

Downing (Green Gables) Limited

# Green Gables Nursing Home (Downing Green Gables Limited)

## 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

Green Gables is a nursing home providing personal and nursing care for up to 38 older people. The accommodation is spread across three floors, with access to the different floors via stairs or passenger lift. There are communal and outside spaces accessible for people's use. At the time of inspection there were 30 people living at the service, some of whom were living with dementia.

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

Systems and processes in place to assess, monitor and improve the service were not always effective. The provider and registered manager had not identified the issues we found in the inspection.

The registered manager and staff team lacked knowledge about safeguarding. People told us they felt safe and had no concerns, but we found there was a potential risk to people if a safeguarding concern arose and staff were unable to respond to it appropriately. We signposted the registered manager to information to develop and update their knowledge. The provider and registered manager gave us assurances staff knowledge on safeguarding would be improved.

There was a lack of oversight of the training and competence staff had in managing medicines. The registered manager gave us assurances systems would be put in place to ensure staff had appropriate training and competence.

There was not a robust system in place to ensure the service always recorded and learnt from incidents. Recruitment records were not fully completed with all the required information. The provider gave us assurances the information had been sought at the time staff were employed and told us recruitment checks would be fully documented in future.

There was a lack of leadership in the service in ensuring the care provided was in line with up to date best practice guidance. The registered manager informed us they would undertake a review of the service to check they were following up to date best practice in all areas.

The service did not always communicate effectively with outside agencies. Some of the barriers to this communication were related to technology. The provider had put measures in place to improve this.

We received mixed feedback about the staffing levels in the service. Though we did not observe any concerns about staffing during the inspection, the provider agreed to review their staffing levels based on the feedback we had received from staff and people.

We were assured the provider had robust infection control procedures in place, which staff were following, to keep people safe from the risks of COVID-19. The provider assigned additional staff support for people who were required to isolate upon admission to the home, which helped promote their safety and wellbeing. The provider had also effectively followed recent government guidance to develop safe

procedures around indoor visits for relatives.

We observed staff supporting people appropriately with moving and handling during the inspection. People had a variety of risk assessments in place and these were reviewed regularly.

The registered manager told us they tried to create an open, approachable culture. People, relatives and staff told us they felt able to approach the management of the service with any concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (16 May 2018).

#### Why we inspected

We undertook this inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about safeguarding, moving and handling and staffing levels. A decision was made for us to inspect and examine those risks.

We inspected and found there were concerns with the management of the service, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Green Gables Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

The provider sent us information indicating how they will make improvements to address the issues we found in the inspection. We will review this at the next inspection. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Further information is in the detailed findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Further information is in the detailed findings below.

**Requires Improvement** ●

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## **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.

#### The inspection

This was an inspection to follow up on specific risks and concerns we had received about the service including safeguarding, moving and handling and staffing levels. We looked at the safety and leadership of the service in more detail following further information we received during the inspection.

As part of this inspection we also looked at the infection prevention and control measures in place. This was to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, clinical commissioning group and healthcare professionals who visited the service.

We reviewed the most recent submitted provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

We observed how staff interacted with people in the home and whether they were wearing personal protective equipment. We looked around parts of the home to review cleanliness and management of infection control. We spoke with the registered manager and deputy manager.

We reviewed a range of records related to safeguarding, incidents and accidents and infection prevention and control.

#### After the inspection

We spoke with four people and three people's relatives by telephone to gather feedback about the service. We spoke to seven members of staff to gather information about their experience of working in the service. We reviewed a variety of records relating to the management of the service, including policies and procedures, audits, team meeting minutes, training records and care plans. We continued to seek clarification from the registered manager and provider about evidence we had found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

Systems and processes to safeguard people from the risk of abuse

- There was a lack of knowledge throughout the staff team in their roles and responsibilities in how to effectively safeguard people from abuse. Some staff were also not confident in what signs of abuse may look like. People told us they felt safe and had no concerns they had needed to raise about their safety. One person told us, "Everything seems okay, no issues." Relatives we spoke to told us there had been no significant incidents or safeguarding concerns they were aware of.
- Together with the records we reviewed, the feedback from people and relatives showed us the lack of knowledge around safeguarding processes had not negatively impacted on people. However, this lack of knowledge posed a risk to people if a safeguarding concern arose and staff were unable to respond to it appropriately. We have reported on this in further detail in the well-led section of the report.

