

Green Care Homes Limited

# The Green Residential Care Home

## Inspection report

The Green  
Ings Lane  
Ellerker  
Humberside  
HU15 2DP

Tel: 01430422262

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: The Green Residential Care Home is a residential home that was providing personal care to 20 older people at the time of the inspection. In addition, the service was providing a domiciliary care service to people living in their own homes in the local area. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service: There was a lack of monitoring to ensure people received a high-quality service and to drive forward improvements. Surveys to gather feedback were not carried out regular and were not always analysed.

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014, in relation to governance.

Activities were organised; however, these were not always meaningful and based on the person-centred information provided. People's activity records did not reflect they were engaging in activities regular.

We made a recommendation regarding the provision of activities.

End of life care plans were not always in place when required and people's wishes had not always been explored. Staff had knowledge of how to support people at end of life.

People were happy with care provided and felt safe. Risk assessments were carried out to mitigate any risks to people. People were supported in an environment that was clean and tidy.

People were supported to access health care services when required. We received positive feedback from health professionals regarding the service.

Staff told us they felt well supported by the management team and received regular supervision and appraisals. Staff received appropriate training and were supported to undertake additional training in areas of interest to them.

People gave positive feedback about the staff who supported them. They told us staff were kind and caring.

Rating at last inspection: Good (Last report published 23 November 2016).

Why we inspected: This was planned inspection based on previous rating.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or

sooner if we receive information of concern.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 not always responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

# The Green Residential Care Home

## **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 team consisted of one inspector and one assistant inspector.

**Service and service type:** The Green Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is also a domiciliary care agency. It provides personal care to people living in their own homes.

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:** The first day of inspection was unannounced. The second day of inspection was announced.

**What we did:** Before the inspection we looked at information sent to us since the last inspection such as notifications about accidents, safeguarding alerts and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we reviewed three care plans in full and sampled further records. We reviewed staff records, accident and incident records, complaints and concerns and policies and procedures. We spoke

with the registered manager, the deputy manager, three staff, four people who were using the service and three relatives. We also spoke with two visiting health professionals. After inspection we spoke to a further two staff.

# 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 supported in their own homes and in the service told us they felt safe. Comments included, "I feel safe here, they look after me very well" and "I feel very safe with the staff that come visit me".
- Safeguarding information was displayed in the service and leaflets were available for people to take away.
- Staff were trained in safeguarding. Staff told us they were confident any concerns they raised would be acted upon.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care plans contained risk assessments to identify and mitigate risks to people. However, one person who required support with manual handling had no risk assessment in place relating to use of a hoist. This was later located by the deputy manager in archive.
- Maintenance checks were carried out to ensure the safety of the building.
- The registered manager monitored accidents and incidents, so patterns and trends could be analysed, and action taken to prevent similar accidents reoccurring.

Staffing and recruitment

- Recruitment checks had been carried out prior to staff starting work.
- There was adequate staff to meet the needs of people.
- People told us there was adequate staff for the domiciliary care service and that staff turned up on time.

Using medicines safely

- Medication was administered safely in the service and in people's homes.
- Records evidence people received their medication as prescribed.
- Staff had their competencies assessed to ensure they were competent to administer medication.
- Some instructions on medication administration records had not always been signed by two staff. The registered manager assured us this would be addressed.

Preventing and controlling infection

- The service was clean and tidy.
- Staff had knowledge of how to prevent the spread of infection.
- Personal protective equipment was available to all staff. Staff who worked in the community, told us, "We always have gloves, and aprons and we ensure we wash our hands regularly."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence 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.

Staff support: induction, training, skills and experience

- Staff received induction and ongoing training.
- Staff could also attend additional training if they requested. One staff told us, "Yes we get enough training, I have done every training course available, I'm happy with the training here, if I ask for a course I can do it."
- Some staff's first aid training had recently expired, the registered manager confirmed this had been booked.
- Staff received supervisions and competency assessments to support them in their role.

Supporting people to eat and drink enough to maintain a balanced diet

- A selection of different foods and drinks were available to people at all times.
- On the first day of inspection we observed more could be done to support people to make choices with their meals. We discussed this with the registered manager who assured us picture cards were available and should be used. On the second day of inspection we saw these were used effectively.
- The meal time experience was pleasant. People told us the food was nice. One person told us, "The food is nice, it was lovely today".
- Staff assessed people's nutrition and hydration needs and information about this was recorded in their care plan.
- People who were supported in their own homes gave positive feedback on the support they received with their meals. One person told us, "The food they make us is always nice."
- People's fluid and diet intake were documented; however, improvements were required to the recording and monitoring. This is addressed in the well-led section of the report.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs were assessed prior to them moving to the service or starting to receive personal care from the service. These were reviewed on a regular basis to ensure staff received the correct information to meet people's needs.
- The service had been decorated to meet people's needs. Doors had been painted a different colour to help people identify their bedrooms. Signs were on display in the service to help people with orientation.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to health and social care professionals. Staff sought specialist advice where required. One health professional told us, "All our advice is followed, and the service is very proactive."



