

Mrs S J Pillow

Green Bank

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Green Bank provides accommodation, care and support for up to 20 people who live with dementia, mental health conditions and long-term health needs such as diabetes. At the time of our inspection there were 17 people living at the home.

People's experience of using this service and what we found

Risks associated with people's care were not always being managed in a safe way including the management of medicines and environmental risks. Risks linked to anxiety and distress had not been assessed and staff had not provided appropriate support for people at these times.

There was a lack of meaningful activities for people and people told us they would like more activities.

Quality assurance was not always effective. Where shortfalls in care delivery and environmental issues had been identified, this had not been addressed robustly.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests.

We have made a recommendation about the mental capacity assessments of people who live at Green Bank.

We have made a recommendation about the management of the premises.

People received safe care and support by staff who had been appropriately recruited and trained to recognise signs of abuse. There were usually enough staff to meet people's needs. The provider used a dependency tool to determine staffing levels.

Staff had all received essential training. People's nutritional and health needs were consistently met with involvement from a variety of health and social care professionals.

People continued their relationships with family and friends, who were made to feel very welcome at the home. Staff knew people's communication needs well and we observed them using a variety of tools, pictures and objects of reference, to gain their views.

Previous Inspection

The last rating for this service was Requires Improvement. (Report published 14 February 2019.)

Why we inspected

This was a planned inspection based on the previous rating.

The service remains rated requires improvement. This service has been rated requires improvement for the last five consecutive inspections.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Green Bank

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The service type

Green Bank is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced on the first day of inspection and the second and third day was announced.

What we did before the inspection

We reviewed the information we held about the service and the service provider, including the previous inspection report. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection

We looked around the service and met with the people who lived there. We used the Short Observational Framework for Inspection (SOFI) during lunch on both days of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five people in more detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, and five members of staff, including senior care staff and the cook.

We reviewed the care records of four people and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at accident and incident records over a period of four months, training and supervision data. We spoke with three professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people had not been assessed and their safety had not been monitored and managed
- There were people who had been assessed as being at high risk of developing pressure damage and had a pressure relieving mattress. The pressure relieving mattress for one person was set on 95 kgs which was inaccurate for the person's weight of 51 kgs. There was no evidence that staff checked mattress settings on a regular basis. Pressure relieving mattresses need to be set in line with people's individual weights and according to the manufacturer's instructions or they can further increase people's risk of pressure damage. This was rectified immediately when identified.
- Risk assessments had not been completed for people who may become anxious or distressed. There was no information in the care plan to guide staff on how to support people at this time, and staff had not received appropriate training.
- During the inspection we observed two separate incidents where staff had not provided support to reduce people's anxiety in a positive way. One incident took place in the lounge which was full of people. Staff responded by raising their voice which caused a further outburst before another staff member led the person away.
- Behavioural charts were not used therefore there was no information about when an incident occurred, what action staff had taken to distract the person and reduce risk to them, other people or staff, or if any action taken had been successful.
- Risks of self-harm and low mood of people, whilst known to staff, had not been reported to the registered manager or documented within the daily notes or care plan. This meant there were no management strategies in place to keep people safe from harm and no referral had been made to the GP and mental health team for support.
- A new gas tumble dryer had recently been purchased, however there was no gas safety certificate to ensure its safe use.
- There was no recent lift service report, the last one completed was June 2019. Prior to this there was evidence of three-monthly service reports.
- There were carpets in people's rooms that were badly rucked and therefore a trip risk to the people who lived in those rooms.

Risk of harm to people had not been identified or assessed, which meant people's safety and welfare had not been adequately maintained at all times. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw some good examples of risk management that had been completed, such as risk of choking. Staff reviewed risk assessments monthly and put actions in place to reduce these risks. For example, ensuring a person who was at risk of choking was provided with a pureed diet and modified texture fluids.
- One person told us, "I do feel safe here and I trust all the staff to do their best for me." A visitor said, "I like the staff, they look after my relative well and they are settled," and "I have no concerns about safety, but I don't like other residents keep walking in the bedroom, not unsafe but frustrating."
- There were detailed fire risk assessments, which covered all areas in the home. People had Personal Emergency Evacuation Plans (PEEPs) to ensure they were supported to leave the home safely in an emergency.
- Premises risk assessments and health and safety assessments continued to be reviewed on an annual basis, which included gas, electrical safety, legionella and fire equipment. The risk assessments also included contingency plans in the event of a major incident such as fire, power loss or flood.

