

The Green Nursing Homes Limited

The Green Care Home with Nursing, Dronfield

Inspection report

2 Green Lane
Dronfield
Chesterfield
Derbyshire
S18 2LZ

Tel: 01246291515

Date of inspection visit:
07 February 2019

Date of publication:
18 March 2019

Ratings

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

Summary of findings

Overall summary

About the service: The Green Care Home provides accommodation for up to 41 older people who require nursing or personal care, and including some people who may be living with dementia. There were 34 people living at the service at the time of this inspection, including 12 people who received nursing care. Accommodation provides disabled access over two floors, a range of communal living space, bathroom and toilet facilities, with some individual ensuite facilities. There is also level access to a well kept garden area with seating.

People's experience of using this service:

At this inspection the service met the characteristics of an overall rating of Good. Although, improvement was required as the service was not always Responsive.

People's care was not always timely or responsive to ensure their preferred daily living routines would be consistently met. People and relatives were confident and knew how to raise a concern or make a complaint, if they needed to. People's views, feedback and any complaints received were monitored by the provider and used to help inform any service improvements needed. Work was in progress to re-establish and develop nationally recognised best practice standards for people's end of life care.

People received care that was safe. Effective measures had been introduced to re-establish safe standards of cleanliness and for infection prevention and control at the service. The provider's arrangements for people's care helped to protect people from the risk of harm or abuse. Staff were safely recruited and deployed to provide people's care. Risks to people's health, associated with their care and related safety needs, were effectively monitored and managed. People's medicines were safely managed.

People received effective care within a well maintained and suitably adapted environment. People's care needs were effectively accounted for as agreed and regularly reviewed with them, or their representative. Staff supported people to maintain or improve their health and nutrition when needed. People received care in the least restrictive way possible and to maximise people's choice and control in their care. Staff were trained, informed and supported to provide people's care. Clinical nurse leadership and external partnership working with relevant agencies, helped to ensure people received consistent and informed care, as agreed with them.

People received care from kind, caring staff; who treated them with respect and ensured their dignity, choice, independence and rights. Staff took time to know people well and to understand what was important to them for their care. People were informed and involved to understand, agree and make ongoing decisions about their care; or to access relevant advocacy to speak up on their behalf, if needed.

The provider operated effective governance systems for the quality and safety of people's care, to help ensure sustained and timely service improvement when needed. Staff understood their role and responsibilities for people's care. Provider oversight and operational management arrangements at the

service, helped to ensure effective communication and record keeping. The provider worked in partnership with people, their representatives and relevant external health, educational and social care agencies when needed, to effectively inform and improve people's care experience when needed.

More information is in the full report.

Rating at last inspection: At our last inspection we rated the service as Requires Improvement. Report published 20 January 2018.

Why we inspected: This was a scheduled inspection based on the previous rating.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was responsive.

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

The Green Care Home with Nursing, Dronfield

Detailed findings

Background to this inspection

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

Inspection team: The inspection was completed by two inspectors and an expert by experience. An expert by experience is someone who has experience of using or

Service and service type: The Green Care Home with Nursing, is a care home service providing accommodation for people who required nursing or personal care.

At the time of this inspection, the service had no manager registered with the Care Quality Commission. Registered managers like the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced on 7 February 2019.

What we did: We looked at information we held about the service, to help us plan the inspection. This included written notifications the provider had sent to us when required, to tell us about any important events that happened at the service. We also reviewed the Provider's Information Return (PIR), This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and any improvements they plan to make.

We used a range of different methods to help us understand people's experiences. We spoke with 15 people who used the service and five relatives about their experience of care from this service provider.

We spoke with the registered provider and a senior manager for the provider, who was covering the service in the absence of a registered manager. We spoke with two registered nurses, four care staff, a cook, a maintenance person and a visiting health professional. We reviewed parts of ten people's care records, to check they were accurately maintained and consistent with the care provided. We also looked at a range of other records relating to the management of the service. This included staffing, complaints and medicines records, meeting minutes and management checks of the quality and safety of people's care.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. One person said, "Oh gosh, yes I feel absolutely safe". Another person said, "If I had a problem would raise a concern; I know how, but I think everything is alright".
- Information was visibly displayed about how to recognise and report abuse. Staff were trained and confident to report the witnessed or suspected abuse of any person receiving care, if they needed to. One care staff member said, "We prioritise how we provide care to make sure people are safe; we are supported and trained to report any safety concerns".
- The provider and staff acted promptly to ensure people's safety, following any safeguarding concerns raised with them. This included timely reporting to relevant authorities, including notifications to us, to enable checks of people's safety at the service; and by following staff disciplinary procedures where unsafe practice was found.

