

Mrs S J Pillow

# Green Bank

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We inspected Green Bank on the 01 December 2017. This was an unannounced focussed inspection.

Green Bank 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 Bank provides accommodation, care and support for up to 20 people. On the day of our inspection 16 older people were living at the service. The service provides care and support to people living with dementia, people at risk of falls and people with long term health care needs such as diabetes.

In May 2016 we carried out an unannounced comprehensive inspection at Green Bank where two breaches of Regulation were found. We undertook an inspection in July 2017 to see if the improvements made had been made and embedded into everyday practice. We found that not all improvements had been sustained: the management of medicines were not always safe and risks to people were not always mitigated. We also found that further improvements were needed to ensure management oversight of care delivery and documentation. At this time we served Warning Notices to ensure peoples safety and well-being and further improvements to the organisational audits.

We undertook an unannounced focused inspection of Green Bank I on 30 November 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in July 2017 had been made. The inspector inspected the service against two of the five questions we ask about services: is the service safe and well led, This is because the service was not meeting some legal requirements. This report only covers our findings in relation to the key questions of whether the service is Safe and Well-led. No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection. You can read the report from our last comprehensive inspections, by selecting the 'all reports' link for Green Bank on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection found that improvements had been made and the breaches of regulation had been met. Whilst these improvements had been made, time was now needed to fully embed the new systems to sustain improvement. The rating over all remains 'requires improvement' as the provider needs to be able to demonstrate they can sustain into the future. This will be assessed at their next comprehensive inspection.

At this inspection there was strong managerial oversight to ensure documentation was kept up to date and ensured people received safe, effective, caring and responsive care. A range of audits had been introduced and completed monthly. When audits had identified issues there was evidence of recorded actions taken to address the issues. For example, poor recording of medicines administered had led to the further training

and competencies. The management and storage of medicines were safe. The provider had implemented an electronic medicines management solution. Care documentation and associated risk assessments had all been reviewed and a new computerised care planning system was in place. Risks related to fire safety had progressed with additional training and oversight.

Accidents and incident reporting had been completed and there was management overview of audit of falls and incidents to prevent a reoccurrence. This meant measures to ensure learning and preventative measures had been taken.

People were encouraged to express their views and had completed surveys. They also said they felt listened to and any concerns or issues they raised were addressed. Technology was used to assist people's care provision. People's individual needs were met by the adaptation of the premises.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns.

Staff had training on keeping people safe and understood the process of reporting concerns. People were protected, as far as possible, by a safe recruitment system. Staff had been checked to ensure they were suitable before starting work in the service. There were sufficient staff at this time to meet people's needs. People felt comfortable with staff and said, "Great staff, caring with a sense of humour." There was a lot of laughter and banter between people and the staff. We also saw some positive interaction between staff and the people they supported.

The provider had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

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## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Green Bank was not consistently safe. Whilst meeting the legal requirements that were previously in breach, practices need time to be developed and embedded, to ensure consistent good care.

There were systems to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks. Medicines were stored and administered safely.

There were sufficient staff to meet peoples' needs.  
Comprehensive staff recruitment procedures were followed

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it.

**Requires Improvement** ●

### Is the service well-led?

Green Bank was not consistently well led. Although they were meeting the legal requirements that were previously in breach, quality assurance systems needed time to be fully embedded before we could give a different rating.

The home had a vision and values statement and staff were committed to improvement.

People, relatives and staff spoke highly of the registered manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

Staff had a good understanding of Equality, diversity and human rights.

Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

**Requires Improvement** ●

# Green Bank

## 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.

The inspection took place on the 01 December 2017. This inspection was unannounced and undertaken by one inspector. We undertook this inspection to see if the Warning Notice served at the last inspection in July 2017 had been fully complied with.

Before our inspection we reviewed all the information we held about the service. We looked at the providers' action plans following our inspection in July 2017. We also looked at the Provider Information Return (PIR) which had been submitted in July 2017. 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 considered information which had been shared with us by the Local Authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection, we spoke with 3 people who lived at the service, the registered manager, the provider, two staff, and the housekeeper. We looked at all areas of the building, including people's bedrooms, the kitchen, laundry, bathrooms and the lounge and dining rooms.

