The Green Nursing Homes Limited

The Green Care Home with Nursing, Dronfield

Inspection report

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Dronfield
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Ratings

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

Overall summary

The Green Care Home with Nursing, Dronfield provides nursing and personal care for up to 41 older people. There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in April 2014 we found that the essential standards of quality and safety were being met at this service.

Summary of findings

At this inspection people felt safe at the service. People were protected and informed against harm and abuse and their relatives and staff were confident to raise any related concerns they may have about this.

The provider's staffing and medicines arrangements helped to make sure that people received safe and appropriate care and they received their medicines safely when they needed them.

Risks to people's safety associated with their environment and health conditions were assessed and identified before they received care.

People's care and safety needs were mostly checked at regular intervals. Management measures were in place to ensure their regular review.

The home was clean, safe and well maintained with emergency planning arrangements for staff to follow in the event of any emergency.

People and their relatives were satisfied with the care provided. People were supported to maintain and improve their health in consultation with external health professionals when required.

Staff understood people's health needs and their related care requirements and they received the training and support they needed to perform their roles and responsibilities.

Staff received training in the Mental Capacity Act 2005 (MCA). The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves to their care, or make specific decisions about this.

Staff usually followed the MCA and they obtained people's consent or appropriate authorisation for their care. Record keeping improvements were agreed in relation to people's mental capacity assessments to consistently show this.

Overall, people were satisfied with their care and meals provided and people received the support they needed to eat and drink.

People were provided with food that met with their dietary requirements and mostly their choices. Changes were planned to account for people's views and choices following consultation with them about their meals.

People were treated with kindness and compassion by staff who promoted their rights to dignity, choice, independence and respect.

People and their relatives were appropriately informed and involved in agreeing people's care. The provider regularly sought people's views about their care and used them to inform improvements needed.

The provider's arrangements helped to inform and improve the delivery of people's end of life care (EOLC) against recognised practice when required.

Although staff were visible throughout our inspection; they were often but not always helpful or prompt to provide people with the assistance and support they needed.

Staff acted to promptly to contact relevant medical or health professionals following changes in people's health needs when required.

Staff understood people's personal and lifestyle histories and their preferred daily living routines, which were regularly planned and reviewed with them.

People were supported to engage in a range of social, spiritual and recreational activities to suit their personal preferences and lifestyle interests. Improvements were being introduced to support people's engagement in this way through the use of sensory materials and to increase people's access to the local and wider community.

People and their relatives knew how and were confident to raise any concerns or complaints about the care provided. These were listened to and acted on by the provider and used to inform any improvements that may be required.

The provider regularly sought people's views about their care and those of their relatives. Changes were often made from feedback obtained to support people's wishes about their care.

The service was well managed and run and people using and visiting there were confident of this. The provider had kept us informed of important events that happened at the service when required.

The provider's arrangements ensured that the quality and safety of people's care, was regularly checked, analysed and assured.

Summary of findings

Improvements were proactively sought and made to people's care when required. Staff understood the reasons for this and their overall roles and responsibilities for people's care.

Summary of findings

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 safe.

People felt safe in the home, which was kept clean and well maintained.

People medicines were safely managed.

The provider's arrangements for people's care and safety and for staff recruitment helped to protect people from harm and abuse.

Good

Is the service effective?
The service was effective.

Staff understood people's health and nutritional needs. People were supported to maintain and improve this in consultation with external health professionals when required.

Staff received the training they needed to perform their role and responsibilities.

Staff followed the Mental Capacity Act 2005 to obtain people's consent or appropriate authorisation for their care. Record keeping improvements were agreed in relation to mental capacity assessments.

Good

Is the service caring?
The service was caring.

People were treated with kindness and compassion by staff who promoted their rights to dignity, privacy, choice, independence and respect.

People and their relatives were informed and involved in agreeing their care and supported to express their views about the care provided.

Recognised practice was used to inform and improve people's end of life care experience.

Good

Is the service responsive?
Staff, were often but not always helpful or prompt to provide people with the assistance and support they needed. Staff acted promptly when required following changes in people's health needs.