Staffing and recruitment

- Staffing arrangements were sufficient to ensure people's safety at the service.
- One person said, "Staff usually come when I need help; sometimes I might have to wait a bit if they're busy; but not for too long; some things can wait; it's not a problem". A relative said, "It's improved over the last year, there weren't enough staff; it's more responsive now and there's always someone [staff] here in the lounge".
- Staff described safe procedures followed by the provider for their recruitment, which related to records we sampled showed. This included obtaining relevant employment checks, to make sure prospective staff were suitable to provide people's care, before any offer of employment.
- The provider used a care dependency tool to help determine their staff deployment arrangements for people's care. Staffing was subject to ongoing review. The provider had introduced an electronic monitoring system to provide accurate information for staff response times to people's call bells. These measures helped to accurately inform safe staff deployment at the service.

Assessing risk, safety monitoring and management

- People were confident staff understood how to keep them safe when they provided care.
- Risks to people's safety associated with their health condition, environment or any care equipment used, were assessed before they received care and regularly reviewed with them.
- Care staff understood identified risks to people's safety and followed the required care measures to help mitigate any risks. For example, we saw staff supported people to move, eat and drink and take their medicines safely when needed.
- Care staff confirmed they received relevant safety training, including how to use equipment safely. Records confirmed this and showed related competency assessments were carried out with staff when

needed, to ensure they understood and followed safe practice.

- Staff understood and followed the provider's communication, reporting and record keeping arrangements, which helped to ensure people's safety at the service. This included in the event of any emergency, such as in the event of a fire alarm or a health incident.
- The provider's electronic care planning system ensured timely and accessible communication with staff, so they were kept informed of people's care needs for their safety.

Using medicines safely

- People received their medicines when they needed them. One person said, "Staff remind me when it's time for my tablets and make sure I've taken them".
- Nurses employed at the service, were responsible for the safe handling and administration of people's medicines and received regular training updates for this.
- We saw people were supported to take their medicines safely when needed. Nurses responsible understood and followed the provider's medicines procedures, to ensure safe medicines practice. The procedures reflected nationally recognised guidance concerns with the safe management of medicines within a care home setting.
- People's medicines were safely stored, handled and recorded. Regular management checks were made of staff's individual competency to give and record people's medicines safely. Medicines management checks were regularly undertaken. This helped to ensure people's medicines were safely managed.

Preventing and controlling infection

- Before our inspection local health care commissioners told us they had found concerns from their checks of cleanliness, infection prevention and control at the service.
- We found the provider had acted promptly following the health commissioners' findings, to ensure related improvements for cleanliness and hygiene at the service. The provider's related action plan identified timely remedial measures, either made or in progress. This included staff training and instruction, revised cleaning and monitoring measures and the replacement or refurbishment of some equipment, floor coverings and soft furnishings.
- People were now happy with the standard of cleanliness at the service. One person said, "It's fresh and clean; we have some nice new furniture". Another person told us, "The care staff put on gloves and aprons when they need to".
- We saw the environment and care equipment was visibly clean and hygienic and that staff followed safe practice concerned with the prevention and control of infection when needed. For example by wearing personal protective clothing and following correct procedures for the safe handling of waste or dirty laundry.
- Staff we spoke with understood the key principles of infection prevention and control for people's care.

Learning lessons when things go wrong

- The provider had taken prompt remedial action for people's safety, following concerns raised with them about the standard of cleanliness and hygiene at the service. Management measures were identified to help prevent any re-occurrence.
- The provider ensured the regular management monitoring and analysis of health incidents or accidents relating to people's care. This helped to identify any trends or patterns to help inform or improve people's care and related safety needs when required.
- Before our inspection, the provider told us when they found recording omissions in a few people's medicines administration records from their related management checks. At this inspection we found remedial action was taken promptly by the provider, to ensure people's medicines were safely accounted for.

Is the service effective?

Our findings

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

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

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

- People's needs were assessed and agreed with them, or their representative before they received care and regularly reviewed. Everyone we spoke with were confident staff understood people's health needs and their related care and choices. One person said, "Staff understand my health needs." A relative told us, "The nurse always speaks with us before they update the care plan. If [person] is not well, they always ring me." Another relative said, "The staff are good at taking care of [person], it improved over the last year; in fact the care's improved no end."
- Staff understood people's nursing or personal care needs and their related care requirements and choices. These were accurately recorded in people's written care plans for staff, which showed timely reviews. One staff member said, "We always get the information we need to provide people's care, including if anything changes; I think people's care is consistent and properly informed."
- People's care plans we looked at were reflective of nationally recognised best practice guidance. For example, in relation to skin or nutritional care..

