

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 effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection at Green Bank on the 2 and 4 September 2015 where breaches of Regulation were found. We issued warning notices for these breaches and the service was placed in special measures. A warning notice includes a timescale by when improvements must be achieved. If a registered person has not made the necessary improvements within the timescale, we will consider further enforcement action.

As a result we undertook an inspection on 23 and 24 May 2016 to follow up on whether the required actions had been taken. We found the warning notices had been met. Although we found improvements had been made there remained areas that required improvement. However due to the improvements made the service has now been taken out of special measures.

Green Bank provides accommodation, care and support for up to 20 people. On the day of our inspection 14 older people were living at the home aged between 74 and 91 years. The service provided care and support to people living with dementia, people at risk of falls and people with long term healthcare needs such as diabetes.

A registered manager was 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 and associated Regulations about how the service is run.

Although people told us they felt safe living at the service we found the provider had not taken adequate steps to ensure people's safety in relation to medicines and risks related to people requiring special diets. We found kitchen staff had not consistently followed basic food hygiene principles in relation to the storage of food.

Staff received training and had an understanding of the Mental Capacity Act 2005 and were seen to act in accordance with its principles; however care documentation did not clearly identify how people who lacked capacity for specific decision had been supported to reach a decision that was in their best interests.

Staff were kind and caring in their routine interactions with people however we found examples where consideration had not been given to protect people's choices and dignity.

The provider did not have a consistent approach to managing people's care and to responding to the needs of people who were being cared for in bed. We found examples where people's care records were not consistently up-to-date.

The provider had some robust systems in place to monitor and drive improvements in the quality of the service; however we found shortfalls with areas of quality assurance which mean the provider did not have

consistent oversight of the service.

People's support needs had been assessed and personalised care plans developed. Care plans contained risk assessments for a range of daily living needs. However we found examples where routine reviews of care plans had not been undertaken.

Staff had a good understanding of safeguarding; they were able to identify different types of abuse and told us what actions they would take if they believed someone was at risk. There were sufficient numbers of staff working at Green Bank with the appropriate skills and experience.

Care staff were responsive to people's changing needs. People's health and wellbeing was monitored and the provider regularly liaised with healthcare professionals for advice and guidance.

The provider had a complaints policy; this was displayed in a communal area. People and their relatives told us they knew how to complain.

We found breaches in Regulations. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People were not protected by the safe management of medicines.

Some people who required specially prepared meals were placed at risk of harm due to being given inappropriate food.

We found some basic food hygiene principles had not been consistently followed.

Staff had a clear understanding of the procedures in place to safeguard people from abuse.

There were sufficient numbers of trained and experienced staff to meet the needs of people.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Although staff understood their responsibilities in regard to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards the provider had not effectively evidenced how best interest decisions had been reached.

People told us they generally enjoyed the meals provided and we found there had been improvements in how meal times were managed.

Staff had undertaken essential training as well as additional training specific to the needs of people and had regular supervisions with their manager.

People had access to external healthcare professionals such as the GP and district nurse when required.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

Although people told us they felt well cared for by kind staff we found examples where people's choices and dignity were not embedded within care practice.

People were encouraged to maintain relationships with relatives and friends.

Relatives were able to visit at any time and were made to feel very welcome.

Care records were maintained safely and people's information kept confidentially.

### **Is the service responsive?**

The service was not always responsive.

The provider did not have a consistent approach in how they managed the care and responded to people who were being care for in their beds.

People's care plans were comprehensive but we found evidence that some routine reviews to keep them updated were overdue.

We saw people had the opportunity for social interaction with staff on a regular basis throughout each day.

The service sought feedback from people and their representatives about the overall quality of the service.

**Requires Improvement** ●

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

Green Bank was not consistently well-led.

Some quality assurance systems required improvement to enable the provider to have clear oversight of the service.

The provider had not consistently followed their own policies.

We found some people's records were not up-to-date.

The registered manager had failed to take timely action in response to concerns regarding staff cohesion.

Staff told us they could approach senior staff regarding concerns or for guidance.

**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 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.

The inspection took place on 23 and 24 May 2016. It was undertaken by three inspectors.

We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which 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. Before the inspection, the 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.