People's preferred daily living routines and lifestyle preferences and choices were generally well promoted in a way that met their needs.

People were supported to raise concerns or complaints. Changes were made from these to improve the service when required.

Requires improvement

Is the service well-led?
The service was well led.

Good

Summary of findings

The service was well managed and run. The provider arrangements helped to continuously inform, assure and improve the quality and safety of people's care and related staff development.

Staff were supported and informed to understand and follow their roles and responsibilities for people's care.

The Green Care Home with Nursing, Dronfield

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.

We visited the home on 14 October 2015. Our visit was unannounced and the inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before this 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. We looked at all of the key information we held about the service. This included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law.

During our inspection we spoke with 11 people who lived at the home and three relatives. We spoke with two nurses, including the registered manager, 3 care staff, a cook and the registered provider. We observed how staff provided people's care and support in communal areas and we looked at six people's care records and other records relating to how the home was managed. For example, medicines records, meeting minutes and checks of quality and safety.

Good

Is the service safe?

Our findings

All of the people we spoke with said they felt safe in the home and people's relatives supported this view. People gave examples of how they felt safe. This included, staff supporting them safely when they received care and receiving their medicines when they needed them. People and their relatives were confident to raise any concerns about people's safety or that of others if they needed to. One person told us, "Staff are well trained and know how to keep us safe; they help me move from my wheelchair safely." Another person's relative said, "I'm quite happy that she is safe here."

We saw that information was displayed, which informed people how to keep safe and how to recognise abuse. This included information about what to do if people or others visiting the service, witnessed or suspected the abuse of any person receiving care. Staff knew how to recognise and report abuse and the provider's training and procedural arrangements supported them to do so. This helped to protect people from the risk of harm and abuse.

Throughout our inspection we observed that staff supported people in a way that promoted their safe care and treatment when required. For example, supporting people to take their medicines or to eat and drink and mobilise safely. Personal protective clothing (PPE), such as disposable gloves and aprons and hand washing equipment were accessible to staff, which they used for people's care when required. This showed that staff understood related risks to people's safety and the care actions required to for their mitigation.

People's care plan records showed that potential or known risks to their safety were identified before they received care. This included risks to people from their environment and their health needs. Care plans also showed how those risks were being managed and they were usually regularly reviewed. For example, risks from falls, pressure sores, poor nutrition and risks relating to people's mobility needs. Recent management checks showed that care plan record keeping improvements were being progressed in relation to people's risk assessments and related care plan reviews. This helped to make sure that identified risks to people relating to their health needs were safely managed.

People's medicines were safely managed and people received their medicines when they needed them. We observed staff responsible, giving people their medicines safely and in a way that met with recognised practice.

One person's medicines administration record (MAR) showed they were prescribed a medicine to be given at the time they needed it, rather than at regular intervals. The medicines instructions for this showed that a variable dose could be given but the person's care plan did not include any guidance for staff to follow to show them whether to give the lower or higher dose. However, the nurse responsible for giving people their medicines was able to describe how this was safely determined. We discussed the person's care plan omission with the registered manager who agreed to take the action required to address this. Otherwise, records kept of medicines received into the home and given to people showed that they received their medicines in a safe and consistent way.

The nurse told us that they and all staff responsible for people's medicines were provided with relevant training and information to support their role. This included individual assessments of staff competency and periodic training updates. Staff training records, the provider's medicines policy and related guidance supported this, which helped to make sure that people's medicines were safely managed.

People and their relatives, together with staff and a visiting professional felt that staffing levels were sufficient to provide people's care. However, a few people and a relative commented they had recently found that staff, were sometimes slow to respond when they needed assistance.

Throughout our inspection we observed that staff, were sufficient and visible. Although staff seemed rushed when they served people's meals at lunchtime, we saw they provided people with timely assistance when they needed it. We discussed what some people told us and our observations of staffing with the registered manager, who told us their staff planning arrangements took account of people's needs and staff absence and recruitment requirements. We saw that a specific measurement tool was regularly used, which took account of people's dependency needs and helped to determine sufficient staffing levels.