Using medicines safely

- The registered manager did not have oversight of the training staff were completing in the management of medicines. Though staff were meant to be accessing online training provided by an external company annually, the registered manager did not have a system in place to check the training was being completed and monitor when it was due for renewal. Though we did receive some evidence of training staff had completed after the inspection, this was not consistent for all staff administering medicines and the registered manager had not had oversight of this at the time of the inspection. The registered manager told us they would put a system in place and ensure they asked staff for evidence their training had been completed in future. They also told us they were planning to arrange further in-house medicines training provided by an external company to ensure staff were appropriately trained.
- The registered manager did not have a system in place to check the competency of staff administering medicines. Together with a lack of oversight of the training staff completed, this meant the provider and registered manager could not be assured that staff were fully competent in this practice as outlined in the provider's policy. The registered manager gave us assurances they would address the issues found immediately.
- The provider had a range of policies in place related to the management of medicines. Medicine administration records were completed and checked regularly to ensure people had received their medicines. Audits of the management of medicines were carried out by the service and an external provider.

Learning lessons when things go wrong

- There was not a robust system in place to ensure the service always recorded and learnt from incidents. We were informed of an incident related to medicines that had not been recorded and incident reports we reviewed lacked detail in what lessons had been learnt. It was unclear how the registered manager had oversight of incidents and they told us they did not complete an audit of all incidents that took place. They

gave us assurances they would improve the recording and auditing of incidents to ensure all incidents were learnt from going forwards.

### Staffing and recruitment

- Recruitment records were not completed fully. Among other checks, providers must establish the reason why any previous roles working with adults at risk ended and seek a full employment history with a satisfactory written explanation of any gaps in employment. This is to ensure providers have taken all practicable steps to mitigate the risk to people from staff members who are unsuitable for the role. We observed gaps in employment history in two staff records and missing information for why previous roles had ended in another staff record. The provider gave us assurances that conversations had taken place about these gaps at the time of recruiting the staff. They told us they would record this information in the future.
- Most people told us there were enough staff to support them safely but not always enough to sit and talk with them. Staff told us they were able to support people safely but did not have enough time to support people's social and emotional wellbeing. During the inspection we observed there were enough numbers of staff to support people safely and according to their needs.
- The provider completed a needs analysis which demonstrated that extra hours had been provided for staff to provide emotional and social support to people. There was also an activities manager who provided activities for people in addition to the general staffing.
- The provider was using some agency staff but told us they were regular agency staff who knew the service well. The provider had asked the agency to only send those agency staff members to the home in order to reduce the risk of introducing COVID-19 to the service.
- Though we did not observe any concerns about staffing levels during the inspection, the provider agreed to review their staffing levels based on the feedback we had received from staff and people. The provider also informed us they were in the process of recruiting more permanent staff.

### Assessing risk, safety monitoring and management

- Prior to the inspection we had received concerns about moving and handling practices within the service. People told us staff supported and guided them through movements safely. Relatives we spoke to told us they had no concerns about moving and handling. We observed staff supporting people appropriately during the inspection and found no concerns in this area.
- People's care plans included a wide range of risk assessments, personal to their needs and these were reviewed and updated regularly.

### Preventing and controlling infection

- People told us the service was taking appropriate measures to reduce the risk of infection. One person told us, "[The service] is always clean." Another person told us, "They are wearing the facemasks."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes in place to assess, monitor and improve the service were not always effective. We observed audits of various parts of the service and monthly reports submitted by the registered manager to the provider with an overview of the service. Though we observed some actions for improvement had been identified and acted upon, the issues we found in the service related to safeguarding, medicines management, recruitment records, incident and accident records and best practice had not been identified.

We found no evidence that people had been harmed however, systems and processes were not established and operated effectively to monitor and improve the quality of the service in relation to the above issues. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and senior staff team lacked knowledge in how to raise safeguarding concerns outside of the service. The registered manager did not understand the local authority are the lead agency for safeguarding people when there are concerns the person may have experienced abuse or be at risk of abuse. The registered manager's knowledge did not reflect what was detailed in the provider's policy. They had received safeguarding training in October 2020 but this had not been effective as they had insufficient understanding of safeguarding. We discussed the responsibilities of different agencies in relation to safeguarding with the manager and signposted them to information to improve their knowledge.

- Almost all staff we spoke to did not understand the local authority are the lead agency for safeguarding people. Though staff told us they would take any concerns to senior staff or the registered manager, there was a risk staff would not know how to escalate concerns outside of the service to the appropriate agency if the registered manager was not available or did not take appropriate action. One staff member told us, if unavailable, they would wait for the registered manager to return before escalating their concerns any further. This could result in a delay or lack of seeking help for the person at risk.

