each other". Staff told us staffing levels were maintained. Staff said, "We have enough staff to keep people safe" and "The management ensure there's enough staff". One member of the management team told us, "We want to enrich people's lives and that's why we've got more staff that just needed to fulfil the tasks".

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable potential employees from working with vulnerable people. Staff holding professional qualifications had their registration checked regularly to ensure they remained appropriately registered and legally entitled to practice. For example, registered nurses were checked against the register held by the Nursing and Midwifery Council (NMC).

People received their medicine as prescribed and the home had safe medicine storage systems in place. The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given or, if not taken the reason why. People understood the reason and purpose of the medicines they were given.

People taking as required medicines (PRN) did not always have PRN protocols in place. However, on the day of the inspection, we saw people received PRN medicines safely. We discussed our concerns regarding PRN protocols with the registered manager and clinical manager and they took immediate action to address this concern.

Where people required to receive medicines covertly, we found there was not always clear instructions from the pharmacist on how the medicines should be taken. Medicines are covert when they are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them. The clinical nurse manager took immediate action and ensured the pharmacist instructions were clear. They immediately contacted the pharmacist and a covert guidance for the person was rewritten.

The environment looked clean and equipment used to support people's care, for example, weight scales, wheelchairs, hoists and standing aids were clean and had been serviced in line with national recommendations. We observed staff using mobility equipment correctly to keep people safe. People's bedrooms and communal areas were clean. One person's relative commented, "They are certainly high on hygiene here".

The provider had an infection control policy in place. Staff were aware of the providers infection control policy and adhered to it. People told us staff used personal protective equipment (PPE), such as disposable aprons and gloves and washed their hands. During the inspection we saw staff followed the provider's infection control policy.

Green Pastures learned from mistakes. Staff told us and records of client memos and staff spot checks showed shortfalls were discussed with the aim of learning from them. For example, a person was injured when a fire door flung open unexpectedly. This was discussed in a staff meeting and further training in fire arranged which included fire drills.

Is the service effective?

Our findings

People's needs were assessed before they came to live at Green Pastures to ensure their needs could be met by staff who had the right skills and training. For example, assessments identified people's preferred methods of communication and staff were provided with guidance on how to effectively communicate with people. Assessments also covered people's individual needs relating to mobility and skin integrity. Detailed guidance was provided for staff on how to support people effectively. The registered manager told us people were invited for a meal to meet the staff and the people to get a better feel for whether Green Pastures would be a good fit for them.

People received effective care from staff who were knowledgeable, skilled, confident and well trained in their practice. People told us, "They all know what they are doing" and "Yes they surely know what they are doing. The nurse puts on my breathing machine". Records showed and staff told us they had the right competencies, qualifications and experience to enable them to provide support and meet people's needs effectively. One member of staff said, "We have the right training to do our jobs. I requested training in tissue viability and it was arranged".

Newly appointed care staff went through an induction period which gave them the skills and confidence to carry out their roles and responsibilities. The induction training was linked to The Care Certificate standards. The Care Certificate is a set of nationally recognized standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This included training for their role and shadowing an experienced member of staff. One member of staff told us, "Good induction, they ensure you're trained properly. It took three months to complete the induction".

Records showed and staff told us they received the provider's mandatory training before they started working at Green Pastures. They were also supported to attend refresher sessions regularly. Mandatory training included; manual handling, safeguarding, equality and diversity, fire safety and information governance. Nursing staff were supported to attend specific training to their roles which included wound care and syringe driver training. A syringe driver is a piece of equipment used to reduce symptoms such as pain and sickness by delivering a steady flow of injected medication continuously under the skin.

Staff told us they felt supported and had regular supervisions (one to one meeting) with their line manager. Supervisions were carried out regularly and enabled staff to discuss any training needs or concerns they had. One member of staff said, "We have supervisions every three months. I recently did my appraisal". Staff were also supported to develop and reflect on practice through yearly appraisals. Supervisions and appraisals were scheduled throughout the year.

People's care records showed relevant health and social care professionals were involved with their care. People were supported to stay healthy and their care records described the support they needed. The provider facilitated weekly GP visits to review residents as needed. Health and social care professionals were complimentary about the service. One healthcare professional told us, "Staff at Green Pastures really know

their residents well. They are able to spot when there are little issues, are aware of the needs of the residents and really try to provide individualised care, based on need". People's care records showed details of professional visits with information on changes to treatment if required.