Staff skills, knowledge and experience

- People received care from staff who were trained and supported to provide this effectively. People and relatives we spoke with felt staff were trained to provide people's care and knew what they were doing. One person said, "The staff are helpful and knowledgeable; the nurse takes time to talk through things with me."
- Staff confirmed they were trained and supported to provide people's care, this included to access any national vocational qualifications relevant to their role. One care staff said, "The training is ongoing; we get plenty, with regular updates."
- All new care staff were expected to undertake the Care Certificate, following their initial care induction. The Care Certificate promotes a national set of care standards, which non professional care staff are expected to adhere to when they provide people's care.
- Nurses employed said they were provided with ongoing training relevant to their role. This included any extended role training, such as for taking bloods, catheterisation, or any bespoke training relating to people's health conditions.
- The provider had recently employed a clinical nurse lead to support and inform recognised care practice and clinical care pathways.
- Links were established with a local university professor who was recently engaged by the provider to inform their dementia care practice.

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

- We checked whether the service was working within the principles of the MCA, The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the

mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible"

- People said staff generally explained what they were doing and checked people were happy before and after they provided care.
- We saw that staff asked people for their consent and offered choices for their care.
- When people were unable to make specific decisions about their care because of their health condition; staff followed people's related care plans, which showed how their individual care was determined in their best interests and least restrictive manner.
- Where people were subject to any formally authorised or requested DoLS; staff understood the restrictions in place for people's care, necessary to keep them safe. Staff understood the DoLS to ensure that they were meeting the requirements of the MCA.
- This showed staff understood and followed the MCA for people's care.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet.

- People were supported to maintain or improve their health and nutrition and to access any relevant external health professionals when needed. This included for any routine or specialist health screening. One person said, "It's lovely here; the care and food suits me, so that can't be bad." A relative said, "The care is very good; They get the doctor if needed and there's regular chiropody and eye checks. Another person told us, "I can't really get up much now; staff check I'm comfy and help me with meals and drinks; I get plenty; they look after me well."
- Staff understood people's health conditions, how they affected them and their related care needs, including for their healthy nutrition. This information was detailed in people's care plans, and subject to regular review. Any instructions from relevant external health professionals were also included, followed for people's care. For example, in relation to their nutrition, or to help improve mobility.

Staff working with other agencies to provide consistent, effective, timely care

- Staff referred to and worked with relevant external health professionals for people's care when needed. This helped to ensure people received consistent, timely and informed care, which met their needs and choices.
- A visiting health professional told us staff followed their instructions and worked with them, to support one person's short term care and planned re-enablement, following their admission to the service due to a period of ill health. Re-enablement focuses on active reassessment and regaining physical ability in a way that helps people to learn or re-learn necessary daily living skills, which have been lost through deterioration in health. The health professional said, "[person] is progressing well; staff follow my advice and act on the information given."
- Standardised arrangements were in place to ensure timely information sharing with any external care provider, when needed for people's care. For example, in the event of a person needing to transfer to hospital because of acute ill health. This helped to ensure people received consistent, timely and informed care, as agreed with them.

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

- People were happy with the environment and were able to personalise their own rooms as they wished.
- The environment was clean, well maintained and adapted to meet people's independence and orientation needs.
- People were able to move around the home, which provided sufficient space for any equipment they needed to use, such as walking frames.

- There was a well kept garden area, which provided level access and seating for people to use. Since our last inspection, the service had received a Best Gardens in Bloom award from the local authority.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives felt they had good relationships with staff who knew them well and treated them with kindness and compassion. One person said, "Everyone is so friendly and helpful; they check you're alright." Another person told us, "Staff are kind, caring and compassionate; they help a lot; this one here – if you ask them to sort anything, they do it."
- Staff understood the importance of establishing effective relationships with people and their families and knew how to communicate with people, in the way they understood.
- People received key service information, which could be provided in a range of alternative formats, to help understand what they could expect from the service. This included information about how people's rights and choices in their care would be ensured.

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

- People or their representative were involved in agreeing and reviewing their care plans, and to make relevant decisions about their care.
- Staff gave us many examples of how they ensured people's involvement and choice when they provided care. This included a choice of male or female staff to support their personal care and choices of clothing, food and where, who with and how to spend their time.
- People's care plans showed their choices and preferences for their care and daily living routines and how staff needed to communicate with people to ensure their choice and involvement. For example, by using objects of reference, if people were not able to communicate verbally because of their health condition.
- People were provided with information about how to access independent advocacy services, if they needed someone to speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's dignity, privacy, choice and independence when they provided care. One person said, "Staff respect their privacy and dignity at all times." Another person told us, "Staff help me when I need help but they take care to let me do the little things I can; They always check with me first."
- We saw staff made sure people were comfortable and had important personal items to hand before leaving them. For example, drinks, call bells or any mobility aids such as walking frames, to enable people to move independently.
- Staff understood and demonstrated how they followed the provider's published care aims and values, to ensure people's dignity and rights in their care. Holistic care planning systems and relevant staff training helped to ensure this was consistently followed.