During the inspection we reviewed the records at the home. These included staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at four care plans and risk assessments along with other relevant documentation to support our findings. We 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained information about their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke with six people, four relatives and one visiting health care professional to seek their views and experiences of the services provided at Green Bank. We also spoke with the provider, registered manager, their deputy, five care staff and three ancillary staff.

We observed the care which was delivered in communal areas to get a view of the care and support

provided across all areas. This included the lunchtime meals. As some people used non-verbal communication the inspection team spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

At the last inspection in September 2015, the provider was in breach of Regulations 12, 15 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the shortfalls in the management of medicines, multiple shortfalls in respect to the cleanliness and maintenance of the premises and insufficient numbers of staff to keep people safe. The provider sent us an action plan stating how they would meet the requirements of the Regulations by February 2016.

At this inspection we found improvements had been made and the provider was meeting the requirements of Regulations 15 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However shortfalls in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were again found and as such a continuing breach remained.

People told us they felt safe living at Green Bank. One person told us, "Oh yes, I have always felt safe living here." Staff expressed a strong commitment to providing care in a safe and secure environment. One staff member reflected on changes since the last inspection and said, "There has been a lot of work and things are definitely better."

At our last inspection we found discrepancies in the management of controlled medicines and in the medicine administration records (MARs). Although the issue we found with controlled medicines at our last inspection had been resolved, at this inspection we found a new concern with another aspect of the management of controlled medicines. There was a discrepancy for a person's controlled medicines which resulted in the provider being unable to account for one pain relieving patch. The registered manager undertook an initial investigation during our inspection however was unable to reconcile the controlled medicines register for this person. Once this error had been highlighted the registered manager followed appropriate procedures in line with their policy to report this as an incident to the Local Authority.

The provider's medicines policy stated that if people were using 'homely remedies' this practice should be in line with the services homely remedy policy; however the provider did not have a homely remedy policy. Homely remedies are non-prescribed 'over the counter' medicines used for minor ailments. The provider's medicine policy also stated, 'Advice regarding the use of homely remedies must be obtained from a doctor, pharmacist or specialist nurse.' One person was being supported with a homely remedy. Although this person was having their prescribed medicines routinely reviewed by their GP the registered manager had not included the homely remedy on the list which was sent to their GP for approval. Some homely remedies may alter the effectiveness of prescribed medicines or could have other unwanted side effects.

Most people's medicines were stored in a secure trolley. However the provider did not have systems to check the temperature within this trolley to determine if they were being stored in line with the manufacturer's temperature parameter guidelines. The effectiveness of some medicines can be affected if they are stored in an environment that is too hot.

Some prescribed medicines such as creams and eye drops have an expiration date once they have been



opened. We found one person had been prescribed a topical cream which was stored in the home's fridge. There were three tubes, all had been opened, none of which had been marked with an open date. Although none were past their expiry date it is good practice to identify when a cream is opened so as it is clear for staff to identify if a medicine has expired.

People who had been identified as at risk of swallowing difficulties had undergone appropriate assessments from speech and language therapists (SALT). Guidance had been provided for the staff at Green Bank to advise them how to support these people. However on the first day of our inspection three people had been served corn, yet their care records identified they should eat soft mashable food. Corn is not an easily mashable food and could present difficulties for people who had been identified with swallowing complications. We spoke to the registered manager who acknowledged this was not in line with these people's nutritional guidance. Following our inspection the registered manager provided evidence that all people's nutritional profiles held in the kitchen had been updated to reflect current guidance.

Safe food hygiene principles had not been followed. For example we found several consumable and perishable items stored in the fridge which had not been marked with the dates they were opened. For example within a fridge we found an opened pack of crab sticks which were not adequately covered and had no date visible as to when they had been opened. This meant there was an increased risk that people may consume out of date food which could cause them harm.

The issues above related to people's safety were a breach in Regulation 12 HSCA (Regulated Activities) Regulations 2014.

Recently recruited staff had undergone appropriate checks to ensure they were suitable to work within a care setting. For example criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). However one member of staff was classified as 'bank' staff had not had a DBS check. Bank staff are used on an adhoc basis to cover when permanent staff are unavailable. The member of bank staff had worked at the service intermittently since 1999. We spoke to the registered manager about this issue; they put this shortfall down to an administrative oversight. This meant the provider could not be assured this staff member was of suitable character to work with people. After our inspection the registered manager provided evidence that this staff member had undertaken a DBS check.

