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	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection of The Green Residential Care Home took place on 13, 14 and 19 October 2016 and was unannounced. Because the service also ran a domiciliary care agency (DCA) providing 'personal care' from the same registered location, both this and the regulated activity of 'accommodation for persons who require nursing or personal care' were inspected at the same time. The care home was inspected and people living there were spoken with on 13 and 14 October while those that used the services of the DCA were spoken with on 19 October 2016. Another visit was made to the care home on 4 November 2016 to look in more detail at the annual fire safety certificate and maintenance reports.

At the last inspection on 26 May 2015 the service met all of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, with the exception of Regulation 12: safe care and treatment, in respect of the regulated activity 'accommodation for persons who require nursing or personal care' only. This was because people who used the care home service and others were not protected from the risk of harm as the premises were not properly maintained, in respect of window restrictors, hot water signage, fire door closers and a recommendation to upgrade the fire safety panel. A requirement was made in the report regarding these issues to ensure people were protected from harm.

At this inspection we found that the requirement had been met in these areas with the exception of the upgrade on the fire panel. However, we were assured that the fire panel and alarms were in working order and regular checks on the system were carried out and recorded. Information obtained from Humberside Fire & Rescue Service showed that the system should meet specific British safety standards when assessed by a competent person. This was later checked in more detail with the manager on 4 November 2016 and we were satisfied that the system was in a 'satisfactory' working order and meeting the standard.

At the last inspection other areas for improvement were identified that included: following best practice guidance on mitigating risks when staff were working in an emergency prior to receipt of a Disclosure and Barring Service check, ensuring the environment was kept clean and was suitable for people living with dementia, staff being pro-active about meeting people's needs and ensuring all records held were signed and dated. Recommendations were made concerning all of these areas, which had been addressed. At this inspection the recommendations had been addressed.

The Green Residential Care Home is registered to provide accommodation and care for 23 older people and to provide a domiciliary care service in the local vicinity. Accommodation is provided over two floors and most bedrooms are single occupancy. There are two sitting rooms and a dining room. A small garden to the rear of the property is accessible to people that use the service. There is a car park to the rear for four cars and other parking is available near the village green. The DCA service, provided from the same location premises, operates in the local vicinity only. At the time of inspection there were 15 people receiving this service, with five staff providing care and support.

The registered provider was required to have a registered manager in post. On the day of the inspection

there was a manager that had been in post since 1 May 2016 but they were not yet registered with the Care Quality Commission and had not yet submitted an application to be registered for this position. The previous registered manager had de-registered in August 2016 but had not been working at the service since 1 May 2016.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered provider's registered company address held by CQC did not match that of the company address as stipulated on Companies House, which meant there was a discrepancy with company addresses which required attention. This was fed back to the manager for discussion with the registered provider so that action could be taken to remedy this issue. We saw that the business address on Companies House was changed before the report was written and we were therefore satisfied that the issue was resolved.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Staff were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks were also managed and action taken to reduce them on an individual and group basis so that people were protected from potential injury or harm.

The premises were safely maintained and there was evidence in the form of maintenance certificates, contracts and records to show this. Staffing numbers were sufficient to meet the needs of people using the service: both residential and home care users. Rosters accurately cross referenced with the staff that were on duty. Recruitment policies, procedures and practices were carefully followed to ensure staff were suitable to care for and support vulnerable people at The Green Residential Care Home and in their own homes.

We found that the management of medication was safely carried out within the company and people received their medicines on time and according to prescribed instructions. The premises were clean and infection control systems and practices protected people form the risk of infection. There had been improvements in this area.

People were cared for and supported by qualified and competent staff that were regularly supervised and had their personal performance appraised. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected. Employees of the service had knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005 and they understood the importance of people being supported to make decisions for themselves. The manager was able to explain how the service worked with other health and social care professionals and family members to ensure decisions were made in a person's best interests where they lacked capacity to make their own decisions.

People received support with their nutrition and hydration to maintain good levels of health and wellbeing. The premises were suitable for providing care to older people and there was improvement in the provision of an environment that was conducive to meeting the needs of people living with dementia.

We found that people received compassionate care from kind staff and that staff knew about people's needs and preferences. People were supplied with information they needed at the right time, were involved

in all aspects of their care and were asked for their consent before staff undertook care and support tasks.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked to uphold these. This ensured people were respected, they experienced fulfilment and were enabled to take control of their lives.

We saw that people were supported according to person-centred care plans, which reflected their needs well. These were regularly reviewed and updated. There was an improvement in the way staff approached the task of supporting people. This was now more pro-active and planned in meeting care needs and not reactive to problems.

People had opportunities to engage in some pastimes and activities if they wished to, had access to a hairdresser and were encouraged to maintain good relationships with family and friends. There was an effective complaint procedure in place and people were able to have complaints investigated without bias.