People's dietary needs and preferences were documented and known by the chef and staff. The home kept a record of people's needs, likes and dislikes. Some people had special dietary needs and preferences. For example, people having soft food or thickened fluids where choking was a risk. The home contacted GP's, dieticians, speech and language therapists (SALT) as well as care home support if they had concerns over people's nutritional needs. Where people were identified as being at risk of malnutrition, a malnutrition universal screening tool (MUST) was used to assess, monitor and manage this risk. Records showed people's weight was maintained. Drinks and snacks were available to people throughout the day.

During the inspection we observed the midday meal experience on both floors. This was an enjoyable, social event where the majority of people attended. There was conversation and chattering throughout. A two course meal was served hot from the kitchen and looked 'home cooked', wholesome and appetising. People were offered a choice of drinks throughout their meal and, where required received appropriate support. People were encouraged to eat and extra portions were available. We observed staff sitting and eating with people and talking to them whilst supporting them to have their meals at a relaxed pace. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience despite where they were.

People told us they enjoyed the food and were able to make choices about what they had to eat. Comments included; "Food, there is a good choice here", "You can have what you want, cereal, omelette or anything" and "The cook comes up every day to see you and to talk to you. I don't know how many times, he knows exactly what I like. They know I always have two Yorkshire puddings".

Green Pastures was a new purpose built home set on three floors which had been decorated to a very high standard. At the time of our inspection, only the ground floor and first floor were in use. People could move around freely in the communal areas of the building and gardens. There were several sitting areas on each floor and garden areas, which gave people a choice of where to spend their time. The ground floor was a dedicated unit for people living with dementia. Occupied rooms contained people's personal belongings, photographs and furnishings giving a homely feel. However, the corridors and bathrooms were all the same colour which could easily confuse people living with dementia, making it difficult for them to navigate their way through the home. We discussed this with the registered manager and they told us there were already plans in place to address this.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Staff sought verbal consent whenever they offered care interventions. Staff told us they sought permission and explained care to be given. For example, when people were supported with personal care. One member of staff said, "We ask for consent before we give care".

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff followed the MCA code of practice and made sure that the rights of people who may lack mental capacity to take particular decisions were protected. Where people were thought to lack the capacity to consent or make some decisions, staff had followed good practice guidance by carrying out capacity assessments. Where people did not have capacity to make certain decisions, there was evidence of decisions being made on their behalf by those that were legally authorised to do so and were in a person's best interests. For example, where people refused medicines and had no insight on why they needed it.

Staff told us they understood the MCA. One member of staff said, "A person has capacity until proven otherwise. If they have no capacity to consent, we make decisions in their best interest which are least restrictive".

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 found the home met the requirements of DoLS. People who had DoLS in place were being supported in the least restrictive way. Staff had been trained and understood the requirements of the MCA and the specific requirements of the DoLS. One member of staff told us, "We apply for DoLS for people who we can't let leave the home".

The provider's equal opportunities policy was displayed in the home. This stated the provider's commitment to equal opportunities and diversity. This included cultural and religious backgrounds as well as people's gender and sexual orientation. Green Pasture's vision was 'Fullness of Life, Growth and Excellence'. This vision was underpinned by the home's values of excellence, respect, selflessness, honesty, kindness, humour, encouragement, development and growth. Staff recruitment was through a value based process which demonstrated the presence of the values the home held as important. This allowed fair recruitment across the home. The provider employed staff with registered disabilities and made work place adjustments.

Is the service caring?

Our findings

People told us they received care and support from staff who were caring, compassionate and kind. They commented; "Staff here are kind, I have no problems", "I can't complain at all, the care is wonderful" and "The staff are nice". People's relatives told us staff were caring and kind. They told us, "I've got nothing but praise" and "There is a loving, genuine caring attitude".

Throughout our inspection, we observed many caring interactions between staff and the people they were supporting. People's preferred names were used on all occasions and we saw warmth and affection being shown to people. The atmosphere was calm and pleasant. There was chatting, laughter and use of light appropriate humour throughout the day. People received care and support from staff who had got to know them well. One member of staff commented, "This place is like a home from home".