At the last inspection the deployment of staff impacted on the cleanliness of the home. Since our last inspection the provider had increased staffing levels and there was now a dedicated member of staff undertaking cleaning duties. All concerns we previously identified with the cleanliness of the service had been addressed. At the last inspection we also observed poor practice in respect to soiled laundry. At this inspection we found the provider had established systems to reduce the risk of cross infection. People told us there had been improvements in the standard of cleaning, one person said, "The place is cleaned well, I can't see any problems."

At our last inspection there were insufficient numbers of care staff to ensure people's safety. At this inspection the provider had increased the number of care staff on each shift. All people, staff and relatives told us they thought there were sufficient numbers of care staff. One relative said, "You can notice the difference, having more staff has made an improvement all round." A staff member said, "Things are much better, we can support residents much easier when there are three carers on." Staffing rotas confirmed the increase to staffing levels had been embedded within daily routines. We saw the present staffing levels enabled staff to sit and talk to people and take time to meet their wishes and care needs.

At our last inspection not all people's skin integrity was being protected due to specialist airflow mattresses

being set incorrectly. At this inspection the provider had taken steps to establish systems to ensure all people's airflow mattresses were set correctly and checked on a daily basis. People's care plans contained a range of assessments designed to reduce risk. These included areas such as mobility and skin integrity. Staff demonstrated an understanding of the risks associated with supporting people living at Green Bank in these areas.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, legionella, staff safety and welfare. Maintenance and servicing of equipment such as fire alarm, portable appliance testing (PAT) and boiler were seen to be routinely undertaken. Staff were clear on how to raise issues regarding maintenance. One member of staff told us, "Things don't get left; if something is broken we report it and will get quickly fixed or replaced."

The home and the equipment was maintained to a safe standard for people and staff. The provider employed a maintenance worker who carried out day-to-day repairs; staff said these were attended to promptly. There were contracts for the servicing of equipment and building utilities. There were procedures in place for fire; these included personal emergency evacuation plans (PEEP). Staff had been trained in fire safety and could identify their role within an emergency. There were systems in place to check the fire alarm and equipment operated effectively.

Staff confirmed they had received safeguarding training and understood their own responsibilities to keep people safe from harm or abuse. They had an understanding of the different types of abuse and who they would report concerns to. One member of care staff said, "I would speak to the manager first but if I was still worried I would call the safeguarding numbers in the office."

# Is the service effective?

## Our findings

At the last inspection in September 2015, care was not always effective. We identified areas requiring improvement in relation to meal times and how staff were supported via the providers supervision programme.

At this inspection improvements had been made with both the meal time routines and staff supervision. However there were shortfalls in other areas which required improvement.

The Care Quality Commission (CQC) is required by law to monitor how providers operate in accordance with the Mental Capacity Act 2005 (MCA). The MCA requires assessment of capacity must be decision specific and must also record how the decision was reached. People's care documentation provided clarification and guidance for staff on people's ability to make decisions on their daily living routines within a 'cognition' section. However there was limited evidence people's capacity had been assessed using MCA principles. This meant it was not clear who had been involved in best interest discussions and how decisions had been reached. We spoke to the registered who during the inspection began developing more detailed assessments which drew together information they already held about individual people.

Care staff had received training and understood the principles of the MCA and gave examples of how they would follow these in people's daily care routines. Care staff were aware any decisions made on behalf of people who lacked capacity had to be in their best interest. During the inspection we heard staff ask people for their consent and agreement to care. For example we heard a staff member ask a person if they could assist them to sit more comfortably, the person declined assistance and the staff member respected their wishes. We heard another staff member ask a person, "Are you ready to take your medication?"

Staff explained to us the implications of Deprivation of Liberty Safeguards (DoLS) for people they were supporting. DoLS forms part of the MCA. The purpose of DoLS is to ensure that someone, in this case living in a care home, is only deprived of their liberty in a safe and appropriate way. The registered manager had made applications to the authorising body. Where an authorisation had been granted the conditions were adhered to by staff.

One person who lived with diabetes had previously been insulin dependent, however health care professionals had stopped this medicine due to changes in their health needs which meant the person was now receiving end of life care. Due to their frailty they were being supported to eat a high calorie diet yet their blood sugar levels were no longer being monitored. We spoke to the registered manager regarding this person's care and they told us they were often 'very sleepy'. We asked, and they were unable to clarify how they distinguished between this sleepiness being a result of high or low blood sugar levels or their broader health condition. The registered manager committed to liaise with this person's GP to seek clarification.