We saw that the service was well-led and people had the benefit of a friendly, cooperative and enabling culture. The management style of the service was positive and inclusive. The service did not have a registered manager in post since August 2016, which was a requirement of the registered provider's registration. A manager had been appointed and an application to become registered was pending. For the well-led question, there are principles that CQC must take into account when making judgements about the rating. One of these is when the location has a condition of registration that it must have a registered manager, but it does not have one, and satisfactory steps have not been taken to recruit one within a reasonable timescale. This means the well-led key question can never be rated better than 'requires improvement'.

There was an effective system in place for checking the quality of the service using audits, satisfaction surveys, meetings and good communication. However, the last time people completed a satisfaction survey was over a year ago. Therefore we made a recommendation that people had regular opportunities to be fully involved in the consultation process so that their views could be used to improve the quality of service delivery. People had opportunities to make their views known through this system or in daily conversation with staff. There was an improvement in the recording of information since the last inspection and so people were assured that recording systems used in the service protected their privacy and confidentiality. Records were well maintained and were held securely in the premises.

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.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were also managed and reduced so that people were protected from potential injury or harm.

The premises were safely maintained, staffing numbers were sufficient to meet people's need and recruitment practices were carefully followed. People's medication was safely managed and infection control systems were effectively used to protect people from the risk of infection.

Is the service effective?

Good

The service was effective.

People were cared for and supported by qualified and competent staff that were regularly supervised and received appraisal of their performance. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People received support with nutrition and hydration to maintain good levels of health and wellbeing. The premises were suitable for providing care to older people and improvements had been made with regard to ensuring there was a suitable environment for those living with dementia.

Is the service caring?

Good

The service was caring.

People received compassionate care from kind and caring staff. People were supplied with the information they needed and were involved in all aspects of their care support.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked hard to uphold these.

Is the service responsive?

Good

The service was responsive.

People were supported according to person-centred care plans, which were regularly reviewed and updated. They had the opportunity to engage in some pastimes and activities and were encouraged to receive visitors or take trips out with them.

The complaint procedure enabled people to have any complaints investigated without bias and people were encouraged to maintain healthy relationships with family and friends. People were encouraged to take control of their lives.

Is the service well-led?

Requires Improvement

The service was well led, but there was no registered manager in post.

People had the benefit of a well-led service of care, where the culture and the management style of the service were positive and the checking of the quality of the service was effective. However, the appointed manager had not yet become registered with the Care Quality Commission.

People had opportunities to make their views known and people were assured that recording systems in use protected their privacy and confidentiality. Records were well maintained and held securely in the premises.

The Green Residential Care Home

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.

The inspection of The Green Residential Care Home and its regulated activities took place on 13, 14, 19 October and 4 November 2016 and was initially unannounced. One Adult Social Care inspector carried out the inspection. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur.

We also requested feedback from local authorities that contracted services with The Green Residential Care Home and we reviewed information from people who had contacted CQC to make their views known about the service. We spoke with an officer of Humberside Fire & Rescue Service to obtain advice on fire safety systems. We also received a 'provider information return' (PIR) from the registered provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with six people that used the service in the care home and eight people that used the home care service, four relatives and the appointed manager. We spoke with four staff that worked for Green Care Homes Limited. We looked at care files belonging to five people that used the service and at recruitment files and training records for five Green Care Homes Limited staff. We viewed records and documentation relating to the running of the service, including the quality assurance and monitoring, medication management and premises safety systems that were implemented. We also looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the residential home and we observed the interactions between people that used the service and staff. We looked around the premises and saw all of the communal areas and everyone's bedroom, after asking permission to do so from those people able to give it.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at and being cared for by staff that worked for Green Care Homes Limited. People explained to us that they found staff to be "Nice ladies", "Really helpful", "Reliable and trustworthy", "Nice in their attitude and approach" and "A good crowd." Relatives we spoke with said, "I am very happy with [relative's] safety here and know the staff are good people" and "I know [relative] is well cared for and I go home after a visit feeling confident they are safe and well looked after."

We found the service had systems in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse. A safeguarding adult's procedure was displayed on the 'resident' notice board for all to see. Staff demonstrated knowledge of what constituted abuse, what the signs and symptoms of abuse might be and how to refer suspected or actual incidents to the right authority/organisation. Staff said, "Safeguarding is most important. I would pass any information to my manager or to the local authority safeguarding team if need be" and "I would see the manager if anything was not right. The types of abuse that can happen are for example, physical, psychological, sexual and financial. I would look for symptoms such as nervousness, flinching, withdrawal, changes in body language, disinterest."

We saw evidence in staff training records that staff were trained in safeguarding adults from abuse and the records held in respect of handling incidents and the referrals that had been made to the local authority safeguarding team. Records corresponded with the information we held: that there had been no safeguarding referrals to the local authority in the last 12 months. Usually managers send us formal notifications of safeguarding referrals they make. It is a requirement of regulation that notifications are sent to the Care Quality Commission, but this had not been necessary in over a year. All of this ensured that people who used the service were protected from the risk of harm and abuse.