Recognised recruitment procedures were followed to check that staff, were fit to work at the service and provide

Good

Is the service safe?

people's care before they commenced their employment. Checks of the professional registration status of nurses employed at the service and their fitness to practice were also carried out before they started working there and periodically thereafter.

We observed that the home was clean and well maintained. Records showed that safety checks and required servicing and maintenance of equipment in the home were regularly undertaken. For example, checks and maintenance of hoist equipment and hot and cold water systems. Emergency plans were in place for staff to follow in the event of any emergency in the home. This included for any event of a fire alarm. Routine fire safety checks were also regularly undertaken and recorded. Reports of visits from the local fire and environmental health authorities in April and May 2015 found satisfactory arrangements at the service for food hygiene and handling and fire safety.

Good

Is the service effective?

Our findings

People, their relatives and a visiting professional were satisfied with the care provided and felt that people's health needs were being met. One person told us, "Staff make sure that I see the doctor, if I need to; They make sure I get my regular eye checks and the chiropodist comes every six weeks; it's very good." Another person's relative said, "There is a good standard of care here."

This relative was particularly pleased that the person's health had improved since they came to live at the home, which they felt was to be attributed to the care provided at The Green.

People were supported to see their own GP and other health and social care professionals when they needed to. This included the arrangements for people's routine and specialist health screening, such as optical care or diabetic health screening. People's care plan records reflected this and showed that staff followed relevant instructions from external health professionals when required. For example, in relation to people's nutritional needs and particular dietary requirements.

We received positive feedback about care people received at the service from local authority and health commissioners. A visiting care professional told us, "People receive good care; Staff are thorough; They know people's needs well and care records are usually spot on." Staff, we spoke with were knowledgeable about people's care needs and able to describe their support needs and preferences.

Some aspects of people's care were not easily identified within their care plans. For example, one person with a pressure ulcer did not have a specific care plan for pressure ulcer prevention; although some aspects of related preventative care were included in their other care plans; such as their mobility and environmental safety care plans. Staff told us about another person who could become anxious and sometimes behaved in a way that was challenging to them. The person's care plan for their psychological needs did not identify the care interventions that staff needed to follow, to assist them when the person became anxious in this way. The care plan also did not show any potential triggers for the person's behaviour and records showed there was no assessment of this. We observed that staff did not always provide a consistent approach to the persons care when they became anxious and needed support.

However, results of recent management checks of people's care plans showed that action was planned to address this. They also showed that risks to people from pressure sores were checked daily to make sure that appropriate preventative measures were in place when required. This helped to mitigate the risk of people receiving ineffective in inappropriate care. Otherwise, people's care plan records showed their health conditions and related care and support needs. Staff, we spoke with were knowledgeable about people's care needs and their support requirement and preferences.

Some staff had defined lead roles, which helped to make sure that recognised practice was followed for people's care. For example, nurse lead roles were established for people's wound care and end of life care and infection control and prevention in the home. Links were established with relevant external health professionals or working groups, which helped to inform related care practice at the service.

Staff told us they received the training, support and supervision they needed to provide people's care, which records showed. This included extended role and equipment training for nurses. For example, to enable them to take blood specimens from people when required. All staff had completed dementia care training during 2015 and there were plans to introduce a dementia care staff lead to champion people's dementia care at the service.

Staff, were supported to achieve a recognised vocational care qualification and plans were in place for new staff to undertake the Care Certificate and to review existing care staff training against this. The Care Certificate identifies a set of care standards and introductory skills that non regulated health and social care workers should consistently adhere to. They aim to provide those staff with the same skills, knowledge and behaviours to provide compassionate, safe and high quality care.

Staff had received training about the Mental Capacity Act 2005 (MCA) and they were provided with recognised

Good

Is the service effective?

guidance to follow. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves to their care, or make specific decisions about this.

