The Green Nursing Homes Limited

The Green Care Home with Nursing, Hasland

Inspection report

45 The Green
Hasland
Chesterfield
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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?	Good

Summary of findings

Overall summary

The Green Care Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Personal care is provided in one adapted building for up to 40 older people who require either nursing or personal care.

At our last inspection we rated the service as Good. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection in October 2015. There were 35 people accommodated, including nine people who received nursing care.

People continued to receive safe care and support from staff who were safely recruited and deployed to provide their care. People were protected from the risk of harm or abuse by staff who understood and followed relevant guidance to ensure this.

Known potential risks to people's safety associated with their health conditions, were assessed before people received care, monitored and regularly reviewed. People's medicines were safely managed.

The environment and any equipment used for people's care was kept clean, hygienic and well maintained. Emergency contingency planning and related safety procedures, helped to ensure people's safety at the service.

People continued to receive effective care from staff who were trained and supported to ensure this. People were supported to maintain or improve their health and nutrition and received food and drink to suit their dietary needs and preferences.

Staff understood and followed the Mental Capacity Act 2005 (MCA), to obtain people's consent or appropriate authorisation for their care. People received least restrictive care that was lawful and in their best interests when required.

The environment was adapted to meet people's safety, independence and orientation needs. This included pleasant award winning external gardens and also people's own rooms, which were personalised to suit their wishes.

Staff were kind, caring and compassionate. People were treated with respect by staff, who ensured their dignity, comfort, choice and rights when they provided people's care.

People and relatives were appropriately informed and involved to agree people's care. Staff followed what was important to people for their care and knew how to communicate with them in the way they preferred.

People continued to receive timely, personalised care that was responsive to their needs and wishes. People were supported to participate in daily living activities and engage in home and community life, in way that was inclusive, enjoyable and meaningful to them.

People and relatives were informed and confident to raise any concerns or make a complaint if they needed to. Feedback was regularly sought from people living at the service and those with any interest there. This information was used to inform and improve people's care when needed.

People received locally awarded end of life care, which was consistent, co-ordinated and personalised. This helped to ensure people experienced a comfortable and dignified death.

The service continued to be well led. The provider operated effective systems to ensure the quality and safety of people's care, ongoing service improvement and partnership working to inform and people's care experience.

Staff understood their roles and responsibilities for people's care. People's care was effectively informed, lawful and well led. The provider met their legal obligations, to share relevant information with us about people's care, and to inform others with an interest about our judgements.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The servicer remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

The Green Care Home with Nursing, Hasland

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 was a comprehensive, unannounced inspection, which took place on 13 June 2018. The inspection team consisted of one inspector.

Before our inspection the provider sent us their completed Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We spoke with local authority health and social care commissioners and Healthwatch, Derbyshire. Healthwatch is a registered charity and independent health and social care watchdog. Its aim is to influence service development across health and social services by representing the views of people who use services and their representatives. We also looked at all the key information we held about the service. This included written notifications about changes, events or incidents that providers must tell us about.

We spoke with seven people who lived at the service, three relatives and a visiting social care professional; and we observed staff interaction with people. We spoke with two nurses and five care staff, including an activities co-ordinator. We also spoke with the registered manager, a maintenance person, a laundry assistant, a cook and a cleaner. We looked at three people's care records and other records relating to how the service was managed. This included medicines records, meeting minutes and checks of the quality and safety of people's care. We did this to gain people's views about their care and to check that standards of care were being met.

Good

Is the service safe?

Our findings

People continued to receive safe care. Both they and relatives were spoke with, were confident of people's safety at the service. One person said, "Yes I feel safe here; there's enough staff." A relative told us, "The staff take a lot of care, there's always two to help move people." Another said, "Staff check on [person] regularly – often they are in the room when I come; They turn [person] regularly, to prevent further problems or any sores." People, relatives and staff working at the service were informed how to recognise and report the abuse of any person receiving care, or any safety concerns if they needed to.

Staff were safely recruited and deployed to provide people's care. Regular account was taken of people's individual care needs, to inform staff planning and deployment arrangements required for people's safety. Throughout our inspection we saw staff were visible and provided timely care when people needed it.

Staff described safe procedures, which the provider followed for their recruitment and employment. This included checks of staffs' employment history, related nursing or care experience and checks with the governments' national vetting and barring scheme. This helped the provider to make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups of adults or children. Periodic checks were also made of nurses' professional registration status, to make sure they were fit to practice nursing care.

Risks to people's safety associated with their health condition and environment, were assessed before people received care and regularly reviewed. Staff understood and followed people's care plans, which showed any related to their safety and the care actions required, to help reduce this. Staff we spoke with described a safe, consistent and least restrictive approach to people's individual care. Any equipment used for people's care was subject to regular checks, servicing and maintenance when required. This included, hoist equipment to help people move, sensor mats to alert staff to people's movement where they were at risk of falls, or pressure relieving mattresses, used to help prevent skin damage to any person from prolonged pressure.