At our last inspection we observed meal times were not a pleasurable experience for some people and required improvement. At this inspection the provider had established new routines to ensure meal times ran more smoothly which meant extended waiting times for food had been eliminated. People who were

being cared for in their beds were supported to eat by staff before those people in communal areas. One staff member said, "Mealtimes are much better now, calmer, less rushed." People told us they enjoyed most meals they had at Green Bank, one person said, "Not too bad, some (meals) are better than others." Another person said, "They do their best, if I don't like something they will offer me something else." People's nutritional risk assessments were up-to-date and reflected when people may require additional support or more careful monitoring if they were deemed at risk of weight loss. People who required their weight to be monitored had been weighed regularly and staff were aware that any changes in people's weight required prompt action. One person's records identified they were awaiting input from a dietician. We saw that people were encouraged to drink plenty of fluids. This was in addition to servings of tea and coffee throughout the day. Staff ensured specific people had drinks offered 'little and often' if they were struggling to drink enough fluids. One staff member said, "We offer drinks regularly and always make sure they can reach their drinks if it safe for them."

At our last inspection the registered manager had failed to meet their own target in relation to the number of formal supervisions staff underwent. The informal conversations they were having with staff were not being recorded and as such records did not accurately reflect how staff felt about, and were performing in, their roles. At this inspection supervisions were occurring more frequently and minutes recorded within staff files. Staff told us they felt confident they could approach senior staff to raise issues or concerns.

Staff had the skills, knowledge and experience to support people. The majority of care staff had worked at the service for five years or more. The registered manager said, "We are fortunate as we have a very stable staff team." Staff received appropriate training to enable them to support people. For example training in safeguarding, infection control, fire evacuation and food hygiene. Throughout our inspection we saw staff appropriately supporting people who required assistance to walk. There was additional training for staff to enable them to support people living at Green Bank such as dementia care and end of life care.' One staff member said, "Training is pretty good, most of it is in a class room which is better for me." Another staff member told us, "I feel confident caring for our residents."

People received effective on-going healthcare support from external health care professionals. People commented that they regularly saw the GP, chiropodist and optician. Visiting relatives felt staff were effective in responding to people's changing needs. Staff recognised that people's health needs could change rapidly especially for people living with a progressive conditions, such as dementia. One staff member told us, "I can tell if a resident isn't well as their behaviour changes, I report it straight away." We spoke with a visiting health care professional who spoke highly of the home and the responsive attitude staff had to early intervention. They said, "The staff here have always been very good at following guidance and checking in with us if they see any problems."

## Is the service caring?

### Our findings

At the last inspection in September 2015, the provider was in breach of Regulations 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's autonomy; choice and dignity had not consistently been protected. The provider sent us an action plan stating how they would meet the requirements of the Regulation by February 2016.

At this inspection improvements had been made and the provider was meeting the requirements of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However these improvements were not, as yet, fully embedded in practice.

The specific concerns at our last inspection related to people's autonomy, choice and dignity had been addressed by the provider. However at this inspection not all areas related to people's dignity had been considered. For example on the first day of our inspection most people chose to eat fish pie however the only gravy provided was a meat gravy. We spoke to the kitchen staff who acknowledged there could be more appropriate accompaniments to this meal. We found one person had holes in the top cover of their bed linen. Another person who was on bed rest had their radio tuned into a 'pop music' station. This person's care documentation did not identify this would be their favoured choice and the registered manager acknowledged this would not be this person's preferred choice of music. The areas identified require improvement.

However during the inspection we also observed many positive, caring and kind interactions between people and staff. Staff were knowledgeable about individual personalities of people they supported. Staff shared people's personalities with us during the inspection and they talked of people with respect and affection. One care staff member said, "Our residents, very lovely, real characters and personalities." We observed occasions when staff were supporting people; they worked at the person's own pace and did not rush them. Staff were seen chatting and there were relaxed light hearted conversations taking place with people whilst support was provided. One person said, "Our carers are the tops, wonderful people." One relative told us, "I can't say enough good things as to how they care for my mum; the carers look after her like she is their mum." On the second day of our inspection maintenance staff were cleaning the home's garden pond. One person was sat outside with a hot drink appeared to enjoy watching the work; staff undertaking the work were chatting and included this person in the conversations.

