

Cornwall Care Limited

The Green

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We carried out this unannounced inspection of The Green on 20 May 2015. The Green is a care home that provides residential care for up to 42 people. On the day of the inspection there were 40 people using the service. Some of the people at the time of our visit had mental frailty due to a diagnosis of dementia. The service was last inspected in August 2013. At that time we found no concerns.

The service is required to have a registered manager and at the time of our inspection a registered manager was in post. A registered manager is a person who has registered

with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The way staffing levels changed in each unit meant there were periods of time when people did not have access to staff to assist them if they needed support. We have made a recommendation for the registered provider to seek professional guidance about the way staff are deployed in residential care settings.

Summary of findings

Staff supported people to be involved in and make decisions about their daily lives. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. However, the use of pressure mats in most rooms and door alarms on all doors to people's rooms had not been assessed, using best interest decisions. This meant there was no evidence to show why monitoring people's movement was necessary. You can see what action we have told the provider to take at the end of the full version of the report.

People were receiving their medication on time and in a way they chose. A range of options were offered to them including taking medication with a drink of their choice. However we found gaps in some medication records, where it could not be confirmed if the person had received their medication. We have made a recommendation about ensuring the correct processes are carried out for the safe management of medicines.

The atmosphere at the service was welcoming, calm and friendly. People were able to spend their time in various areas of the service as they chose. The service was divided into seven small units on two floors. Each unit had bedrooms, a lounge/dining area and small kitchen. A small number of rooms had en-suite facilities. There were enough bathing and toilet facilities throughout the service to meet people's needs. The first floor was accessible by either stairs or lifts of which there were three. People's bedrooms were personalised as were the furnishings in lounge areas. Signage throughout the service supported people with dementia in their movement around the service.

Recruitment checks were in place to ensure staff were safe to work in a care environment and had the appropriate skills and knowledge to support people.

People were protected from the risk of abuse because staff had a good understanding of what abuse is and how to report it. Staff were confident that any allegations would be fully investigated and action would be taken to make sure people were safe.

People were well cared for. Staff were kind and respectful when supporting people. Visitors commented, "The staff are lovely, they are always pleasant with me and my (relative)". Also a person that used the service said, "I had an accident the other day and I was treated with respect and care".

The service had developed positive relationships with external healthcare professionals. This helped to ensure care and support was being delivered in a way which met people's individual needs. A visiting professional said, "The staff listen to my advice and act on it. They are very capable and keen to learn more".

Staff were positive about their work and confirmed they were supported by the management team. Staff received regular training to make sure they had the skills and knowledge to meet people's needs.

People told us they knew how to complain and would be happy to speak with a manager if they had any concerns. Families and staff felt they could raise any concerns or issues they may have with the manager, who they said was approachable. People felt their views and experiences were listened to.

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits, meetings and comment cards. Response from this monitoring showed that overall satisfaction with the service was very positive.

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 not always safe.

There were some gaps in Medicine Administration Record charts which meant it was difficult to identify if people had received their medicines as prescribed.

The way staff were deployed meant there were times when people were not supervised.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

Requires Improvement



Is the service effective?

The service was not entirely effective.

Where people's liberty was necessarily being restricted some people did not have mental capacity assessments and 'best interest' decisions in place.

People had access to healthcare professionals including doctor's, chiropodists and opticians

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Requires Improvement



Is the service caring?

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People told us they were able to choose what time they got up, when they went to bed and how they spent their day.

People told us they felt the staff were very caring and respectful when they or their relative received support.

Good



Is the service responsive?

The service was responsive.

People received personalised care and support which was responsive to their changing needs.

People were able to take part in a range of group and individual activities of their choice.

Information about how to complain was readily available. People and their families told us they would be happy to speak with the management team if they had any concerns.

Good



Summary of findings

Is the service well-led?

The service was well led

The provider was continuing to develop systems to demonstrate how the views of people using the service were listened to and acted upon.

Systems and procedures were in place to monitor and assess the quality of their service.

Staff told us meetings were taking place and they could speak with the manager whenever they felt it was necessary.

Good



The Green

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.

This unannounced inspection took place on 20 May 2015. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with seven people who were able to express their views of living at The Green and five visiting relatives. We looked around the premises and observed care practices on the day of our visit. Prior to and during our visit we spoke with two visiting professionals including a health support practitioner and a district nurse. We also spoke with a commissioner of the service and a dementia support worker.