Any safety incidents at the service were routinely monitored and analysed, to check for any trends or patterns; or to identify any lessons learned when required. This information was used to inform people's peoples' care and safety needs. This helped to ensure people's safety when they received care at the service.

Emergency contingency planning arrangements and related procedures helped to ensure peoples' safety. Staff responsible, were able to describe the procedures they needed to follow to ensure people's safety at the service. For example, following a health emergency or safety incident, such as a fall and serious injury. Key care information concerned with people's safety needs were recorded in a standardised format to go with the person, if they needed to be admitted to hospital. For example, to ensure they received the medicines they needed at the times they needed them.

People's medicines were safely managed, stored and given to people when they needed them. Related records were accurately maintained. Staff responsible for the handling and administration of people's

medicines, were regularly trained and assessed to make sure they were competent and safe to do this. Regular management checks helped to ensure this.

People and relatives were satisfied with standards of cleanliness and hygiene maintained at the service, which we also observed. Staff understood and followed their related roles and responsibilities concerned with the prevention and control of infection and cleanliness at the service. Equipment provision, staff training, guidance and regular management checks, helped to ensure this.

Good

Is the service effective?

Our findings

People continued to receive effective care. People and relatives were happy and confident with the care provided by staff at the service. One person said, "It's a good home here, my daughter researched it; and yes, I would recommend it; the care is marvellous." Another relative said, "I think the staff have the training to look after mum, I've watched them, they let her move at her own rate, she has to be hoisted; It's done with care and gently, as she's very frail."

Staff were positive they received the training, information and support they needed to provide and support people's care and related treatment needs, which related records showed. One nurse said, "I love working here; there's plenty of training; it's role relevant and supports my continued practice and professional development." A care staff member said, "Training is at the right level and pace; the nurses are brilliant; there's a really good working team." Nurses were supported to access training for any extended role nursing procedures needed for people's care and related care equipment use. For example, such as taking blood samples when needed for any related health investigations or supporting people with enteral nutrition. Enteral nutrition is used to deliver nutrition via a tube into the gut, where this cannot be taken normally by mouth due to a person's health condition. This showed people received care from staff who were trained to ensure its efficacy.

Staff supported people to maintain or improve their health and nutrition. This was done in consultation with them and relevant external health professionals when required. This included for routine health checks and any specialist health screening, advice or treatment needed. Staff worked in consultation with external care providers when required, to ensure relevant and timely information sharing to support people's agreed care. For example, if someone needed to transfer to or from another care provider. The provider's engagement in relevant local healthcare partnership pilot schemes and related training initiatives, helped to ensure best care practice at the service. For example, dysphagia care, with formal recognition of the service as a 'Dysphagia Friendly' setting. Dysphagia is difficulty swallowing liquid or food solids due to a health or brain injury, such as from stroke. This helped to ensure people received consistent, effective and informed care.

People received sufficient amounts of food and drink they enjoyed, which met with their assessed dietary needs. This included any special diets, which were catered for, such as gluten free or diabetic diets. People were also provided with the correct consistency of foods when required. For example, soft or pureed diets, where people had swallowing difficulties because of their health condition. Lunchtime was a sociable occasion and drinks and snacks were readily accessible to people and regularly offered throughout the day. Staff supported people's choice of food and drinks and provided any assistance or equipment they needed to eat and drink. For example, help to cut up food for people or provision of adapted crockery, cutlery or drinking cups when needed, to enable people to eat and drink independently.

Staff understood and followed the Mental Capacity Act 2005 (MCA) when required for people's care. The 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 when this is in their best interests and legally authorised under the MCA.

People's consent to their care was sought in line with the MCA. Staff understood how to support people to make decisions, or respond when people were unable to make specific decisions. Formal applications to the local authority responsible for DoLS authorisations were submitted when required for people's care. Care records showed assessments of people's capacity and specified any best interest decisions when required. This helped to ensure people received care that was lawful and in their best interests.

The environment was adapted to meet people's individual safety, independence and orientation needs. People were able to move around the home, which provided sufficient space for any equipment they needed to use, such as walking frames. During our inspection we saw some people accessed a choice of pleasant, well-kept external gardens with a choice of seating areas. The provider won the local authority's Chesterfield in Bloom 2017 'Best improved Garden award; for work done to enable accessible outside garden space for people living at the service. People said they were happy and comfortable with the environment and their own rooms, which they had personalised as they wished.

Good

Is the service caring?