People's bedrooms had been personalised with their own belongings, photographs and ornaments. One person said, "I do love having my photographs, they make me happy." People were able to spend time in private in their rooms as they chose. One person spoke with real affection for their cat and how pleased they were to be able to have it with them.

People were supported to maintain their personal and physical appearance in accordance with their own wishes. People were dressed in clothes they preferred and in the way they wanted. One relative told us, "Staff make sure they are smart, they have always taken pride in their appearance." We observed one person calling for assistance to go to the bathroom. This was attended to promptly and in a discreet way. Staff were

patient and responsive to people's moods and dealt with situations in a calm and kind way.

Information was kept confidential and there were policies and procedures to protect people's confidentiality. Most people's care documentation was stored and updated electronically, staff had individual passwords to ensure confidentiality was protected. People's paper care documentation was held securely in the registered manager's office.

Visitors were welcomed throughout our visit. All relatives spoke of the caring nature of staff and that they felt comfortable visiting the service. One person's relative told us they visited every day and that staff always made them feel welcome.

## Is the service responsive?

### Our findings

At the last inspection in September 2015, the provider was in breach of Regulations 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There to be a lack of regular meaningful activity to meet people's social needs. The provider sent us an action plan stating how they would meet the requirements of the regulation by February 2016.

At this inspection improvements had been made and the provider was meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However these improvements were not, as yet, fully embedded in practice and we also found new areas that required improvement.

During our inspection five people were being cared for in bed. Three of these people had mechanisms fitted to their doors which enabled their doors to be held in the open position; these three people's doors were open throughout the inspection. Staff told us the doors were held open, with people's consent, so it was easier to undertake visual checks as they routinely walked up and down the home's corridors. However, two of the five people did not have these mechanisms fitted to their doors. During our inspection we saw care staff did not go into the rooms which were closed as regularly. We asked the registered manager why these two doors did not have opener mechanisms fitted; they were unable to provide a clear rationale for this variance. During our inspection the registered manager arranged for one of these people's doors to be fitted with an opener mechanism.

The registered manager had been working with an external support agency funded by the local authority to improve both activities and the physical environment. For example on the first day of our inspection hand rails were fitted in the corridors. Once installed we saw people immediately started to use them. One person said, "What an improvement helps me keep steady." Another recommendation had been to implement recording charts in the rooms of people who were being cared for in bed. These were designed to capture all 'person centred interactions' staff had with these people. These were being completed for two people who were being cared for in bed on a long term basis. However the registered manager had not implemented this for the remaining three people who were being cared for in bed at the time of our inspection. This meant it was not clear what interactions staff had with these people other than personal care.

At our last inspection there was a lack of meaningful activities for people. Care staff told us this was in part due to having insufficient time to lead activities. At this inspection the increased staffing numbers had a positive impact on the activities offered. A staff member told us, "Things are better and we get more time to spend with residents." People told us they were happy with how they spent their time, one person said, "I am asked if I would like to go out to the shops, some do but I don't usually go." On the first day of our inspection we overheard a staff member attempt to initiate a group activity in a communal area however this was declined by people. A staff member was seen undertaking nail care with several people. On the second day of our inspection we saw staff facilitating a quiz and a group game in the main lounge. We saw this was well received and people were seen to be engaged and laughing and clapping. The provider had a regular external motivation session booked. People told us they enjoyed this, one person said, "I enjoy it but

they only come one a few times a month."

People's care plans contained comprehensive information on people, such as preferred routines, likes and dislikes and personal life history. For people unable to tell staff their preferences we saw examples where families and friends had been consulted for their input. A staff member said, "If residents care needs change, then we do our best to change how we provide them care." Staff told us care plans were useful to refer to and they provided updates to the registered manager when they were updated. Most people's care plans had been updated when changes occurred however routine reviews for some people had not taken place for extended periods. The registered manager told us these delays were due to pressures on their time. One person's care plan referred to their regular blood sugar testing however this had been discontinued four months previously. However all staff spoken to were clear on the current care needs for this person.

The provider had a complaints policy and procedures in place; this was displayed in a communal area. The complaints policy included clear guidelines on how and when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the CQC. People told us they felt confident in raising concerns or making a complaint. One person's relative told us, "Yes, I know how and who to complain." Another relative said, "I don't hold back if something is not quite right, I can always speak to a senior member of staff." The registered manager informed us via their PIR and confirmed during the inspection that there had been no recent complaints however they were unable to locate the folder which contained historic complaints to confirm this.