We looked around the service and observed care and support being provided by staff. We looked at three people's records of care. We looked at three staff files and records in relation to the running of the service.

Is the service safe?

Our findings

We looked at how the service was staffed to make sure people were receiving care and support when they needed it and that they were safe. The service was divided into seven small units on both the ground floor and first floor. Daily rotas showed which staff were working on each unit. However, there were periods of time during the inspection when no staff were visible to support people. On two occasions staff were away from the lounge areas of two units helping people with personal care. This meant the remaining people in the units were left alone. While nobody required support or came to any harm during these periods, the position of the units meant they were isolated with no staff passing through. People who may need support did not always have access to staff when they were in the lounge areas.

Visitors told us they felt their relatives were safe living at the service. However one person commented, “Staff appear to be busy and, some things get missed”. Staff working between different units told us there were times when they were busy and had to leave a unit to support people in another unit. Staff commented, “It can be difficult at times but we usually get another staff member to cover”. Staff showed us the system available in each unit to alert them if there was an emergency in another area. This helped staff differentiate between a regular call and one that needed an emergency response.

We recommend the service takes advice on the effective deployment of staff to help ensure people’s needs are met in a timely fashion.

Safe arrangements were in place for the storage of medicines. Medicines which needed additional security were stored correctly and records about them were kept in line with relevant legislation. We observed the senior member of staff administering medicines and noted they followed clear practices to ensure that medicines were administered correctly. The service operated a monitored dosage system which came with medication administration records (MAR). The MAR record informed and directed staff about the medicine times and doses of administration. People’s consent was gained when giving medicines. We looked at the MAR records and they showed gaps in the administration of some people’s medicines. Staff were not routinely following the index at the bottom

of the MAR chart which recorded the reasons why medicines were not given. This meant that it was difficult to know if people had received their medicines because staff were not always signing for them or recording the code used when a person refused a medicine.

We recommend the provider follows current good practice guidance in the safe management and recording of medicines.

Recruitment checks were in place to ensure applicants had the appropriate skills and knowledge needed to provide care to meet people’s needs. Staff recruitment files contained relevant recruitment checks to show staff were suitable and safe to work in a care environment, including a Disclosure and Barring Service (DBS) check.

The home had policies and procedures in place for dealing with allegations of abuse. Staff told us they had completed safeguarding training and the training records confirmed this, although for some staff the last training update was almost two years ago. The registered manager confirmed training updates were planned for later this year. Staff were able to describe the different forms of abuse. They were confident that if they reported anything untoward to the registered manager or the management team this would be dealt with immediately. In our discussions staff told us they were aware of the service’s whistle blowing policy. This meant that staff were protected should they report any concerns about poor practice in the work place.

Risks assessments were completed to identify the level of risk for people in relation to using equipment, bed rails, nutrition and the risk of developing pressure ulcers. Most risk assessments detailed how risks could be minimised. For example, a care record showed a pattern of behaviour was being monitored due to the potential risk to the person and other people including staff. Staff described what actions had been taken to manage risk including the use of pressure mats and door alarms to alert staff. However, although the guidance for staff was detailed, there was no evidence of other professionals being involved in designing this system of monitoring for this person.

Accidents and incidents that took place in the home were recorded by staff in people’s records. Events were audited by the registered manager to identify any patterns or trends which could be addressed and by doing this reduces risks.

Is the service effective?

Our findings

Management and staff had an understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A recent court ruling widened the criteria for where someone may be considered to be deprived of their liberty.

Mental capacity assessments had been carried out where people had been assessed as lacking capacity to make certain decisions. However we noted most bedrooms had a mat placed by their bed which could be alarmed. These mats were particularly used at night to alert staff that people were up and could wander out of their rooms. In addition all bedroom doors had an alarm fitted which could be activated if staff felt it necessary for people's protection. This showed people's movements could be monitored without appropriate consideration and therefore this supervision might deprive a person of their liberty. Records we looked at showed people with alarmed mats and door alarms in use had no record of 'best interest' meetings taking place to identify if these alarms were in the persons best interest.