People had risk assessments in place to reduce the risk of harm to them from, for example, falls, poor positioning, moving around the premises, inadequate nutritional intake and the use of bed safety rails. One family member we spoke with told us, "My [relative] is watched carefully here and has few risks now, as opposed to when they were at home".

At the last inspection we made a requirement with regard to the safety of the premises: in respect of window restrictors, hot water signage, fire door closers and a recommendation made by an electrician to upgrade the fire safety panel. At this inspection we saw that the requirement was met in these areas except for the upgrade on the fire panel. We were assured that the fire panel and alarms were in working order. Information was later obtained from Humberside Fire & Rescue Service, that the fire panel should meet specific British safety standards. We saw that the last fire safety maintenance report for work carried out on 13 September 2016 still recommended a replacement panel, but the most recent annual system check declared the system as 'satisfactory' and meeting the required standard. However, a new annual report was due. We discussed this with the manager and the provider on 4 November 2016 and we were informed that an upgrade to the fire safety system was to be carried out as soon as a quote for the work was obtained. The registered provider assured us this work would be completed to replace the obsolete fire panel and bring

the fire safety system up-to-date.

At this inspection we saw that the registered provider had maintenance safety certificates in place for utilities and equipment used by the staff and these were all up-to-date. They included, for example, fire systems and equipment (new annual check was due), electrical installations, oil-fuelled appliances, hot water temperature at outlets, lifting equipment and the passenger lift. We also saw people's personal safety documentation for evacuating them individually from the building in the event of a fire, which was held in their care files. There were contracts of maintenance in place for ensuring the premises and equipment were safe at all times. These safety measures and checks meant that people were kept safe from the risks of harm or injury.

People had security of their money if they had some held in safekeeping, because there were safe systems to manage, record and account for it. We completed checks on six people's money and the balances in hand tallied with the records held. People also had improved security of their belongings, as all bedroom doors were now fitted with a lock that could be easily opened from the inside without a key, but required a key to open them from the outside. While some improvements had been made regarding bedroom doors (locks and signage as to the occupant) the doors still had no handle to use on the outside. It is understood the lack of handles contributed to a key breaking in the lock of one of the doors, as keys were used instead of a handle to push and pull doors open and shut. The manager assured us this would be repaired as soon as possible, because the occupant would be locked out of their bedroom if they fully closed the door from the outside and it also posed a fire risk when the door was not properly closed.

The service had accident and incident policies and records in place should anyone living or working at The Green Residential Care Home have an accident or be involved in an incident. Records showed that these had been recorded thoroughly and action had been taken to treat injured persons and prevent accidents re-occurring. The manager told us there had been no serious accidents in the last 12 months.

When we looked at the staffing rosters and checked these against the numbers of staff on duty during our inspection we saw that they corresponded. People and their relatives told us they thought there were enough staff to support people with their needs. One relative said, "I visit quite frequently and have always seen three care staff on duty, plus the cleaner. Managers are here in the week as well." One person that lived at The Green Residential Care Home said, "While the staff have plenty to do they always help with care in good time."

Another person said on occasion their request for help to use the toilet was not answered immediately and while they understood there were times when staff were not always immediately available, they worried about being attended to in time. We discussed this with staff and management who were mindful of the concern and undertook to improve their responses to people.

People that used the home care service told us they had always received their visits from staff and only on very rare occasions had a staff member been slightly late. People were very satisfied with the support they received and felt their needs were always met. Staff told us they covered shifts when necessary and found they had sufficient time to carry out their responsibilities safely. Staff in the care home told us they would have liked more time to spend chatting to people or facilitating pastimes or activities. We saw that there were sufficient staff on duty to meet people's needs in the care home and that there were enough workers employed to support those receiving home care.

It was discussed with the manager that if and when 'service user' numbers increased in the care home, to full capacity there could be a case for employing a laundry/housekeeper to deal with the volume of laundry

that was seen and to support care staff by taking over some of the domestic chores they carried out in people's bedrooms.

The registered manager told us they used thorough recruitment procedures to ensure staff were right for the job. They ensured job applications were completed, references requested and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with children or vulnerable adults, which checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw this was the case in all of the staff recruitment files we looked at.

At the last inspection we made a recommendation regarding staff working prior to receiving a DBS clearance. The registered manager at the time had not recorded that a staff member was working under supervision, which would have evidenced they were being monitored. At this inspection there were no staff members working under supervision and without a DBS clearance and the manager was aware of the need to ensure records were kept in such a situation.