Is the service responsive?

Our findings

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

People's needs were not always met in a responsive, personalised or timely manner. Regulations may have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were involved in making decisions about their care and daily living arrangements but they sometimes received care that was not always timely or personalised. One person said, "Staff work hard; but they can be busy and rushed sometimes, with little time to spend." Another person said, "I have no grumbles about most of the staff or their care; but sometimes you have to wait as they are so busy; a couple hardly ever speak to you." Everyone we spoke with said they felt safe, or their relative was safe, but some commented that 'a couple of staff' could be 'impersonal' and 'hardly spoke' with them when providing care.
- Staff we spoke with understood people's care plans, which detailed their individual needs and preferences for their care. This included people's chosen daily living routines, lifestyle preferences and communication needs. However, most said they could not always adhere to people's preferred daily living routines, such as rising or bathing times. Staff felt this occurred when they needed to prioritise people's safety needs or because some staff did not work as effectively within the care team as others.

Improving care quality in response to complaints or concerns

- People and relatives said they were informed and confident to make a complaint or raise any concerns, if they needed to about the care provided at the service.
- Complaints received by the provider were effectively accounted for, investigated and acted on.
- The provider routinely sought people's views about their care experience at the service. This included individual care reviews, group meetings and through the use of periodic care questionnaire type surveys.
- Feedback obtained from people or their representative, was used to help inform any service improvements needed.

End of life care and support

- The provider had recently reviewed their end of life care policy, related care strategy and staff training arrangements for people's end of life care.
- Nurse led work was in progress at the service, towards achieving a locally recognised care quality award for end of life care. This was being progressed in consultation with relevant external health professionals and care commissioners to ensure nationally recognised practice standards for people's end of life care.
- Staff we spoke with understood best practice care principles concerned with people's dignity, comfort and choice for their end of life care.
- One person's end of life care plan we looked at, showed advance decisions for their care and treatment including after death, agreed with them. Anticipatory medicines were in place for use if needed out of normal working hours. This helped to ensure the person's comfort in the event of them experiencing pain or distress and to avoid any unnecessary hospital admission.
- This helped to ensure people would receive timely, consistent and co-ordinated end of life care at their

chosen location and as agreed with them; to enable their dignity, choice, comfort and support at the end stage of life.

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

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

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements

- The provider operated effective management systems and regularly monitored the quality and safety of people's care. We evidenced the provider ensured ongoing service review and improvement when needed. Remedial actions were recently made to fully ensure this in relation to cleanliness, infection prevention and control at the service.
- Regular management checks were made of people's personal care, medicines and safety needs. Accidents, incidents and complaints were monitored and analysed to identify any trends or patterns that may help to inform care improvements required. When any changes or improvements were needed for people's care, staff confirmed this was communicated to them in a timely and appropriate manner.
- The provider took regular account of management, staffing and communication arrangements at the service. This helped to ensure the arrangements were consistent, safe and effectively operated for people's care.
- Since our last inspection, the provider had sought opportunities to review and improve the service when required. Service improvements were made to account for people's mental capacity choice and best interests in their care, including people's mealtime experience. Arrangements for staff planning and deployment were also improved and subject to further management review, to ensure consistent, timely care.
- Records relating to people's care and the management of the service were accurately maintained and safely stored. The provider's operational policy and oversight arrangements, helped ensure the safe handling and storage of people and staffs' confidential personal information.
- The manager had met their regulatory obligations to send us written notifications about any important events when they happened at the service, to ensure people's safety there; and to ensure the required display of their inspection rating.

Managers and staff are clear about their roles, and promote person-centred, high-quality care and support.

- There was no registered manager for the service. However, a new manager had been recruited pending commencement of employment and interim senior management arrangements were in place.
- There were clear lines of accountability and responsibility established within the service. Such as for communication and reporting, timely care co-ordination and delivery, medicines safety and complaints handling.
- Staff understood their role and responsibilities for people's care; and were confident, informed and supported to raise any related concerns, if they needed to.
- The provider had established published care aims and a comprehensive range of operational policy

guidance for people's care and safety. Related staff performance and development measures helped to ensure this was followed.

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

- People, relatives and staff were overall positive about the management of the service. Some were unsure regarding recent management changes but felt they could approach the provider, who they said was visible and regularly spoke with people at the service. One person said, "It's all change with the management; I think there might be a new one coming." A relative told us they were kept informed and involved in periodic care reviews and regular meetings held with people and their relatives and said, "The service has definitely improved a lot over the last year."

Working in partnership with others

- The provider worked with external health, educational and social care partners, when needed for people's care. For example, to ensure personalised and effective clinical care planning for people living with complex health needs, dementia or a life limiting illness.
- Service review and improvement was regularly determined against nationally recognised guidance and standards for related care practice.