The provider undertook various surveys to check on overall satisfaction levels. We saw people, their relatives and health care professionals had been canvassed. The results were seen to mainly positive. However relatives surveys were not posted out and as such only visitors who visited the service regularly had the opportunity to respond.



# Is the service well-led?

## Our findings

At the last inspection in September 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not protected against the risk of unsafe or inappropriate care as the provider did not have effective monitoring systems in place.

An action plan was submitted by the provider detailing how they would meet their legal requirements. We saw improvements had been made with most aspects of quality assurance at Green Bank. However there remained shortfalls in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and as such a continuing breach remained.

The PIR identified that regular audits and quality assurance checks were undertaken. However we found the data collected had not been consistently analysed to provide the registered manager with clear oversight of the service. For example, although accident and incident forms were appropriately completed the registered manager did not collate or analyse this information to determine if there were patterns or trends which may require attention. The information collected via a relative's satisfaction survey had not been summarised and where relatives had made comments regarding potential improvements there was no evidence these had been responded to, for example a relative had raised a query about activities. The provider's medicine and kitchen audits had failed to identify the shortfalls the inspection team identified.

At our last inspection the provider's staff supervision programme had failed to address some incidents of unprofessional conduct of a staff member. Although this had not directly impacted on people, it was evident it had caused workplace tension amongst some staff. Although at this inspection we found the registered manager had made attempts to manage performance these issues remained unresolved. Records at the service were not consistently up-to-date. For example we found two people who were on bed rest had not had their 'turning charts' updated. Although staff had undertaken the personal care they had not recorded it accurately. People's rooms had white boards on the walls; these contained a short summary of people's support needs. We found examples where these had not been updated and contained out of date information. Although staff knew people well there was a risk that this information could be interpreted as accurate by a new member of staff or visiting health care professional.

Care staff told us they felt staff meetings were helpful and an effective way of sharing information and raising general points to improve the service. Since our inspection in September 2015 there had been two staff meetings. Both were well attended and the meeting minutes demonstrated that a broad range of operational topics had been discussed. Minutes from the November 2015 staff meeting identified meetings would be held three monthly however the next meeting was not held until over five months later on 13 April 2016. One staff member said, "Meetings were good and we should have them more often."

Policy and procedures set a framework for how an organisation operates. We found the provider had failed to ensure their own policies were adhered to in relation to mental capacity and medicines.

The above issues relate directly to leadership of the service are a breach of Regulation 17 HSCA (Regulated Activities) Regulations 2014.

However since our last inspection improvements in some aspects in the quality assurance processes which were aimed at driving improvement at Green Bank. For example room audits were now effective at identifying areas which required attention; clear action timelines were apparent which had been signed off when completed.

All staff told us they felt the service was running better since the last inspection. One staff member said, "The care is much improved, we can spend more time with residents and all the maintenance work around the home has really helped." Another said, "Communication has got better in the last few months, it is a better place to work with more staff." Throughout the inspection it was clear significant time had been spent making improvements to the running of the service. Relatives commented that they had seen improvements and had no concerns with how care was delivered.

The registered manager was responsive to our comments and feedback throughout the inspection and actioned multiple areas during the inspection and sent actions plans immediately after our inspection identifying how they intended to address the areas of concern we found.

There was a clear management structure at Green Bank. Staff members were aware of the line of accountability and who to contact in the event of any emergency. The registered manager was visible to people and staff. Staff commented that the registered manager and their deputy were available for advice and generally felt supported in their roles. People and their relatives commented there was a 'homely feel' to the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not protected people against the risks associated with the unsafe use and management of medicines. Regulation 12(2)(g)</p> <p>The registered provider had not ensured people's safety had been protected by adequately mitigating the risk connected with people's food. Regulation 12(2)(b)</p>  |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have an effective system to regularly assess and monitor the quality of service that people received. 17(2)(a)</p> <p>The registered provider had not ensured people's care records were complete and accurate 17(2)(c)</p> <p>The registered provider had not consistently sought, acted and evaluated on feedback from relevant persons for the purposes of continually evaluating and improving such services. 17(2)(e)(f)</p> |