Recruitment files also contained evidence of staff identities, health questionnaires and correspondence about job offers. There were no interview records but the manager explained these were only just being introduced to evidence that interviews were carried out. There were confidentiality agreements in place and opting out documents, which enabled staff to waiver their protection against working over the maximum number of hours as recommended by government guidance. We assessed that staff had not begun to work in the service until all of their recruitment checks had been completed which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable.

We looked at how medicines were managed at The Green Residential Care Home and checked a selection of medication administration record (MAR) charts. We saw that medicines were obtained in a timely way so that people did not run out of them, they were stored safely, administered on time, recorded correctly and disposed of appropriately. We saw that controlled drugs in the service (those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001) were safely handled and recorded.

The service used a monitored dosage system with a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for the administration of measured doses given at specific times. Some medicines were stored in a medication fridge if they required a lower temperature for storage.

We were told that one person was risk assessed to have their medication administered covertly in their food, with full consultation of their GP and family, and while this went ahead there was a question around medicines that needed to be given half an hour or an hour before food. The deputy manager explained that these were still given successfully with a very small amount of food, but in the timeframe specified before food.

When asked about their views on arrangements for managing their medicines people said, "I certainly am happy with the fact that staff look after my medication as I would find it too difficult to keep track of" and "The arrangements work well. I know I can look after my tablets myself if I wish, but honestly staff easily order them for me and they are always there when I need them, so why would I take responsibility?" Those receiving home care told us they managed their own medication in the main and only one person said staff assisted them with specialist pain relief.

There were stores of gloves, aprons and sanitising hand gel held for all Green Care Homes Limited staff to access and staff told us these were always available. They told us they completed infection control and food hygiene training, had policies and procedures in place and followed good practice guidelines for safe prevention, control and management of infection. We saw that the premises were clean and odour free and there were hand washing instructions in toilets for people and staff to follow.

Staff had access to liquid soap and paper towels throughout the premises. There was one cleaner employed and they and the cook had cleaning schedules and records to evidence when cleaning had taken place. A recommendation was made following the last inspection with regards to regular cleaning throughout the whole property. On this inspection we saw that this was being carried out. The property was clean in all areas and the cleaner was systematically working their way through the building.

The laundry had a 'dirty to clean' flow system in operation, which helped to reduce risk of infection but there was a large volume of work to be completed and this was carried out by care staff. Measures were taken by the manager to ensure people were protected from the risk of harm from infection control issues because staff members were trained and equipped to practice good infection control management.

Good

Is the service effective?

Our findings

People we spoke with felt the staff employed by Green Care Homes Limited understood them well and had the knowledge to care for them. They said, "The girls know what they are doing and so do the men that work here too" and "Staff complete training, they have to, to make sure they keep up-to-date with things." In respect of the home care staff people said, "[Name] helps out a lot, is kind and knows what they are doing" and "Staff are all sensible, skilled and understanding."

We saw that the registered provider had systems in place to ensure staff received the training and support they required to carry out their roles. A staff training record was used to review when training was required or needed to be updated and there were certificates held in staff files of the courses they had completed. The manager explained that training had lapsed a bit over the last year or more and so they had introduced a new training company, which meant training updates were improving. There was also an employed home care worker who was trained to deliver training in moving and handling. This enabled quick access to moving and handling training for all new staff and refresher training for existing staff when they needed it.

Staff told us they had completed mandatory training (minimum training required of them by the registered provider to ensure their competence), which included safeguarding adults, management of medicines, fire safety, moving and handling, health and safety, infection control and first aid. We saw from records held that staff were up-to-date with or had courses planned for the mandatory training set by the registered provider. Staff had the opportunity to study for nationally recognised qualifications in health care. NVQ Level 2 in Health and Social Care was held by several staff and two of these staff had also completed Level 3.

The registered provider had an induction programme in place and reviewed staff performance via one-to-one supervision and the implementation of a staff appraisal scheme. Induction was simple and did not follow the guidelines and format of the Care Certificate, which is a set of standards that social care and health workers follow in their daily working life. The Care Certificate covers the new minimum standards that should be learned as part of induction training for new care workers, as identified by Skills For Care.

Skills For Care are part of the National Skills Academy for Social Care and help create a better-led, skilled and valued adult social care workforce. They provide practical tools and support to help adult social care organisations in England recruit, develop and lead their workforce. They work with employers and related services to ensure dignity and respect are at the heart of service delivery.

Induction included shadowing senior staff, becoming familiar with policies and procedures, gaining health and safety awareness and knowledge of the fire safety systems and being introduced to people and other staff. However, induction had not been formally recorded and so this was an area that the manager was still to develop. Home care workers told us they completed a week on induction, which included shadowing of experienced senior staff and sometimes a spell in the care home, initial training in moving and handling and understanding of infection control practices (competence checks were completed later).