Initial assessments in some people's care records showed they were not always able to make important decisions about their care and treatment because of their health conditions. Staff, we spoke with understood and were able to describe people's care requirements associated with their best interests. However, people's care plan records did not always show how their mental capacity had been assessed when specific decisions about their care were being made in their best interests. These are known as Stage Two Assessments, which had not always been completed to show this. For example, in relation to the use of bed rails. We discussed this with the registered manager and they agreed to take action to address this.

Staff, were restricting some people's freedom in a way that was necessary to keep them safe. Appropriate steps had been taken to request and obtain formal authorisations for their safeguards from the relevant authority responsible for this. This type of safeguard is known as a Deprivation of Liberty Safeguard (DoLS) and is required when a person's freedom is being restricted in this way.

Records showed that advanced decisions had been made about some people's care and treatment in the event of their sudden collapse or serious illness, which staff understood. People's records showed that the decisions were made with their consent, or by obtaining appropriate authorisation if people were not able to make those decisions themselves. Records also showed that some people had appointed relatives who were legally authorised to make specified decisions on their behalf, such as decisions about their finances. This helped to make sure that related decisions were appropriately made when required.

Overall, people were satisfied with their meals and regular snacks and drinks provided, which they mostly enjoyed. One person said, "The food is good and there's a choice. Many people particularly enjoyed the choice and quality of food provided at breakfast. A few people felt that some meal choices could be improved. Records of recent meetings held with people showed they were regularly consulted about meals and menus and changes were planned to accommodate people's views about this.

We observed that a choice of drinks and snacks were offered between meals, during the morning and afternoon of our inspection visit. Daily menus were displayed, which showed a choice of hot and cold food at each mealtime. Food menus provided showed a varied and balanced diet.

At lunchtime there was a cheerful atmosphere. Some people chose to eat in their own rooms and were supported by staff to do so. People were provided with the support they needed to eat and drink. Staff served different types and consistencies of foods to people, that met with their dietary requirements and related instructions from relevant health professionals.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion and staff promoted their rights to dignity, independence, choice and respect.

People and their relatives were happy with the care provided. They were all positive about their relationships with staff and many commented how caring they were. One person said, "I'm very happy here; the staff are all very good; everyone is kind."

People and their relatives told us that staff treated people with respect and promoted their privacy, dignity, independence and choice. One person told us, "I am treated with respect and dignity and I can talk openly to the staff," Another person said, "Staff knock before they come into your room."

People's relatives said they felt welcome at the home and they were kept appropriately involved and informed in people's care. People's care plans showed their agreement to their care and the involvement and contact information of family or friends who were important to them. Information was also displayed about local and national advocacy services if people needed someone to speak up about their care on their behalf. .

We observed that staff and people receiving care and their visiting relatives were at ease and friendly with each other. People's relatives told us they were able to visit the home at any time to suit the person receiving care. One person's relative said staff supported them to have lunch together each day in a quiet area of the home, which they both liked to do. Another relative regularly brought their dog when they visited the service, which the person receiving care enjoyed.

We observed that staff promoted people's independence where possible. They supported people to make choices about their care, such as where to spend their time, what to eat and drink and their gender preference of staff, who provided their intimate personal care. For example, we saw that staff took time to support one person with their mobility needs. They were patient and explained what they were going to do to support the person before they completed the task. They also encouraged the person to do as much for themselves as they were able to.

The provider's aims and values for people's care was stated in their service information for people. This included their aim to ensure people's privacy, dignity, choice and independence. Staff, were able to describe how they promoted this when they provided care and understood its importance. Staff also told us they were working towards achieving a recognised Dignity in Care Award and for all staff to have completed equality and diversity training by the end of November 2015.

The service aimed to provide and develop end of life care (EOLC) for people. EOLC is experienced by people who have an incurable illness and are approaching death. At this inspection, the registered manager told us they were working closely with local health commissioners and external health professionals, to inform and improve the delivery of EOLC at the service.