- GPs visited the service regularly.

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

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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the importance of gaining people's consent and promoting choices. They had awareness of the MCA and decisions had been made in people's best interests, where they lacked capacity.
- Where people may have been deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful.

# 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; respecting equality and diversity

- People were treated with respect. Staff responded to people in a respectful and polite manner.
- Staff were kind and caring. People and their relatives told us, "The staff are lovely, really nice and friendly" and "Me and the carers get on smashing."
- A healthcare professional told us, "It's a really friendly home, residents always look happy clean and tidy and are always shown respect."
- Staff had received equality and diversity training. Peoples care plans contained their religious beliefs.

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

- People told us they made their own choices about how they spend their time.
- People had advocates to support them in decision making. An advocate is an independent person who supports people to make and communicate their decisions.
- People and their relatives were invited to meetings to contribute to the development of the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff discreetly supported them when they needed to go to the bathroom.
- Staff supported people to maintain relationships and friendships that were important to them.
- The provider was looking to develop this further by using technology to enable for people to spend special occasions with relatives in a virtual way.
- Procedures in place to maintain people's confidentiality were followed. People's records were stored safely.

## 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. Regulations may or may not have been met.

End of life care and support

- Care plans for people receiving end of life care did not always reflect their needs.
- End of life care wishes had been explored in detail with some people but not others.
- The registered manager assured us people's wishes at the end of life would be explored with everyone.
- Staff had knowledge of end of life care. Two staff had been trained to deliver end of life care and this was been cascaded to all staff.

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

- External companies visited the service regularly to provide entertainment for people. However, day to day activities were facilitated by the care staff in between their caring duties. These were not well organised and were confusing for people. We observed staff asking people if they wanted to attend a 'film afternoon'. People were then supported to the lounge and it was an hour before the film was put on.
- Person centred information was recorded in people's care plans, however this information was not always used to inform and engage people in activities.
- People's activity plans were brief, and records showed they engaged in limited activities.

We recommended that the service seek advice and guidance from a reputable source on providing meaningful activities.

- People's communication needs were recorded in their care plans to provide staff with information on how best to communicate with them.
- The registered manager was looking at other ways to provide accessible information to people using the service.
- People were supported by staff who knew their personal routines and preferences.

Improving care quality in response to complaints or concerns

- People in their own homes had information of how to complain.
- Information was available throughout the service to guide people how to complain.
- People and their relatives told us they felt confident complaints. Comments included, "I would just ring the boss" and "I have never had to complain, but I would just ring the registered manager".
- Verbal concerns were logged, and action taken in response.

## 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's policy stated there would be a quarterly improvement plan drawn up from feedback from people, their relatives and staff, following this the registered manager would carry out an annual audit based on CQC requirements. This had not been carried out and the registered manager was unaware of this.
- Quality assurance audits were not carried out on care plans and monitoring documents for the residential service.
- Governance systems had failed to identify lack of consistent recording and monitoring of people's fluid and diet intakes or activities. For example, some of the diet charts in use had pre-populated meals in so it could not be determined what that person had eaten. Fluid charts were not consistently completed and not effectively monitored.
- Governance systems had failed to identify people's end of life care plans did not reflect their needs and people's wishes had not always been explored.
- The registered and deputy manager carried out some audits, however these were not consistently completed and there was no structure to the audits. Audits that stated monthly were not always carried out monthly.
- Quality surveys were not sought constantly or analysed to identify improvements required at the service.

The provider had failed to operate effective systems to improve the quality of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others;

- Staff and resident meetings took place to engage people in the running of the service.
- Staff and people told us the registered manager was approachable, "[Name] is very approachable I can go to her with anything."
- The registered manager sent out newsletters to the residential service and was looking to do this on a regular basis for the domiciliary service.
- The provider stated he had started liaising with other providers of care homes to share ideas and support each other's services.
- The registered manager attended provider forums to develop partnership working.
- Advice was sought from health professionals when required.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- The registered manager and the provider were open and transparent during the inspection and demonstrated a willingness to listen and improve.
- The registered manager was aware of the statutory duty of candour. The service had notified us of all significant events which had occurred.
- The management team and senior staff had all recently attended a leadership course.

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
Personal care	Governance systems had failed to effectively monitor and improve the quality and safety of the service.