When we asked the registered provider in their 'provider information return' about achieving 'best practice' they told us, "Recently we have recruited the services of an outside agency to help with auditing the home and to provide help and guidance in areas that we believe we can improve upon. We have now implemented a training program that will be delivered continually to all staff and management, a more open door policy to residents and relatives, more residents and relative meetings, staff surveys and resident surveys. We will soon be sending out a professional survey to receive feedback from those who visit the home such as GPs, District Nurses, Social Workers and we are planning an open day for professionals to come along and visit the Green to have a look round and ask for feedback on how we can improve our services. We continually assess what we are doing, carry regular audits within the home and have recruited an outside agency to visit once a year to carry out an (external independent) audit."

We saw that communication within the service was good between the management team, the staff, people that used the service and their relatives. Methods used mainly included conversations on a daily basis, writing daily diary notes, notices and memos and holding telephone conversations and meetings. People that used the service and their visitors were seen to ask staff for information and exchanged details so that staff were aware of people's immediate and long-term needs.

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 interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

There were seven people living at The Green Residential Care home with a DoLS in place. These had been applied for more than 12 months ago and were being appropriately managed and recorded. The manager understood the MCA and DoLS requirements and although no new applications had been requested recently, the manager knew the process to implement and how to make applications. For people living in their own homes, the deprivation of their liberty can only be authorised via an application to the Court of Protection. We were not made aware of anyone living in their own home and using the home care service that was deprived of their liberty via a Court of Protection authorisation.

We saw that people consented to care and support from staff by either verbalising their consent or by accompany staff and accepting the support they offered. There were some documents in people's files that had been signed by people or relatives to give permission for photographs to be taken, care plans to be implemented or medication to be handled on their behalf, for example. Diary notes also reminded staff to ensure they sought consent each time they asked a person if they wanted help or support with any care task.

People had their nutritional needs met by the service because people had been consulted about their dietary likes and dislikes, allergies and needs due to medical conditions and the manager sought the advice of a Speech and Language Therapist (SALT) or dietician when needed. The cook had a practice of asking people each day what they wanted from the menu choice.

The service provided three nutritional meals a day plus snacks and drinks for anyone that requested them, particularly at supper time. One person said, "There is always plenty of tea and biscuits." We observed the cook in the dining room at breakfast time ensuring people had the breakfast food of their choice and this included fresh toast straight from the toaster, which the cook was making in the dining room upon request. At lunch time most people gathered together and we saw that those requiring assistance were supported appropriately. The manager and deputy manager included themselves in the staffing numbers to assist people with their meals.

There were nutritional risk assessments in place where people had difficulty swallowing or where they needed support to eat and drink and almost everyone was weighed on a regular basis to ensure they maintained a healthy body mass. Only one person was not weighed due to physical needs and discussion followed to ensure the person was referred to the dietician. Food and fluid charts were in place for this person and for others where necessary.

Menus were on display for people to see what was on offer and people told us they were satisfied with the meals provided. They said, "We get good food, I enjoy it. There's lots of tea to drink. The cook is very good", "I am happy with the food because I cannot have it spicy on account it upsets me. Food cooked is all from fresh ingredients and so it never causes me any problems", "Food is very good and there is plenty of it" and "They give you a choice of meal and if you want to have your meal in here (the lounge) or the dining room you can."

We saw that people had their health care needs met by the service because people had been consulted about their medical conditions with information collated and reviewed in relation to changes in their conditions. We were told by staff that people could see their GP on request and that the services of the district nurse, chiropodist, dentist and optician were obtained whenever necessary. Health care records held in people's files confirmed when they had seen a professional, the reason why and what the instruction for treatment was or the outcome of the consultation. We saw that diary notes recorded where people had been assisted with the health care that had been suggested for them.

On the last inspection report the registered provider was recommended to ensure that best practice guidance was sought and followed regarding dementia care environments, as the environment was not particularly conducive to enabling those living with dementia. On this inspection there was evidence that this had been addressed.

At the last inspection we made a recommendation about guidance being sought, so that the environment could be made more suitable for people living with dementia. We found that improvements had been made. There was new signage on all bathroom, toilet and bedroom doors and all doors had been painted in bold colours to make them more easily identifiable. Carpets, where replaced, were in plain colours and without pattern. This enhanced the quality of life for people because of the nurturing of a better environment.

Environment incorporates design and building layout, colour schemes, textures, experience, light, sound and smell. The use of appropriate environments can reduce the incidence of agitation and behaviour that may be challenging to a service, encourage meaningful activities, increase feelings of wellbeing, decrease falls and accidents and improve continence and mobility. People that used the service who were living with dementia were observed to be calm and relaxed and there were no recent records of incidents where people had demonstrated their anxieties.

The environment was also improved for people that were not living with dementia in that the décor of

bedrooms and communal areas had been upgraded and furniture had been replaced. Ornaments, pictures and objects of interest were placed on walls in the property and these were themed, for example, English seaside and Hollywood films of the past. The dining room was styled like a country cottage dining room. The rear garden was now fully fenced for security and had a raised flower bed. We were told that people enjoyed sitting in the garden in summer and we saw garden furniture was available. We saw that outdoor skittles were played in the garden.