We observed people being attended to in a patient way. Staff offered choices and involved people in the decisions about their care. People told us staff treated them respectfully and maintained their privacy and dignity. One person said, "I am my own person and they treat me right. They ask me what I want". People received care in private. We saw staff knocking on people's doors and asking if they could go in. Staff told us how they protected people's dignity when giving personal care by making sure doors were closed, covering people appropriately and explaining what they were doing. One member of staff commented, "All the residents are individuals here. I agree with the home ethos here".

Staff knew people's individual communication skills, abilities and preferences. Care plans contained information and guidance on how best to communicate with people who had limitations to their communication. For example, one person's care record stated, 'Anticipate needs. Face [person] and speak slowly. Explain procedures to gain consent'. We saw staff anticipating the person's needs and communicating with them effectively. The person was relaxed and clearly comfortable with staff. The person's daily records showed staff clearly understood the person through their facial expressions.

People's needs in relation to gender, faith and disability were clearly recorded in care plans and staff knew the needs of each person well. One person's care plan stated 'Christian faith is of a high importance to [person]'. Daily records evidenced how staff ensured the person attended church services as required. Staff told us they supported this person when attending church services. We asked staff about equality and diversity. One member of staff told us, "I had equality and diversity training. If someone had any special diet we'd be happy to accommodate it". Despite Green Pastures being a Christian home, they accepted people from other faiths and catered for their needs as required.

People's care plans demonstrated that people were involved in developing their care plans. We saw evidence that care plans were reviewed regularly. Records showed where appropriate, people's relatives and advocates signed documents in support plans to show they wished to be involved in the plan of care. People's relatives told us they had been involved in developing care plans and reviewing care. One person's relative said, "We have a chat about the care and we know what is going on. We agree on what is best".

People told us staff promoted independence. One person commented, "The carers never say 'I'll have to go now'. They let me wash my face and hands". Staff spoke with us about promoting people's independence. They said, "We encourage people to do what they can" and "We have enough time to allow people to do small tasks. We don't rush them".

Staff were provided with guidance in relation to confidentiality and were aware of the provider's policy on confidentiality. Staff told us, "We have got our own login passwords to the online care plans", "We do not discuss people's needs in a corridor" and "We never discuss residents outside work". We saw records were kept in locked cabinets only accessible to staff. Staff used password protected computers to access electronic records. On the day of the inspection, inspectors were given visitors' read only access and password to the online care plans.

Is the service responsive?

Our findings

The service was extremely responsive. People living at Green Pastures benefitted from staff who prioritised them in maintaining confidence and self-esteem. People were empowered to enhance their well-being by participating in meaningful social activities and actively engaging with the local community. We found activities provision was a real strength and at the core of the home. The provider employed a team of dedicated activities coordinators who were exceptionally passionate about their roles. They ensured people had access to a vast range of group or individual activities, designed to entertain, improve mobility and stimulate their minds. People had a choice to continue with previous interests whilst others tried new things and experiences they themselves might have not considered. This meant people were supported to live their life as they wanted and to have an enhanced sense of wellbeing.

People told us they had the choice of participating in a wide range of activities. For example, 'Tasty Friday' designed to bring people and different cultures together. On one such occasion, people had an opportunity to taste wines and cheeses from different parts of the world and use this as a starting point for reminiscence. We observed a 'Cake and Cup Cake' making session. It was well attended and people enjoyed the buzzing atmosphere. People and staff participated together and were happy to share what they had made with us. It was clear people benefitted from different baking sessions and it gave them the sense of purpose. Several people were still talking about the previous week's jam tart cooking session. People told us they really enjoyed the activities. They said, "On Friday we have a tasting day, cheese and wine", "We do knitting and musical exercise. My nails are done" and "There are lots of activities here. We are always encouraged and they [staff] ask if you will come down and say they will bring us back". One person commented on the availability of activities and said, "At Christmas we were shattered because there was so much to do. We never got five minutes to sit down, you are always encouraged to do things here".