- Following the inspection, the registered manager and provider told us they had booked refresher safeguarding training and spoken to staff and 'reiterated the importance of their understanding of the principles of safeguarding, particularly how and when to report'. The registered manager planned to follow this up in detail with the staff team in group or one to one supervision sessions to ensure the whole staff team understand how to respond to safeguarding concerns.

## Continuous learning and improving care

- The registered manager did not ensure the service was up to date with best practice guidance, for example in safeguarding, as detailed above, and dietary requirements. The service was not using the most up to date guidance on textured diets, the International Dysphagia Diet Standardisation Initiative (IDDSI). The IDDSI Framework provides a common terminology to describe food textures and drink thickness. This terminology is used by speech and language therapists (SALT) when recommending diets for people who need support with eating and drinking, for example those at risk of choking on a regular diet. This framework has been widely used by services in Hampshire since 2018 and was due to be fully in use by all services by April 2019. The service was using a different framework which created a risk of confusion between the framework being used and the IDDSI being used by healthcare professionals communicating with the service.
- At the time of the inspection, there was no impact upon people. Following the initial site visit, the service sought assurances from SALT that people on thickened fluids were being given drinks in line with the IDDSI. There was no-one at risk of choking on their food. However, as a service that provides nursing care, it was possible they could support people with this risk if people's needs were to change or for people new to the service. The provider sent us evidence of a training session booked with SALT to bring staff up to date in April 2021.
- The registered manager was unable to tell us about any other areas of clinical practice that had been updated recently. They told us they would undertake a review of the service to check they were following up to date best practice in all other areas.
- Providers and registered managers are required to notify us of certain events that happen within a service. The registered manager had notified us of required incidents. We spoke to the registered manager and provided further clarification on the type of incidents required to be notified to CQC to improve their understanding.
- Care documents in the service were handwritten and sometimes difficult to read due to this. The provider told us they were planning to move to an electronic care planning system, and they planned to start implementing this by July 2021.
- The provider and registered manager had worked effectively to respond to the fast-changing picture of the COVID-19 pandemic and had successfully implemented government guidance in infection prevention and control.
- We saw records of minutes of various team meetings where improvements in the care provided were discussed with staff.

## Working in partnership with others

- We received feedback from outside agencies that the service did not always communicate with them effectively. It is important for services to maintain effective communication with outside agencies so all organisations can collectively ensure people receive safe, high quality care and agencies can support services to follow current best practice. Though we did observe some evidence of communication with outside agencies, we did also experience some delays in receiving information we had requested from the registered manager prior to and following the initial site visit. The registered manager acknowledged this and the provider informed us they were working to improve communication within the service, "We think communication, leadership and team building is our next focus."
- Some of the barriers to effective communication with outside agencies were due to technical problems. There were issues with internet coverage within the home and this presented challenges with completing virtual medical consultations. The registered manager told us sometimes this meant they had to dial in to meetings by phone which could occupy that phone line for long periods of time, preventing others from contacting the service easily. The provider showed us evidence they were working to resolve these issues and implement a new telephone system and improve the internet coverage.

- The provider and registered manager informed us they had some links with social care associations and the registered manager was a member of a local registered manager forum. Some of these links had been used to seek advice about infection prevention and control in response to the pandemic but they had not been utilised to improve practice in other areas of the service.
- We received positive feedback about the communication from the service to specific healthcare professionals about the individual care needs of people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager told us they tried to create an open, approachable culture and people were encouraged to come to them with any concerns or suggestions. Relatives and people told us they felt able to raise any concerns and any issues were discussed with them appropriately. One person told us, "[Registered manager] has got time for you". The registered manager understood the importance of updating family members on any concerns about a person's care and told us, "We are always inviting the relatives to call us with any concerns."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management of the service regularly sought people's feedback on the service. We observed minutes of residents and relative's meetings where people's views on various topics were sought. These meetings did not take place in 2020 due to the pressures of the pandemic but have resumed this year.
- The registered manager had implemented a weekly open forum where staff were able to go to them with any concerns, ideas or suggestions about the running of the service. Staff told us they felt able to approach the management with any concerns.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>17(1) There was a lack of oversight of safeguarding processes and understanding among staff, medicines management training and competence, incidents and accidents reporting and analysis and ensuring the service was following up to date best practice. This demonstrated a lack of systems and processes in place to monitor and improve the quality and safety of the service.</p> <p>Records in relation to persons employed in the carrying on of regulated activity were not complete.</p>