One person's care plan we look at did not show much information about their EOLC wishes and preferences for their care or their family involvement. However, the registered manager told us about work in progress to develop EOLC and related planning against recognised guidance, to address this. All nursing and care staff had either completed or were enrolled to receive training in the principles of palliative and EOLC. An approach to EOLC care for people living with dementia was also being developed through staff training and meetings. A supportive care register was used to help staff anticipate people's end of life care needs and nursing staff were able to describe good practice principles for people's EOLC, including last days. This helped to mitigate the risk of people receiving care that may not be in line with their wishes and preferences.

Nursing staff were trained to use special equipment, to support people's treatment needs for their EOLC by delivering controlled pain relief to help keep people comfortable and pain free. Anticipatory medicines were also prescribed subject to people's assessed needs. Anticipatory medicines are prescribed to enable prompt relief at whatever time a person develops distressing symptoms associated with end of life care. This meant they could be given to people at any time they needed them because of significant distress or discomfort. This helped to avoid unnecessary hospital admission and enabled people receiving EOLC to remain comfortable in the home.

Requires improvement

Is the service responsive?

Our findings

People and their relatives said that staff, were often, but not always helpful or prompt to provide people with the assistance and support they needed. People and their relatives felt staff responsiveness varied according to which staff, were on duty and providing care. They gave us examples of when they felt staff, were not always helpful or prompt. This mostly related to the length of time people waited for assistance with their personal care needs and mealtime arrangements.

One person said, "On the whole it's good here but sometimes it takes too long for staff to come when I need help." Another person's relative said, "I'm happy with the care, but sometimes it takes far too long for staff to come when assistance is needed to use the toilet." Two people said they would like a cup of tea at the end of their meal, but had been told by some staff that they had to wait for the afternoon trolley to come round later to obtain this.

We observed that staff, were visible throughout our inspection and they often, but not always, acted promptly to support people when needed and responded to their requests. However, at lunchtime tables were not properly set when people were seated. Staff, were disorganised, which meant that some people's meals were left out for long periods before they were served to people. Meals were not served to people's tables at the same time, which meant that people sitting together were not always able to eat together. One person asked staff for condiments with their meal, which provided following this request. Another person's care plan showed they always liked particular condiments with their meal, but their wishes about this were not met by staff.

During the morning of our inspection visit we observed there was a sociable and cheerful atmosphere in the main lounge area. People were enjoying engaging with each or were supported by staff to participate in a range of activities such as board games, or listening to music.

However, we saw that one person became quite anxious and distressed during this time. Another person seated nearby stated that this person could easily become upset in this way if the atmosphere was busy or noisy. A staff member nearby agreed with them and told us the person could often become like this. However, we saw that staff ignored the person's distress. They did not attempt to communicate or support the person in a way that was helpful to them until they became significantly more agitated and distressed and began shouting at other people sitting near them.

During the afternoon, when teas, coffees and snacks were served, one person asked for a piece of cake. Staff told the person to, "Sit down and wait." They then continued to serve other people with their requests. They did not provide the person with the cake they had requested. The person subsequently became quite anxious and distressed. Staff ignored and did not attempt to communicate or support the person in a way that was helpful to them until they became significantly more agitated and distressed. At this point another staff member supported the person sensitively and in a manner, which was helpful to them.

Otherwise, people and their relatives said that staff usually acted promptly when people's needs health needs changed. For example to access their own GP. One person's relative said, "Staff always note when she is not well and they get the doctor if needed." People's care plan records showed that staff acted promptly when required, to contact relevant external health or medical professionals, following any changes in people's health condition.

Staff understood people's personal and lifestyle histories and interests and their preferred daily living routines. This information was sought and recorded before people received care and regularly reviewed with them.

People were regularly supported to engage in a range of social, recreational, religious and cultural activities to suit their personal and lifestyle interests. Records showed that related events and entertainment planning took place in consultation with people. One person told us they particularly enjoyed the entertainments that were regularly provided by outside artists in the home. Another person, said they enjoyed the home's gardening club and told us the home had won a local authority 'Gardens in Bloom' Award. Arrangements were in place to help people celebrate personal, seasonal, national and world festival events, which were organised through social, food, music and charity events. Improvements were planned in consultation with people to increase their access to their local and extended community.