Our findings

People continued to receive care from staff who were kind, caring and compassionate. This was consistently reflected in feedback from people, their relatives and other authorities with an interest in the service. This included, "Staff are very caring; they are very good;" Staff respect people's privacy and dignity – I see it in the way they handle people and speak with them;" and "Yes, they are definitely caring, the staff are very good; they know my name now and they tell me what mum's eaten; they always come and chat to let me know what's happening."

Staff followed the provider's published aims and values for people's care, to ensure their equality and rights. Throughout our inspection we saw staff consistently treated people with dignity, respect and compassion. Staff were mindful to check with people, whether they were comfortable and had their personal items to hand, such as drinks, special seat cushions, call bells or walking frames; to enable people's, dignity, comfort and independence. One care staff said, "It's so important to treat people with respect and make sure they have privacy and dignity. Another said, "We never shout across the room the get someone's attention here; we go quietly, sit next to the person and get good eye contact; We take time, explain and offer choice; don't overwhelm people – communicate in the way that suits them, so they can understand."

We spoke with staff about two people's end of life care. The nurse lead for their care and care staff who supported this, demonstrated a caring, compassionate and highly individualised approach to both people's care. For example, the nurse described how they continuously supported and informed one person, to help them understand and make important choices and decisions about their care and related symptom control. Staff understood the person's fears and wishes concerned with their end of life care and provided emotional support to assist with their comfort and symptom control. This showed a caring, compassionate and highly individualised approach to people's care.

Staff knew people well and they understood and followed what was important to people for their care. People and relatives felt they had good relationships with staff who valued them and made them feel welcome in the service. Peoples care choices, daily living routines and lifestyle preferences were agreed and regularly reviewed with them, or their representatives when required and recorded in people's individual care plans. Staff understood this and knew how to communicate with people in the way they preferred and understood.

People and relatives were provided with a range of service information, to help them understand what care and daily living arrangements they could expect people to receive. This could be made available in relevant alternative formats to suit the person. Staff followed the provider's guidance, which was recently introduced into people's care plans, to prompt staff and ensure accessible information for people, living with a sensory loss or disability. People were informed how to access independent professional and lay advocacy services, if they needed someone to speak up on their behalf. The provider's operational measures, which included related staff training, instruction and regular management checks of people's care helped to ensure this. This meant people's autonomy, rights and choices were promoted.

Good

Is the service responsive?

Our findings

People continued to receive timely, personalised care. People, relatives and staff were particularly positive about the provider's revised staffing arrangements and their recent introduction of technology, to support people's timely care. One person said, "Staff are flexible; they respond quickly when I need any help; they don't rush me; they seem to have more time to spend; they are very good." A relative said, "Staff really know mum and her likes and dislikes; I like the new technology - when I ask staff about mum's care and how she is; they can always tell me immediately, without having to go off and find out." A staff member said, "We have more time to spend with people; any care changes are quickly communicated when people's needs change; residents' are happy because they don't feel rushed and staff morale is great."

The provider had introduced an electronic care planning system, which was individualised and accurately maintained. Nurses and care staff were trained to us the system and each had their own linked hand held electronic tablet device, which they kept on their person. This enabled staff to access people's care plan information, which included fast access to any advance care decisions they had made and to record any care given at or immediately following the point of delivery. Staff, people and relatives felt this, along with recent staffing revisions, had significantly benefitted the timeliness and effectiveness of people's care. Staff also found this had beneficial for their own well-being because it enabled smarter use of time and resources for people's care. This meant people received consistent care that was timely and responsive to their needs and wishes.

We saw staff provided people with timely assistance when they needed it. This included regular, timely checks and care delivery for people who were nursed in bed and unable to ask for help because of their health condition. Throughout our inspection we found a calm, organised and sociable atmosphere at the service. Staff regularly took time with people to check their views and wishes for their care and daily living arrangement; and to talk with them about their lives and interests.

People were supported to participate and engage in home and community life in way that was inclusive, enjoyable and meaningful to them. Visibly displayed information, showed a range of daily opportunities were provided for people to engage in social, recreational, occupational, and spiritual activities of their choice and interest; both within and outside the home. People and relatives, we spoke with were very satisfied and commended the provider's arrangements for this, which they described as, 'excellent, 'enjoyable,' 'plentiful and 'brilliant.' One person said, "There's always something to do; they check what you want and when you want to do it; there's no pressure to join in." A relative said, "The activities here are superior." A range of local entertainers and community groups were regularly engaged at the service. People particularly enjoyed regular visits from a local parent and toddler group and periodic intergenerational activities with local schools. Seasonal celebrations and themed events were also regularly organised for people to participate in, along with friends and family.

