

Flintvale Limited

# The Green Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 01 June 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulation 17, Health and Social Care Act 2008 (Regulated Activities) 2014.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Green Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

This inspection took place on 15 December 2016 and was unannounced. The inspection was focussed and concentrated on three of the areas that we look at, safe, caring and well led. The breach of regulation in June 2016 identified that the provider did not have effective systems in place to assess, monitor and mitigate the risks to health, safety and welfare of people who used the service. At this inspection we found some significant improvements had been made.

The Green Nursing Home is registered to provide care and support for up to 59 older people who have needs relating to their age or dementia. Nursing care is provided. On the day of our inspection there were 54 people at the home and two other people were in hospital.

The registered manager was present during our inspection. 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.

People told us that they had no concerns about their safety. People were supported by staff who had received training on how to protect people from abuse. Risk assessments had been completed to minimise the risk to people. People told us that there were adequate numbers of staff on duty to meet their personal needs. Medicines were managed well.

People told us and we observed that staff were kind and compassionate in the way they supported and cared for people. People were given support to make their own decisions about their individual care and support needs. We saw that staff respected people's privacy and dignity. Some areas of confidentiality could be improved.

All the staff we spoke with said that the registered manager was supportive and approachable. The registered manager had continued to make improvements so that people were supported better than at the previous inspection. However people were not as involved in their care and the running of the home as they could be. A quality assurance process had been completed but the registered manager had not consistently

taken the actions identified within it. The registered manager had developed and used a variety of internal audits which helped to ensure the service being offered was safe and of good quality.

## 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 ●

We found that action had been taken to improve the safety of the service.

People were protected from abuse and discrimination within the home.

People were supported by sufficient numbers of staff to meet their needs in a timely manner.

People received their prescribed medicines safely.

### Is the service caring?

Good ●

The service was caring.

We found that action had been taken to improve people's dignity and respect.

People had their privacy maintained.

People could choose to make plans about their end of life care.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

We found that some actions had been taken to improve the quality of the service.

Improvements in the monitoring and quality assurance of the service were not consistent.

People were not as involved in their care as they could be.

# The Green Nursing 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.

This focussed inspection took place on 15 December 2016 and was unannounced. We look at safe, caring and well led. This was because these were areas that we identified as needing to improve in our previous inspection. The inspection team consisted of two inspectors.

We asked the local authority and Health Watch if they had any information to share with us about the care provided by the service. As part of our inspection we also checked if the provider had sent us any notifications since our last visit. These are reports of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During the inspection we met and spoke with four of the people who lived at the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also spent time observing day to day life and the support people were offered. We spoke with six relatives of people and one visiting health professional during the inspection. In addition we spoke with the registered manager, the nominated individual for the service, the cook, two nurses and four members of care staff.

We sampled some records including five people's care plans, the medicine management processes, systems for staffing and for the monitoring and improving the quality of the service.

# Is the service safe?

## Our findings

At our last inspection in June 2016 we found that medication systems needed to be improved to make sure people that people were kept safe. We also found that people did not receive support in a timely way and that not all safeguarding issues had been reported in the correct manner. At this inspection we found that these issues had improved.

During our last inspection we found that due to high levels of staff absence there were not enough staff available to support people in a timely manner. The registered manager told us that staffing levels had improved and had established how many staff were needed to meet people's care needs by the use of an individual dependency tool. This tool helped the registered manager decide how many staff should be available at any one time. People we spoke with told us that there were enough staff on duty to support them. One person said, "I really don't wait." Relatives however gave us mixed feedback. One relative said, "There aren't enough staff," while other relatives felt there were sufficient staff. Staff were happy with the staffing levels and told us that they had enough time to provide the care and support that people needed. One staff member said, "There's enough staff now, people don't wait really." During our inspection we saw that there were enough staff on duty to respond to people's individual needs and that they were attentive when support was requested.

During our previous inspection we found that the door to the medicines room had been left open for long periods of time, which may have put some people at risk of taking medicines that were not prescribed for them. During this inspection we found that the door was consistently locked and that staff had a clear understanding of the importance of keeping the door locked. We noted that systems were in place to make sure that people were kept as safe as possible from the risks associated with medicines.

We saw that people who take medicine 'as required' (PRN medicines), had clear protocols in place to provide staff with enough information to know when the medicine were to be given. However, we saw that this information was not immediately accessible to staff who administered the medicines. Before we left the inspection visit, staff had put the PRN information in an accessible place to ensure that all staff had consistent access to it.

The registered manager told us that nurses applied prescribed creams to people's skin, and any non-prescription cream was applied by care staff. We looked at the records and found that nurses had recorded the application of prescribed creams well, but there were significant gaps in the recording of non-prescribed skin creams. A person's skin may become dry and sore if creams are not applied as needed. We brought this to the attention of the registered manager who was not aware of this concern and told us that they would ensure creams were applied as needed to people to keep them safe and well.

People spoke positively about the safety of the service. One person said, "It's very nice here, the [staff] are lovely and help me." All the relatives we spoke with said they felt the home was safe. Staff told us that they had received training in how to keep people safe and said they had been provided with relevant guidance. One member of staff said, "We had training in safeguarding."

People could be confident they were safe and protected from abuse because they were supported by staff who understood their responsibilities to keep people safe. Staff we spoke with were knowledgeable about the risks presented by people's specific conditions and described how they managed those risks. Care plans we reviewed contained guidelines and risk assessments to provide staff with information that would protect people from harm. We looked in detail at the current safeguarding concerns within the home and found that the registered manager had supported people appropriately and in line with their legal responsibilities.