People received an excellent, personalised approach that met their individual needs. It was apparent staff knew people very well. On the day of our inspection we observed excellent staff engagement with people. We observed staff talking to people about things that mattered to them. One member of staff told us, "Those who like music, we make sure their CD or TV is on, people can have newspapers delivered". Staff talked to us about the positive impact the activities had on people. One member of staff said, "Once a lady came in to listen to a band. I thought she won't get anything from this but she smiled and her eyes were bright". People's preferred choices in how they liked to spend their time were recorded in their care plans. One person's care plan stated 'Enjoy reading my newspaper everyday'. We visited this person and they were reading that day's newspaper. This person told us, "I have my newspaper delivered here". Other people that preferred to remain in their rooms had their wishes respected. Staff supported them in their rooms to offer individualised activities and to reduce the risk of social isolation.

The service also facilitated movie nights which people enjoyed. One person told us, "I like the films on the big TV in the lounge on Saturdays or Sundays. It's like the cinema, they draw the curtains and we have popcorn". One healthcare professional told us, "I think the move to the new building has really helped to boost morale of the staff and residents. Sometimes, I will turn up to find that many of the residents have walked across the road (obviously accompanied) to the park or the cinema. I really hope that if I ever need

to be in a care home, it will be just as individually responsive".

Additionally a number of external entertainers visited the home to provide people with varied activities. For example, a ventriloquist often visited the home and people told us they enjoyed their visits. People, especially those living on the dementia unit, talked about this entertainer and how they enjoyed the sessions. A facilitator for a 'Golden Toes' show often visited the home and offered seated exercises and a visual display with bright dresses and fireworks. People talked about how they found this inclusive and entertaining. One person told us, "Some of the activities are very good. Golden Toes lady, I liked her very much".

The registered manager ensured they sourced innovative approaches to enhance people's lives and enable them to contribute to the local community. Green Pastures was involved with 'The Gift Project'. This is a project aimed at bringing together people of different generations and creating opportunities for the elderly and children to enhance each other's life experiences. It included a local nursery, health and social care students from a local college and residents from Green Pastures. We saw pictures that were taken during this project, these showed amazing interactions between people and children. This success story featured in a local newspaper and was a talking point for people and they told us they really loved it. People told us how much they enjoyed being part of the project. One person said, "It's amazing what an old person like me can learn and gain from a toddler".

The activities coordinators ensured people had opportunities to experience real community interaction that enhanced people's wellbeing and gave them a feeling of purpose. Green Pastures had established effective and strong links with a local Beavers Group, a college and two schools. People told us they looked forward to visits by the children and students and enjoyed the interactions. One person said, "The lads from the college came in and painted our plant pots. They come in regularly and have done for ages. They are all polite, at Christmas they came in and entertained us". People had been involved in several day trips to town and surrounding areas. We saw pictures from farm visits and other outings and activities. One person commented, "We went to the pictures [cinema] one day, including two people from downstairs. We went to People's Park too and it was really nice".

The home celebrated people's special occasions, such as birthdays with them. These were made to be special, social occasions and people told us they loved them. People's relatives were also invited and involved with the celebrations. One person told us, "If you have a party here, they really go to town for you. The birthday cakes they do are huge". Another person said, "I was 90 in December, they arranged and held a huge party for me. I didn't know who had been invited and it was a memorable party". A person's relative said, "A lady was 100 recently and the chef made a large birthday cake. Lots of people came at 6.30 and we all sang Happy Birthday".

Staff at Green Pastures understood the needs of people and delivered care in a way that promoted equality and diversity. People's spiritual needs were respected and people were supported to practice their religion. A chaplain regularly visited the care home to carry out services. People told us they were supported to attend services if they wanted to. Staff told us how they met individual needs of people with a range of religious beliefs, for example, relating to individual spiritual support, dietary requirements and personal care. A quiet space has been made available for all people and staff to access for their personal use throughout the day. The provider had an equality and diversity policy which staff followed.

Green Pastures had established effective links with the local partners. Strong links had been established with the South Central Ambulance Service. The home hosted paramedic science students for four weeks so they had an opportunity to interact with the older residents at the home and enhance their communication

skills in practice. The provider employed a designated community liaison officer to develop and maintain links between the home and their local community. The community liaison officer submitted a monthly report which was included in the provider's quality report aimed at improving the overall quality of the care people received.

People's care records contained detailed information about their health and social care needs. The provider used a 'Knowing me' document which captured people's life histories including past work, social life, likes and dislikes which enabled staff to provide person centred care and respect people's preferences and interests. The care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to get up or what food they liked to eat. People's abilities and hobbies were taken into account. For example, two people liked helping with household tasks. We observed staff encouraging them to maintain their life skills by helping drying up dishes and staff appreciated the help. This meant people were encouraged to contribute to the daily living tasks and running of the home.