Arrangements were being developed to support people living with dementia to engage in sensory activities through the use of assistive technology. Active links were

Requires improvement

Is the service responsive?

established with a local school. For example children visited people at the service to support their use of the assistive technology. This helped to make sure that people received personalised care that met their needs, wishes and lifestyle preferences.

We observed staff supporting one person who was not able to communicate verbally because of their health condition. Staff showed that they understood the person's needs and wishes relating to their daily living choices and they knew how to communicate with the person to ascertain their views about this.

People and their relatives knew who to speak with if they were unhappy or had any concerns about people's care. They were confident to do so and felt that these would be listened to. Most said they had not had any cause to make a complaint or voice any concerns. One person told us about an occasion when they had raised a concern, which they felt was dealt with promptly and to their satisfaction.

An appropriate complaints procedure was openly displayed in the home, which could be made available in other formats to suit people's needs. Records showed that two complaints were received about the service during the previous 12 months, which were investigate and acted on when required. Changes were made as a result of the investigation findings from one complaint that was upheld, which helped to improve communication systems at the service.

The provider regularly sought people's views about their care and also their relatives' views. This was usually done through meetings with them and questionnaire type surveys. Records showed that overall, people and their relatives were satisfied with the care provided. They also showed that changes were often made from people's views to support their wishes about their care. For examples, changes to meal menus and the arrangements for people's social and recreational activities and entertainments.

Good

Is the service well-led?

Our findings

People, relatives, staff and a visiting professional were all confident about the management and running of the home. One person said, “The manager is always around and has time for us.” Another person’s relative said, “She (the manager) is very open and approachable and always puts residents first.”

People and their relatives knew staff and their designated roles. A large staff photograph board was displayed to help them and other visitors to the home, to identify this.

Staff said the manager was available and supportive and that she took time to ask for and listen to their views about people’s care. For example, one care staff member told us, “The manager is always open to suggestions and will agree to changes if it benefits people’s care.” Staff also commented that they often received positive feedback and praise from the manager when deserved, which they appreciated.

There were clear arrangements in place for the management and day to day running of the home.

The provider regularly visited the home to check the quality and safety of people’s care and they were present for part of our inspection. They had kept us informed about important events that had occurred at the service by sending us sent us written notifications when required.

The registered manager described comprehensive arrangements for checking the quality and safety of people’s care. For example, regular checks of the arrangements for people’s medicines, care plans and the environment and equipment used for people’s care. Regular checks were also undertaken of people’s health status and their related safety needs. Related records showed that the findings from these were used to inform and plan improvements when required. Improvements to care plan record keeping and related consent arrangements were assured from this.

Accidents, incidents and complaints were regularly monitored and analysed. This helped to identify any trends or patterns and used to inform any changes that may be needed to improve people’s care. Staff confirmed that they were instructed about any changes that were needed to improve people’s care, in staff group and one to one meetings, which records showed.

All of the staff we spoke with were committed to providing a good standard of care. One of them told us, “I want to go home and feel I’ve given good care; I really enjoy the job.”

Staff understood their roles and responsibilities for people’s care. For example, they understood how to raise concerns or communicate any changes in people’s needs. This included, reporting accidents, incidents and safeguarding concerns. The provider’s procedures, which included a whistle blowing procedure, helped them to do this. Whistle blowing is formally known as making a disclosure in the public interest. This supported and informed staff about their rights and how to raise serious concerns about people’s care if they needed to.

There was a proactive approach to staff workforce planning and development. The provider’s arrangements showed they continuously sought ways to improve and enhance people’s care experience against recognised practice. This included seeking advice from and collaborative working with relevant external bodies. For example, improvements were in progress to enhance the care experiences of people living with dementia and sensory difficulties and those receiving end of life care. Feedback we received from local care and health commissioners also assured the quality of care that people received at the service.