The use of alarmed mats where no capacity assessment or 'best interest' decision had been made was in contravention of the Mental Capacity Act 2005. This is a breach of Regulation 11(1) (5) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People were cared for by staff with the appropriate knowledge and skills to support them effectively. Staff completed an induction when they began employment. The service had introduced a new induction programme in line with the Care Certificate framework which replaced the

Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training, identified as necessary for the service and familiarisation with the home and the organisation's policies and procedures. Some senior care staff told us they had received training to supervise new members of staff. One staff member said, "I have been given the training and am looking forward to using the new skills".

Staff told us they felt supported by management and they received regular individual supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs.

People had access to healthcare professionals including, doctors', district nurses, social workers, chiropodists and opticians. Health checks were seen as important and were recorded on people's individual records. One staff member said, "We have a good relationship with the local GP practice and also with the district nurses". We spoke with a visiting professional responsible for overseeing the management of skin pressure area care. They told us they worked closely with the service and staff were competent in how they delivered care to people who may be at risk of developing pressure sores.

The service carried out nutritional assessments on admission and monitored people's nutritional needs at regular intervals. People's weight was being monitored in line with their nutritional assessment. One person was having their food and fluid intake monitored each day and records were completed by staff. These records were checked weekly to ensure people were appropriately nourished and hydrated. People spoke positively about the quality of food, one person told us, "We have a choice and if I don't like anything, they ask me what I would like in place of it". We observed lunchtime was unhurried and took place at a pace to suit individual people. Each unit had a small kitchen area. Staff were making regular drinks and snacks for people. People were provided with drinks throughout the day of the inspection and at the lunch tables. People we observed in their bedrooms had a drink available to them throughout the day.

Is the service caring?

Our findings

Some people had a diagnosis of dementia or memory difficulties and their ability to make daily decisions and to be involved in their care could vary as a result. The service had worked with relatives to develop life histories to understand the choices people would have previously made about their daily lives. Staff had a good understanding of people's needs and used this knowledge to help people to be involved in decisions about their daily lives wherever possible. Care records detailed the type of daily decisions people could make for themselves, which showed they were involved in making their own decisions wherever possible.

The feedback we received from people who lived at the service and their family members was positive. People told us they felt care staff understood their needs and said they received a good level of care and support. One person said, "The staff are lovely, they are always pleasant with me and with my (relative)". Another relative told us, "No complaints at all throughout the time my (relative) has been here. Has their hair done every Tuesday, their clothes are always clean and they always looks presentable".

Staff were heard speaking calmly and quietly with people before providing them with support. Staff assisted people in a sensitive and reassuring manner throughout the inspection. People were smartly dressed and appeared well cared for. Some women wore items of jewellery and had their nails painted. Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences about how they wished their care to be provided. For example one person liked to have their hair in a certain style and staff made sure each day the person was happy with the way they had set their hair. One staff member said, "(The person) knows if it's not how they like it so we make sure we get it right".

People told us the home matched their expectations and preferences including their social, cultural, religious and

recreational interests and needs. For example three people were supported to attend church services of their faith in the community as well as having the opportunity to practice their faith in the home at regular religious services. People we spoke with and the observations we made showed that routines of daily living and people's activities were flexible and varied to meet people's expectations, preferences and capacities. Throughout the inspection staff were positive and caring towards people who used the service. One person told us, "I would prefer to be at home but I am quite happy living here". For those people who were unable to tell us about the care they received from staff, we saw that staff spent time in meaningful engagement with people and responding to individual needs and preferences.

Each unit was calm and relaxed throughout the day. Staff spoke in a reassuring way when talking with people. In one instance a person became agitated. The staff member spoke calmly with them and then escorted them away from the unit. They later told us walking around the service was the only way the person calmed down. This showed staff understood how to respond to people in a caring and respectful way.

People were treated in a way which respected their privacy. One person said, "I needed support the other day and I was treated with respect and care. They did not make a fuss or make me feel embarrassed", and "they [staff] make sure the doors are closed when they help me". Bedrooms had been personalised with people's belongings including furniture, photographs and ornaments which helped people to feel at home.

Visitors told us they were always made welcome and were able to visit at any time. As well as visiting people in the individual units or bedrooms, there were other areas where visitors could spend time with their relatives and friends including lounges and a separate dining area. A visitor said, "I am always made to feel welcome and find the staff friendly and helpful".

Is the service responsive?