People's needs were at the heart of the service and the team ensured they researched the latest good practice and guidance to ensure high quality support. Records showed a home's representative had attended a workshop for care homes dementia clinical network. This was in collaboration with Oxford University and Oxford Academic Health Science Network. One session was about 'intimacy in dementia'. Following this workshop the clinical manager had created an action plan for staff. This was aimed at creating an environment where staff were comfortable talking to people and their relatives about intimacy and sex as a part of admission and care planning. Records showed staff were discussing intimacy during care planning and people were aware of the choices available to them. This meant the management team empowered staff and ensured they're equipped well to respond to people's and their relatives' personal needs.

People's care plans were descriptive and reflective of their individual support and care needs. The care plans covered areas such as personal care, eating and drinking, mobility, emotional well-being, elimination and communication needs. These care records were current and regularly reviewed. We saw daily records were maintained to monitor people's progress on each shift.

Care plans were updated when required to reflect people's changing needs. The service sought appropriate specialist advice. For example, one person's pressure ulcers deteriorated and the person was referred to the tissue viability nurse. A new treatment plan was put in place. The person's care plan was reviewed to reflect the changes.

The provider facilitated a resident of the month project. This meant staff worked together across all of departments and focused on one person and discussed with them any changes they wanted. One person told us, "Once a month you are awarded 'Patient of the Month'. As part of that they give you a complete check over". One person's relative commented, "We find the staff very responsive, very quick, very measured and they know what they are doing. They all come from different backgrounds and they are all balanced in what they do". This meant people could provide on-going feedback around the support received to ensure that met their needs and expectations.

Green Pastures moved to a brand new, purpose build home last year. The provider's aim for changing the location was to one ensure the new build could accommodate more people and was fit for purpose. The management team had ensured the move was a smooth transition with minimal disruptions to people's lives. Planning for the move took into consideration people's needs, moods, staffing levels and anxieties. Each person had a personal move care plan which guided staff during the move. People's relatives and

health care professionals were kept up to date with progress. People's relatives and those legally authorised representatives were involved in the planning of the move and also attended an open day for the new premises. One person commented, "My sister and sister in law came to the home's open day and were so impressed". People were involved in choosing their rooms. One person told us, "When I was choosing my room here I saw the turquoise painted walls in here, turquoise is my favourite colour".

People's individual communication needs were met. Information was available to people including in accessible formats. For example, one person was partially sighted and had a talking clock. This allowed the person to have some form of independence. Another person's care plan stated 'Wears two hearing aids, make sure these are put in every day'. We saw nurse checking to make sure they were in place when they administered medicines. This meant staff were well aware of people's communication needs and provision of care was not compromised.

The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers as well as daily staff meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress. Staff shared information about any changes to care needs, activities attended, planned appointments and generally how people had spent their day. This meant staff received up to date information before providing care, maintaining consistency.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place and displayed. People and their relatives commented the registered manager was always available to address any issues. One person said, "If I ever have a problem, I get an informal and a formal reply from manager". We looked at the complaints records and saw all complaints had been dealt with in line with the provider's policy. Records showed complaints raised had been responded to sympathetically and followed up to ensure actions were completed. There were many compliments and positive feedback received about staff and the care people had received. Compliments were used to celebrate success. The management encouraged people to feedback and saw feedback as an improvement opportunity. There were 'Good care, poor care' posters displayed around the service that encouraged people to provide feedback even directly to Care Quality Commission.

People's preferences relating to end of life wishes were recorded. This included funeral arrangements and preferences relating to support. People and their relatives where appropriate were involved in advanced decisions about their end of life care and this was recorded in their care plans. For example, one person had an advance end of life care (a plan of their wishes at the end of life) and a do not attempt cardio pulmonary resuscitation (DNACPR) document in place. We saw the person and their family were involved in this decision. People and their families were supported by staff during such stressful time. Staff worked very closely with a local hospice and palliative care team to ensure people were as comfortable as possible as they approached the end of their life.

Is the service well-led?