On our arrival, we saw a group of people were being helped by staff to do some baking, which they enjoyed. After lunch, we saw another group of people engaging in a 'vocal coaching' session. It was not long before others came to join them, which soon turned into an impromptu singing session, with lots of laughter from

people and happy engagement. A number of people spent various time outside with staff support, in the provider's range of garden areas. Others were supported to participate indoors in individual or small group activities to suit their needs and choices. People were also supported to have quiet and rest times as they chose. Bespoke individual activities were tailored to support people's health and mental stimulation when needed. For example, staff regularly supported one person living with dementia to take part in one to one activities such as ball games and artwork, which they particularly enjoyed because it was meaningful to them. Staff explained this was because the activities related to the person's previous work occupation. Staff provided regular bespoke, one to one chair based exercise sessions for another person living with a sight impairment, which they liked to do. This helped to promote people's social, emotional and physical well-being and healthy sensory stimulation

People and their relatives were informed and confident to raise any concerns or make a complaint about their care to the registered manager or provider, if they needed to. The provider's complaints procedure was visibly displayed, and showed people how to raise a complaint with the provider. However, the procedure did not show people's rights or relevant contact details, if they needed to refer a complaint to the local authority or Government Ombudsman; should they be dissatisfied with the provider's handling of their complaint. We discussed our findings with the registered manager, who agreed to take the action required to address this to fully inform people about how to complain.

Peoples', relatives' and professionals' views about the quality of care provided were regularly sought by a range of methods, such as meetings held with them and periodic care questionnaire surveys. This information was used to inform and make care changes or improvements when required. Recent feedback obtained showed satisfaction with people's care provision at the service. Everyone we spoke with said they would recommend the service to friends and family.

The service held the Derbyshire End of Life Care Award. This showed that nursing and care staff were trained and followed nationally recognised principles and standards concerned with people's end of life care, including after death; which we also found. Records showed staff were often praised for their professionalism and compassion in relation to people's end of life care. Ongoing liaison and consultation with relevant medical and external health professionals was ensured to inform and support peoples' end of life care when required. Staff worked closely with people, their families, relevant lead medical and external health professionals concerned with people's end of life care. This was done in a collaborative way, which helped to optimise people's involvement, comfort, choice and symptom control and to access any care equipment needed. Support was provided for people and their relatives to spend time together; to ensure their privacy and comfort during people's last days of life. This helped to ensure people received consistent, co-ordinated, personalised end of life care and a comfortable, dignified death.

Good

Is the service well-led?

Our findings

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

The service continued to be well managed and led. People, relatives and staff were positive about the management and running of the service. People and relatives knew the registered manager, nursing and care staff responsible for people's care and confirmed they were visible, approachable and accessible. One person said, "I know who the manager is; they listen to what we have to say." A relative said, "I am very impressed with the new manager; it's always a bit of a concern when a long standing, efficient manager retires; but it is all going well; I must say I've noticed some changes for the better already." Staff comments included, "The manager is very supportive;" and [a nurse said], "I am very positive about our new manager; she listens to nurse professional advice and helps us to provide the best care we can."

Staff understood their role and responsibilities for people's care. They were supported and informed, to make and understand any changes or improvements when needed for people's care. One care staff member said, "The manager and nurses are brilliant; there is always lots of support for us." Another said, "We have really good team working; we are here to ensure people get the right care; as you would expect for your own family."

The provider used efficient operational measures, to help inform and support staff to provide people's care in a safe, effective and caring manner. This included stated care aims and objectives, staff performance and development measures, standardised communication, care planning and reporting procedures. It also included a comprehensive range of care policies and related safe working procedures for staff to follow. Records were safely stored, handled and accurately maintained in accordance with recently revised national guidance concerned with data management and protection. These measures were regularly reviewed by management to ensure they continued to meet with nationally recognised guidance. The provider met their legal obligations to send us notifications about any important events which happened at the service, when they needed to. This demonstrated effective structure and accountability for people's care.

The provider and registered manager regularly checked the quality and safety of people's care. This included checks of people's health, medicines and safety needs. Accident, incidents and complaints were regularly monitored and analysed, to identify any trends or patterns. A range of methods were used to engage and involve people, relatives and staff, to help shape the service. This information was used to help people's care and help drive service improvement when required. Recent examples, included measurable care improvements from the introduction of assistive technology and revised staffing arrangements, which helped to further inform and ensure the timeliness and quality of people's care. Revised food menus and dining arrangements were also introduced and increased opportunities were provided for people to engage with their local community. This helped to ensure continuous learning and improvement for the quality and safety of people's care.

The service worked closely and in partnership with relevant agencies, such as care commissioners, health professionals, external care providers and health watchdogs, such as Healthwatch; to help inform best practice and support local joint working initiatives for people's care. For example, in relation to infection control, health information sharing and for people's nursing, end of life and dementia care. This helped to consistently ensure the quality, safety and effectiveness of people's care.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this in the home and on their website.