We reviewed the records of the home, which included quality assurance audits, staff training schedules and policies and procedures. We looked at two care plans, staff demonstrated how they documented care on the new care plan system. We also looked at risk assessments, along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Green Bank. This means we followed a person's life and the provision of care through the home and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

# Is the service safe?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspections in July 2017. The provider had been in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the management of medicines were not safe and there was a lack of individual risk assessments to keep safe.

The provider sent us an action plan stating how they would meet the requirements of the Regulation.

At this inspection we found improvements had been made in areas where we had previously identified shortfalls. The breaches of regulation were met. However, further time is required to ensure these are fully embedded into practice before we can be assured practices are consistent and continually safe.

The management of medicines was safe. We observed staff giving people their medicines at lunch time and saw they used safe procedures including a red apron which alerted staff not to interrupt them. Policies and procedures were in place to support the administration and management of medicines. A new system for medicines had been introduced and was in its second month of being used. The system now used was a computerised system (i-med) which meant all medicine records were held on a hand held computer and overseen by the dispensing pharmacy. The system had daily feedback from the medicine provider which highlighted any delayed or missed medicine. People confirmed they received their medicines on time. People's medicines were securely stored in locked cabinets and a medicine trolley. They were administered by staff who had received appropriate training in medicines and in the new system. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely. The temperature of the medicines trolley and surrounding areas were checked daily as was the medicines fridge to ensure medicines were stored to manufacturer's guidelines. These arrangements ensured medicines were stored safely.

Staff had regular knowledge competencies checks to ensure their practice remained safe. Staff retained patient information leaflets for medicines and also had access to the British National Formulary (pharmaceutical reference book that contains a wide spectrum of information and advice on prescribing and pharmacology) to check for information such as side effects.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Equipment such as hoists and wheelchairs were stored securely but were accessible when needed. Regular checks on lifting equipment and the fire detection system were undertaken to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. People's ability to evacuate the building in the event of a fire had been considered and where required, each person had an individual personal evacuation plan. The provider employed a dedicated facilities person who was responsible for overseeing the safety of the environment and premises. All fire exits were clear from obstruction and in good working order. Personal emergency

evacuations plans (PEEPs) were in place for individual people and gave clear information for staff to follow. These had been reviewed to ensure that they were reflective of peoples' mobility needs and in-line with staffing levels for day and night evacuations.

Since the last inspection the provider had assured that all staff had the skills, knowledge and competency to keep people safe. We were sent a training plan which told us staff training had been established and there was a rolling plan that ensured refresher training was booked. A member of staff told us "Training is good, we have lots of it." Another confirmed that they had received fire training, and that it included mock evacuations. Systems to assess staff competency to complete aspects of their roles had been introduced and were progressing to ensure all staff were competent and confident in their role. It was acknowledged that this still needed to be embedded in to their training programme but the registered manager was enthusiastic and confident that this was achievable.

Staff received training on safeguarding adults and understood clearly their individual responsibilities. Staff were able to describe different types of abuse and what action they would take if they suspected abuse had taken place. They were confident any abuse or poor care practice would be quickly identified and addressed immediately by the senior staff in the home. There were policies in place to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse and the contact number for the local authority to report abuse or gain any advice. We saw that safeguarding referrals had been made appropriately to the local authority safeguarding team in a timely fashion. One staff member told us, "I wouldn't hesitate to flag up any concerns."

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a re-occurrence was shared with staff. Therefore we were assured that there were lessons learnt and improvements made when things went wrong. Any subsequent action was also shared and analysed to look for any trends or patterns. The registered manager monitored these and audited them to ensure appropriate support was provided and when necessary changes had been made to reduce the risk. Staff said they completed accident or incident forms as soon as possible and, then discussed what had happened. One member of staff told us, "We talk about what happened so that we can try to prevent it happening again."