Our findings

Some records showed that people or their representatives had been involved in care assessment and planning. A staff member said, “We aim to care for people in a person centred approach. By finding more about their lives helps us to do this”. Where people’s health needs had changed or had caused concern, staff made sure relatives or advocates had been informed. However other records did not show that people had been involved and one person told us they had not been involved in the planning or review of their relative. The registered manager said not all invitations to relatives to attend reviews were responded to.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at The Green. Staff told us care plans were informative and gave them the guidance they needed to care for people. For example one person’s care plan described how they liked to move around the service independently but needed monitoring to maintain the person’s safety. During the inspection we saw this person moved around the home as they chose. All the staff on duty knew how to discreetly ensure the person was safe. This showed the service was responsive to peoples’ needs.

Care plans were personalised to the individual and gave clear details about each person’s specific needs and how they liked to be supported. Care plans were informative and accurately reflected the needs of the people we spoke with and observed. They were reviewed monthly or as people’s needs changed.

People were supported to maintain relationships with their friends and relatives. It was clear the home encouraged

visitors and staff had a good relationship with them. A relative told us, “I am always made to feel welcome. I come at various times and there is no time when I am made to feel unwelcome or in the way”. Throughout the inspection visitors and friends came into the service.

An activities co-ordinator was employed to oversee a programme of pursuits for people who lived at the service. There was a broad range of activities available to people. Activities included trips into the community as the service had access to their own transport. The coordinator had brought in carrots to peel and prepare. This was usually done on a Wednesday when a roast dinner was served. People enjoyed the activity and it generated conversation about food and meals. Crafts and games also took place. Entertainers visited the service and people told us they enjoyed their visits. In addition to a formal activity programme, staff on each unit encouraged people to assist with small tasks including laying dining tables. Daily newspapers were also available for people. One person was seen reading the newspaper. They told us, “I like catching up with the sport. Football is my thing”. Two people who were more independent had their own mobile phones. This showed there was a varied programme of activities available to people.

People and their families were given information about how to make a complaint. Details of the complaints procedure were seen in the entrance to the service. People told us they would speak to staff if they had any concerns. The service had received two complaints in the last year. Both complaints had been investigated and resolved to the complainant’s satisfaction. One person told us they felt confident the manager would act on any issues they might raise with the service.

Is the service well-led?

Our findings

There was a management structure at the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the home, supported by a senior governance team. Staff said the management team and senior care staff were very supportive and accessible. Staff said, “It can be a tough job and you really need that extra support sometimes. I think we are really supported here”.

There were systems in place to monitor the quality of the service provided at both the level of the service and with senior management. The auditing process provided opportunities to measure the performance of the service. Internal audits measured the effectiveness of the service against a number of regulatory framework including HSCA Regulations 2014 and RIDDOR reporting for health and safety. There was evidence of action being taken where gaps in the quality of service had been identified. For example, housekeeping meetings had not been taking place. The registered manager had made sure there was a meeting programme in place. The registered provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included audits of accident and incidents, medication, care records and people’s finances. This showed that quality monitoring was being effective.

A representative of the provider visited the service at least once each month to carry out safety and quality checks. Following these visits a report was provided to the registered manager and head of service identifying any necessary improvements or good practice observed.

Staff meetings were taking place and minutes of the meetings were available for inspection. The meetings provided staff with the opportunity to gain information about operational issues for the service, awareness of expectations of staff, and information about changes in the operation of the service. It also provided staff with the opportunity to raise any issues.

The registered manager was developing a programme of meetings for relatives. Previous meetings had not been well attended and therefore a new approach was being developed which included afternoon tea. The first meeting was planned for the summer period. A visitor said they were not aware of meetings for relatives but felt they would be beneficial and would like to attend.

Policies and procedures were in place for all aspects of service delivery and these had recently been reviewed across the organisation. Senior management in the organisation had responsibility for making sure specific policies were updated and continued to reflect current legislation and best practice.

The maintenance of the building was kept under regular review. Service certificates were in place to make sure equipment and supply services including electricity and gas were kept safe. Any defects were reported and addressed. There was a new lead housekeeper in post. The service was clean throughout and there were no odours other than in two individual bedrooms where new flooring had been requested. Equipment including moving and handling aids, stand aids, lifts and bath lifts were regularly serviced to ensure they were safe to use.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The use of alarmed mats where no capacity assessment or 'best interest' decision had been made was in contravention of the Mental Capacity Act 2005. This is a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.