The employed handyperson was working through a programme of redecoration for the whole property and did so with little disruption, ensuring people's bedrooms were suitable for use again each evening. This meant people did not have to move rooms while redecoration of their bedroom took place. We were told that people chose the colour schemes and wallpapers. Two areas that looked to be due an upgrade were the kitchen and the laundry, as floor coverings were old and worn and some kitchen units in the pot washing area were still of a domestic style.

Good

Is the service caring?

Our findings

People we spoke with told us they got on very well with staff and each other. They said, "The ladies here are very nice and look after us so well", "They (pointing to a staff member) are really good. They will help you with absolutely anything that goes wrong" and "The staff are marvellous, kind and attentive." Other comments about staff in the care home included, "People are all very friendly" and "Staff have fun with me and say they come to my room to hide. They are joking of course but they are lovely workers."

People that received home care support said, "I am treated very respectfully and my dignity is always preserved", "I have asked for only female carers and this has always been respected", "The staff are always cheerful and kind whatever the weather. They seem to appreciate what it is like to be old" and "The staff are absolutely super, they really are."

We saw that staff had a pleasant manner when they approached people and showed empathy, as staff knew people's needs well and knew about their insecurities. Some of the staff had been employed at The Green Residential Care Home for several years, but others were relatively new to their posts. The management team led by example and were polite, attentive and informative in their approach to people and their relatives. Management and staff gave the sense that person-centred care was all important and people's needs came first above all else. All of this alleviated people's anxieties and gave people a sense of belonging.

We observed staff providing care to people in a pleasant way that was enabling and inclusive. For example, we heard one person behind a bathroom door being spoken to encouragingly about their independence and we saw and heard another person being assisted with a transfer in the lounge in a way that added to their self-esteem. Staff used gentle encouragement to ensure people did what they could for themselves but were ever supportive at times when people doubted themselves.

Discussion with the staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there: age, disability, gender, marital status, race, religion and sexual orientation. We were told that some people had religious needs but these were adequately provided for within people's own family and spiritual circles.

We saw no evidence to suggest that anyone that used the service was discriminated against. We saw that everyone had the same opportunities in the service to receive the support they required, were spoken to by staff in the same polite way and yet were treated as individuals with particular needs that were met according to people's wishes.

We saw that people who used the service had their general well-being considered and monitored by the staff who knew what incidents or happenings would upset their mental health, or affect their physical ability and health. People were encouraged and supported to engage in pastimes they had undertaken before coming into care, which meant they were able to 'keep a hold of' some aspects of the lifestyle they used to lead. This helped people to feel their lives were fulfilled and so aided their overall wellbeing.

One person we spoke with expressed some reluctance about living in at The Green Residential Care Home, but they were new to their residency, unsure about being in care and unsure of what the future might hold. Staff were aware of this and encouraged them to be involved in as much of everyday life as possible. We found that other people experienced a satisfactory level of well-being and were quite positive about their lives.

We were told by the staff that no one living at The Green Residential Care Home was without relatives or friends to represent them and that advocacy services were available to anyone should this ever prove to be the case. (Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them.)

People we spoke with told us their privacy, dignity and independence were always respected by staff. People said, "The staff are very discreet when helping with personal care", "Staff knock on my door before they come into my room" and "I have confidence my personal details will be kept so." We saw that staff only provided care of a personal nature in people's bedrooms or bathrooms, knocked on bedrooms doors before entering and ensured bathroom doors were closed quickly if they had to enter and exit, so that people were never seen in an undignified state. Staff gave people time on their own in bathrooms to ensure their dignity was maintained.

Staff said, "We make sure people are given time on their own, that we knock on doors before entering and that people are addressed in the way they wish to be" and "Every effort is made to provide care that is dignified and respectful."

Upholding privacy and dignity was especially important to those people that received a home care service from Green Care Homes Limited. People told us they felt they were treated with respect and dignity by the visiting care staff. They said, "I have no qualms about the care staff, they provide an excellent service. I prefer to have only female carers visit me and this is always the case" and "Staff respect my privacy and dignity and always ensure I feel comfortable with the arrangements in place when I am helped with personal care."

Good

Is the service responsive?

Our findings

People we spoke with felt their needs were being appropriately met. They talked about enjoying each other's company, watching films on the television and joining in with entertainment offered to them. Two people told us, "I try not to bother folk too much, but when I do need help it is there and staff seem to know what help I need too" and "While the staff have too much paperwork to complete they are none-the-less very helpful and supportive with meeting my care needs." We saw that several people required various levels of support and their needs were numerous but staff were well aware of these and responded to people's requests well. Particular arrangements to meet people's needs were recorded within their care plans.