Our findings

Green Pastures was led by a registered manager who was supported by a clinical nurse manager, business manager and a board of directors. The registered manager had been in post for almost two and half years. They were passionate about their role and had a clear vision to develop and improve the quality of the service.

The provider had quality assurance systems in place to assess and monitor the quality of service provision. For example, quality audits including medicine safety, catering, infection control and care plans. Some quality assurance systems were operated effectively and used to drive improvement in the service. However, the provider's medicine safety audits were not broad enough to pick up the minor concerns we found which included the absence of PRN protocols and the unclear covert medicines guidance. We discussed these concerns with the registered manager and they took immediate action to address this. They reviewed and updated their medicines audit tool to include checks for presence of PRN protocols and covert medicines guidance.

There was a clear management structure in place, with staff being aware of their roles and responsibilities. Staff felt that they could approach the registered manager or other senior staff with any concerns and told us that the management team were supportive and made themselves available. The registered manager was visible on the floor and staff appreciated their hands on approach. Staff told us the registered manager and clinical nurse manager had an open door policy and were always visible around the home. One member of staff said, "I am aware of the management structure and roles. The manager's door is always open and I know he will have time for me any time".

Green Pastures had a positive culture that was open and honest. The provider had a no blame culture which valued staff and treated people as individuals. Staff said, "If I've done something wrong I'd report it, there's no blame culture. Manager would discuss and we would learn from it", and "We are an open and honest organisation. We communicate openly with families".

People told us Green Pastures was well led. They said, "I do have confidence in the management here" and "They are visible around the home and they listen to what we have to say". One person's relative said, "They are doing a marvellous job. [Manager] has been here for a while and knows what needs doing". It was clear from the records we looked at that there was effective communication between families and the management team. One healthcare professional commented, "The families are always made aware when there is anything which needs to be discussed and time is taken to ensure that families know how to communicate with me about their relatives".

Staff were complimentary of the support they received from the registered manager and the management team. Staff commented, "Manager is one of the best managers I have ever encountered", "Manager is always available and supportive to us" and "We can go to manager anytime. The support we get from the management team makes us feel safe".

The registered manager undertook regular walk around of the home to look at issues related to how people received their care. Quarterly surveys were completed based on the CQC key lines of enquiries covering a different domain each month. This was to ensure the care provided was safe, effective, caring, responsive and that the home was well led.

We received complimentary feedback from health and social care professionals. They spoke highly about their relationship with the registered manager and staff. They commented on how well the home was managed and how staff communicated with them in a timely manner. One healthcare professional told us, "The management appear to work hard to provide the best quality care for residents they can and they are always striving to improve the service.

People, their relatives and other visitors were encouraged to provide feedback about the quality of the service. Feedback was sought from people through suggestion boxes as well as quarterly satisfaction surveys. The surveys were aimed at people, relatives, staff, visitors and healthcare professionals. Records showed that some of the discussions were around what changes people wanted. The provider also facilitated an on-going "You said, we did" survey which people could complete any time. One healthcare professional told us, "They [registered manager and clinical manager] are both receptive to feedback and always happy to look at ways to make future improvements". The board also provided a '360 degree feedback' to the registered manager. This was obtained from staff, people and visitors. Records showed there were many positive comments about the impact the registered manager had made.

Staff described a culture that was open with good communication systems in place. Staff were encouraged to attend staff meetings and contribute their ideas to the running of the service. Staff told us discussions were around suggestions on how to improve care. The meetings were recorded and minutes made available to all staff. For example, in one meeting staff discussed the results of audits and the actions that needed to be completed. The provider facilitated monthly health and safety meetings which allowed staff to share and discuss changes in a timely manner.

Staff attended daily morning prayer meetings. The registered manager told us this was an opportunity used for discussion and teaching. For example, in one prayer meeting staff discussed coping with bereavement. Staff told us they found these meetings useful. One member of staff told us, "Chapel and morning prayers for staff and those residents that wish to come are very important, helpful and supportive".

Records showed Green Pastures worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought and referrals were made in a timely manner which allowed continuity of care. The home was transparent and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people. The home was a member of the Oxfordshire Association of Care Providers (OACP). This gave the management team an opportunity to participate in information sharing events and network with other local social care organisation.

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. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. They also understood and complied with their responsibilities under duty of candour, which places a duty on staff, the registered manager and the provider to act in an open way when people came to harm.