Risk assessment specific to each person's needs had been completed, with guidance for staff to follow to provide appropriate support and care. These included mobility and moving and handling, risk of falls, communication, behaviour, eating and drinking, sleeping and waterlow scores, for the risk of pressure sores. Pressure relieving mattresses and cushions were available should they be necessary. Staff told us the risk assessments were specific to each person, which meant they were all different. They said the guidance was very clear for them to follow to support people safely and if there were any changes a referral was made to health or social care professionals for advice. For example, one person's needs had changed and they had spent more time in bed. This meant the risk of pressure damage had increased and staff contacted the district nurses to have the person's needs reviewed and, to discuss using preventive systems to reduce the risk of pressure damage.

People were cared for in a clean, hygienic environment. During our inspection, we viewed people's rooms, communal areas, bathrooms and toilets. We saw that the service and its equipment were clean and well maintained. We saw that the service had an infection control policy and other related policies in place. People told us that they felt the service was clean and well maintained.

The organisational recruitment processes remained unchanged. All had Disclosure and Barring Service check (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions

and prevent unsuitable people from working with vulnerable groups. All had full employment history, references and evidence of checks on identity.

There were enough staff working in the home to meet people's needs. People told us the staff were always available and we saw that staff responded promptly when people used their call bell for assistance. One person said, "There are always enough staff. I don't need much help, but they always ask if I need anything." Staff told us there were enough staff to provide the support people needed. One member of staff said, "We have enough staff on in the morning and evening, and if we need more staff it's organised." People chose where they wanted to sit, in the lounge, the conservatory or their own rooms and staff provided assistance if needed. People told us, "They all work very hard, very kind."



# Is the service well-led?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspections in September 2015, May 2016 and July 2017. The provider had been in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because of the increased risk of unsafe or inappropriate care due to ineffective oversight and monitoring systems.

Following our last inspection in July 2017 the provider submitted an action plan detailing how they would meet their legal requirements.

This inspection found the registered manager had introduced more in depth audits that clearly demonstrated issues found, what action was to be taken and a date of completion. However, further time is required to ensure these are fully embedded into practice before we can be assured practices are consistent and continually safe.

Robust systems had now been established so as the provider could assure themselves staff had appropriate skills and knowledge via regular competencies and access to timely training for new starters. This meant the provider could now be assured staff had the skills and were safe and competent to undertake their roles in areas such as fire safety and medicines.

The registered manager had delegated some tasks to the deputy manager and other senior staff members. This meant he had more time to monitor the care delivery and undertake staff supervisions and competencies. The registered manager was relaxed and enthusiastic in respect of the changes. The registered manager was responsive to our comments and feedback throughout the inspection and sent actions plans immediately after our inspection identifying how they intended to take the service forward and embed systems over the next few months.

Quality assurance systems have been continually effective at driving improvement such as those associated with the environmental condition of people's rooms and communal areas and their cleanliness and with activity provision. The environmental audits were thorough and effective.

Staff said they felt well supported within their roles and described an 'open door' management approach. They were encouraged to ask questions, discuss suggestions and address problems or concerns with management including any issues in relation to equality, diversity and human rights. Management was visible within the service and the registered manager and deputy manager took an active approach. The registered manager told us, "I listen to all the staff, my door is always open." The service had an emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together and approached concerns as a team. One member of staff said, "The manager listens to us. We work well together as a team." Another member of staff added, "We handover every day about the shift and the residents. There is good communication."

Staff told us they found staff meetings helpful and felt the registered manager listened to ideas and

supported them through recent changes with care plans and medicine management. They felt that using new technology allowed them to improve their care and released time from filling in multiple forms to spend time with people. Staff said the new systems were really good. They demonstrated how their individual palm held PC enabled them to continuously update people's food and fluid charts. Staff continued to be positive about working at the service were happy in their role. They said that having a dedicated activity person was really helpful and enabled them to do one to one sessions for those who remained in their rooms. Staff commented that the registered manager and their deputy were available for advice and generally felt supported in their roles. Meeting minutes between senior staff identified a range of operational areas were routinely discussed and identified how improvements could be made within the service.

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistleblowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services. Staff had a good understanding of Equality, diversity and human rights gained through training and detailed policies and procedures. Feedback from staff indicated that the protection of people's rights was embedded into practice.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.