We looked at three care files for people that used the service at The Green Residential Care Home and two for people that used the home care service. There were two formats in use, but one was being phased out to ensure uniformity. We found that the care plans reflected the needs that people appeared to present or told us they had. Care plans were person-centred and contained information under eleven areas of need, for example, mental health, skin integrity, lifestyle and medication. Information showed staff how best to meet people's individual needs.

Care files also contained personal risk assessment forms to show how risk to people would be reduced, for example, with pressure relief, falls, moving and handling, nutrition and bathing. We saw that care plans and risk assessments were reviewed monthly or as people's needs changed. They also contained patient passports for when people needed to attend hospital, so that hospital staff knew how to care for them.

There were 'essential lifestyle plans' in place, which showed what people were able to do independently and exactly what they needed support with. There were 'Getting to Know You' forms with all types of information about people. Daily diary notes recorded the care and support provided and they also had a printed section that reminded staff of the need to seek consent from people before they assisted with any care.

At the last inspection we made a recommendation regarding support to people from staff, as examples were seen where people had to wait for support, and care was found to be reactive rather than pro-active.

On this inspection we found that there had been considerable changes in the staff members employed and that they now worked more pro-actively, anticipating and being well aware of people's care needs and routines. We saw that staff were working in anticipation of and in advance of the needs people presented and not just responding to problems. The atmosphere was calmer and the staff managed their workload in an organised and effective way, which resulted in people having their needs met more quickly and efficiently.

We observed staff assisting a person with a transfer from a chair to a wheelchair and using a lifting belt. This was carried out safely and effectively and staff were supportive, reassuring and encouraging in their instructions.

There were activities held in-house with staff, whenever they were able to facilitate them. People told us they sometimes joined in with indoor or outdoor sports (skittles, bowls) and sing-a-longs with visiting musicians/entertainers. We saw items in place for simple pastimes, including board games, card games, magazines, newspapers and puzzle books. People watched television at night or early afternoon and listened to music in the day time. The hairdresser visited weekly and people went out with relatives for special occasions.

Other activities included visits from keep fit and armchair exercise coordinators, entertaining singers and musicians and seasonal events to raise money for the residents' fund. The cooks baked and sold their products at local charity events and at summer fairs, where they had been successful in wining prizes. The cooks also sold items at local car-boot sales that staff had collected in order to raise money for the resident fund.

There was music played in all of the communal areas, streamed in via the computer and people told us they enjoyed music of all types. One visitor told us there was an old-fashioned record player and LPs for people to play in the alcove of the lounge and one person in particular loved to sit there and listen to their favourite style of music.

We saw that the service used equipment for assisting people to move around the premises and that this was used effectively. People were assessed for its use and there were risk assessments in place to ensure no one used it incorrectly. No one at the time of our inspection required the use of a hoist. Other items included slide sheets and supporting belts and we saw belts being used. Staff providing home care services told us that no one required lifting hoists or other equipment to help them mobilise.

Where it was considered appropriate people were asked if they would like the use of adaptive cutlery and crockery aids so that they could maintain their independence. All equipment in place was there to aid people in their daily lives to ensure independence and effective living, but only if people wanted them and where necessary they had been risk assessed.

Staff understood the importance of providing people as much choice as possible, so that people continued to make decisions for themselves and stayed in control of their lives. People had a choice of main menu each day and if they changed their mind the cook usually catered for them. People chose where they sat, who with, when they got out of or went to bed, what they wore each day and whether or not they went out or joined in with entertainment and activities. People's needs and choices were therefore respected.

We saw that the service had a complaint policy and procedure in place for everyone to follow, which was clearly displayed around the building. There were records maintained of the complaints received, which showed that complaints and concerns were handled within timescales and gave complainants clear explanations. Compliments were also recorded in the form of letters and cards. People we spoke with told us they knew how to complain. They said, "I would speak to the manager or a staff member", "I have no complaints to make but would tell one of the staff" and "There is no reason to complain here, we are all well cared for and the staff are very helpful."

The management team and the staff were committed to ensuring people received a fair opportunity to make their views known. They spoke with people each day about how they felt and whether they were satisfied or not with the care they received, with food provision and entertainment. Staff were aware of the complaint procedure and had a healthy approach to receiving complaints as they understood these helped them to put things right. We saw that the service had handled one complaint in the last year and the complainant had been given a written explanation and solutions following the investigation. All of this

meant the service was responsive to people's needs.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with felt the service had a pleasant, family orientated atmosphere. Staff we spoke with said the culture of the service was, "Friendly, cooperative, enabling, caring and family-orientated." One staff member said they had worked for the registered provider for several years and found that the job was now at its most pleasant. They explained that they had never before been given such confidence to care well for people. Staff said, "It is wonderful working here as everyone is so caring and we work as one big team." Staff that provided home care to people in the community also felt the company was good to work for and said they received a "Fair deal" from the registered provider in respect of conditions of work and pay.