During our inspection we saw that some people living at the home required the support of staff and specialist equipment to help them move safely. Staff were able to describe how they used specialist equipment, and we saw that people's risk assessments contained clear guidance for staff to follow. We observed staff using safe practices when supporting people to move, and used the correct piece of equipment. Staff took care to communicate to people to ensure they received reassurance and encouragement when mobilising. The risk to people of falls and injury was reduced.

The registered provider had emergency procedures in place to support people in the event of a fire. Staff described the actions they would take to ensure people were kept safe from potential harm. Staff had received training and records showed that regular fire drills were held to make sure all staff knew what to do. We also saw that smoke alarm tests and emergency lighting checks took place. This reduced the risk of people coming to harm in the event of a fire.

## Is the service caring?

### Our findings

During our previous inspection we found that people were not always treated with dignity and respect. During this inspection we found that this area had improved. People and their relatives consistently told us that staff had a caring and kind attitude. A relative said, "The staff treat people respectfully, they are polite and kind." Staff also told us how much they were very fond of the people who lived at the home. One staff member said, "I love them." During our inspection we observed many instances of kind and considerate care. All the staff we spoke with demonstrated their compassion and care for the people they supported.

During our inspection we saw that people's privacy and dignity was respected. Staff gave examples of how they ensured people's privacy and dignity were maintained; for example shutting doors when they were delivering personal care and covering people's legs when they were being hoisted. Where people shared bedrooms we saw there were privacy curtains which staff told us they would use when necessary to support people's privacy and dignity.

Aspects within the home promoted people's independence. We saw that people were supplied with current newspapers and magazines and there was information displayed that allowed people to orientate themselves to their environment and wider community. New flooring had been installed and bright dementia friendly decorating had been completed which supported people to feel comfortable and promoted them to move around the home and take part in specific activities and events.

We observed staff communicating with people in a respectful manner and supporting people in a dignified and discreet way. We found however that some areas respecting people's confidentiality could be improved. Some people had very personal information relating to their care needs on display in their bedrooms which could be seen by other people. We also noted that some records were not kept securely and could have been easily accessed by any visitors to the home. We brought these concerns to the attention of the registered manager, who told us they would be addressed.

During our inspection we saw kind and attentive behaviour from all staff and the registered manager, they were aware of each person's individual communication abilities and their personal preferences. For example, a staff member gently and quietly reassured a person who was distressed and we saw that they became calmer. We also noted that staff took time to support people to eat their meal at their own pace and in a manner that was suitable for them. People were relaxed and comfortable when being supported by staff and enjoyed the contact they had with them. Relatives we spoke with assured us that they visited people at suitable times without undue restrictions. We found that staff respected people and their relatives.

Staff told us they had received training on how to support people and their families when a person was nearing the end of their life. We saw that some of the care plans we looked at included Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms. A DNACPR decision identifies if a person wishes staff to attempt to revive them if they were to stop breathing. The forms were completed fully and showed that people had been involved along with other appropriate individuals to express their wishes. When people had chosen not to discuss the subject the registered manager respected their wishes and guided staff about



positive end of life care.

## Is the service well-led?

### Our findings

At our last inspection in October 2015 we found that the provider did not have systems in place that effectively operated to assess, monitor and mitigate the risks to health, safety and the welfare of people. This included not having suitable arrangements to ensure staffing numbers were adequate at all times. In addition there was a lack of effective oversight by the provider which resulted in them not learning from people's experiences, not managing identified risks and not providing a service that was continually improving.

At this inspection we found that these issues had improved, and the home was no longer in breach of this regulation, however some areas required further development. For example we noted that the provider had undertaken a quality assurance process, but that actions had not been consistently taken by the registered manager as a result of this information. We also noted that while accidents and incidents were recorded and up to date, the records had not been analysed by the registered manager to identify any trends or patterns to prevent further possible reoccurrences. This meant that opportunities may have been missed to improve the service people received.

Systems to ensure that people and their relatives were involved in the running of the home and their care planning had not been improved as much as they could have been. We found that the registered manager had missed opportunities to seek people's opinions. For example while we saw that people and their relatives were involved in an initial assessment when they first began to live at the home, when care plans were reviewed people's involvement was not consistent. The registered manager told us that surveys were due to be sent to gather opinions, but this had not yet happened. There were no other formal opportunities for people to be involved in the running and direction of the home such as residents meetings or similar.

The registered manager told us they recognised the importance of actively seeking people's feedback to drive improvement, and explained that a new key worker system would help address this issue.. A key worker system meant that specific staff were responsible for developing and leading on the quality of the care received for named people. Other staff could approach key workers for guidance and advice on how to meet people's specific needs. While the key worker had begun to help to support the involvement of people further development was needed to effectively gain people's views to improve the service they received.

The registered manager also told us that the home was developing its processes in relation to gaining consent from people who may be considered to lack capacity. This meant that these areas were recognised by the registered manager as needing further development.

The registered manager described the systems that were in place to audit the home and the support it provided to people. We saw an internal auditing system that had been introduced since our last inspection which had been effective in identify areas of the service which could be improved.. This system included auditing the cleaning schedules within the home and a recent external infection control audit had been very positive about the cleanliness within the home. We noted that the home was cleaner than at our last inspection. Other areas regularly audited included medicines, equipment, health concerns such as food and

fluid intake, and people's records. The registered manager was taking action to improve the service.

Where a service has been awarded a rating by the Care Quality Commission, the provider is required under the regulations to display the rating. We saw there was a rating poster clearly on display in the service and on the provider's website. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this. The registered manager was aware of their legal responsibilities to the Commission.