The registered provider was required to have a registered manager in post, but on the day of the inspection there was no registered manager in post. The registered manager had de-registered in August 2016 but had not been working at the service since 1 May 2016. The position was covered by a new manager who was not yet registered with the Care Quality Commission (CQC). This was discussed with them and they explained why an application had not yet been submitted. For the well-led question, there are principles that CQC must take into account when making judgements about the rating. One of these is when the location has a condition of registration that it must have a registered manager, but it does not have one, and satisfactory steps have not been taken to recruit one within a reasonable timescale. This means the well-led key question can never be rated better than 'requires improvement'.

The manager and registered provider were fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw that notifications had been sent to us over the last year and so the service had fulfilled its responsibility to ensure any required notifications were notified under the Care Quality Commission (Registration) Regulations 2009. There was a notifications file in place which contained details of all notifications made to CQC.

Staff told us that the management style of the new manager and deputy manager was open, approachable, inclusive and both practically and morally supportive. Staff told us they could express concerns or ideas any time to the management team and that they felt these were always considered. Staff explained that both the manager and deputy manager were very much 'hands-on' and assisted people whenever necessary. We saw that throughout the two days we inspected The Green Residential Care Home the managers provided 'hands-on' care and we spoke with people living in their own homes receiving home care, who said they were sometimes visited and supported by the managers.

The service did not have any written visions and values but the 'statement of purpose' and 'service user guide' that it kept up-to-date (documents explaining what the service offered) contained aims and objectives of the service. Staff told us they followed un-written codes (values), which were respect, good manners and enabling independence.

We were told by the manager that the service was not affiliated to any organisations or accreditation schemes. The manager was aware of 'Dementia Friends' (an Alzheimer's Society initiative to encourage

carers and the public in general to learn about what it's like to live with dementia and then turn that understanding into action).

The Green Residential Care Home was registered under Green Care Homes Limited in 2011, but had a change of company director in June 2014 when one partner bought the other out and became the sole director of Green Care Homes Limited. There have been no other changes to registration conditions.

We looked at documents relating to the service's system of monitoring and quality assuring the delivery of the service. We saw that there were quality audits completed on a regular basis and that satisfaction surveys were issued to people that used the service, staff and health care professionals. However, surveys had not been issued to people that used the service for over a year and were therefore overdue. Staff surveys had been issued in 2016. We recommend that the registered provider ensures people have regular opportunities to be fully involved in the consultation process so that their views are used to improve the quality of service delivery.

The audits completed by the manager, deputy manager and handyperson included checks on bedrooms (general safety, condition of furnishings, cleanliness), infection control, documentation, catering, kitchen, laundry, staff files, medication, environment, general safety, call bells, fire drills, bed safety rails and hoists and their slings. A comprehensive pharmacy audit was last completed in August 2016 by the prescribing pharmacist, with two minor recommendations made. Action plans were produced for areas requiring attention and guidance files were set up for staff on particular topics.

'Resident' and staff meetings were held to seek people's views and to discuss any practice issues with care provision. 'Resident' meeting minutes showed that people had discussed their views on food, room decoration, outings, visits from the 'zoo lab' (people exhibiting small animals, snakes, spiders), chair exercises, taking more walks outside, visits from a local church group and joining art classes.

The staff meeting minutes showed that over the last 12 months there had been several issues of concern (mainly with staff relationships and cooperation), but these had been resolved recently so that the last two meeting minutes showed a more cohesive staff team. There were also staff survey questionnaires completed in July and August 2016, which highlighted some concerns and made suggestions. These were discussed in staff meetings and acted on if appropriate.

The information in both staff meeting minutes and in staff surveys meant that people who used the service had not been cared for by a harmonious staff group in the early part of 2016, but did so now in the latter months of 2016 due to improvement in cooperation among the staff team, which led to a more consistent service now being delivered.

There were relative and care professional reviews posted on the website for Green Care Homes Limited, which stated the comments, "Staff are genuinely compassionate and caring. People have very good relationships with them. The managers are professional and thorough in such as care planning. Staff understand dementia and treat people as individuals" , "[Relative] settled well, it is a clean and happy home, staff are wonderful and kind from the cook to carers and the food is good", "My [relative] likes the home and is happy here. She said if we're happy then she is happy" and "Thank you for the positive working experience and partnership, for attending the conferences calls and meetings, giving good feedback and for being very responsive."

All of the information gathered in audits and surveys was collated and action plans created to produce a medium for making improvements in areas identified as having shortfalls. While an annual quality

assurance report had not been produced, there was a regular newsletter produced to give people, relatives and staff information about changes, events and news.

At the last inspection we made a recommendation regarding records. At this inspection we saw that records were well maintained, accurate, had been signed and dated appropriately and were securely held.