Using medicines safely

- The management of medicine was not undertaken in a safe way which put people at risk. There were gaps in people's Medicine Administration Records (MAR); there was a risk that people had not received their medicine, and this could impact on their health. For example, anti-epileptic tablets, to reduce the risk or frequency of seizures. We also found a tablet on a chair in the quiet lounge which had been signed as given but not taken by the person it was intended for.
- There were people who consistently refused their medicines. Whilst staff said that the GP had been informed, staff had not reflected on the health impact on the person of not receiving their essential medicine. For example, medicines for Parkinson's disease or dementia. Staff had not considered that without these medicines people may experience worsening tremors, increased rigidity, loss of balance, confusion, agitation, and difficulty communicating.
- Risks regarding people being responsible for their own medicines had not been considered or explored. One person was responsible for one of their medicines, the dose could be variable, and staff decided what the dosage would be. However, staff had not completed the necessary training to manage this safely and ensure the person had the correct dosage.
- Where people required 'as and when' medicines, such as mood calming medicines, there was no guidance in place for staff on when this should be given. For example, staff were signing the MAR three times a day indicating it was offered but declined. The organisational policy stated that it should only be offered when required.
- Whilst medicine audits had taken place, they had not identified the issues we found. The registered manager was taking this forward with the staff member who undertakes the monthly medicine audits.

The failure to ensure the proper and safe management of medicine was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- There were aspects of the management of medicines that were adequately managed. For example, medicines were stored safely and ordered in a timely way. People and their families had no worries about their medication. One person said, "I get my pills." A relative said, "I have no concerns, my relative gets their medicines and any changes, they let me know."
- All staff who administered medicines had, had the relevant training and competency checks that ensured medicines were handled safely.
- There were people who received covert medicines. Covert medicines are when medicines are given in a disguised format, for example in food and drink without the knowledge or consent of the person receiving them. These had been prescribed by the GP and staff were clear on the organisational policy and procedure of covert medicines and ensured it was always offered openly first.

Staffing and recruitment

- At our last inspection, the provider needed to ensure there were sufficient numbers of suitably qualified staff deployed.
- At this inspection we found improvements had been made and the registered manager used a dependency tool to review staffing levels. However, changes to peoples' needs meant that staffing numbers still need to be continually assessed daily to ensure consistent safe care.
- The registered manager informed us that three people had been referred to the local authority for review of their care needs as their needs had increased and had put pressure on the staffing levels. This was confirmed by the local authority.
- Comments from visitors said, "The staffing levels seem okay" and "The staff work hard but seem to get it done." Feedback from staff was mixed. One staff member said, "We have enough staff, we are busy." Whilst another staff member said, "We need more staff so we can give people time, and do activities."
- Rota's confirmed staffing levels were consistent at four staff in the morning, three staff in the afternoon and two staff at night. From our observations there were times when staff were reliant on ancillary staff to supervise the lounge as staff were providing personal care, and also to assist at lunch. The registered provider needs to ensure that all ancillary staff have the right experience and knowledge to assist people.
- There was a robust recruitment programme. All potential staff were required to complete an application form and attend an interview so their knowledge, skills and values could be assessed.
- All staff files included key documents such as a full employment history, at least two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.

Preventing and controlling infection

- The service was adequately clean. However, there were areas that due to poor décor needed to be addressed. The provider was aware of this and was developing a programme of re-newel and decoration.
- The house keeper completed a daily cleaning schedule and had undertaken audits since joining the team at Green Bank. She told us, "It's been a challenge, but we are getting there."
- People, staff and visitors were complimentary about the cleanliness. Comments included, "The new housekeeper is fantastic, really improving things" and "It looks better now, she's (housekeeper) doing a good job."
- Staff used personal protective equipment (PPE) when assisting people with personal care. PPE such as hand wash, gloves and aprons were available in all bathrooms (with visual reminders about washing hands) and at the entrance of the building, to help protect people from risks relating to cross infection.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority. A staff member said, "We have had training." Another staff member said, "We get training regularly."
- The organisation had followed safeguarding procedures, made referrals to their local authority, as well as notifying the Care Quality Commission. There was a safeguarding and accident/incident folder that contained the referral and investigation documents. It also contained the outcome of the investigation with action plans where required. The registered manager used this as a learning tool and involved all staff in the learning.
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The provider had an equalities statement prominently displayed in the entrance of the home. The statement recognised the organisations commitment as an

employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents resulting in harm to people were escalated to other organisations such as the Local Authority and CQC.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, one person had had a fall. Staff looked at the circumstances and ensured that risks such as footwear and trip hazards were explored.
- Learning from incidents and accidents took place. Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff had received training in the principles of the MCA and told us they understood their role and responsibility in upholding those principles. However, there were some areas of practice seen that needed further exploring to ensure care practices were in the person's best interest. For example, people liked to walk but were at risk of falls. They were restricted from walking by the use of a table in front of them. We saw one person push the table away to get up, which placed them at increased risk of harm. Another person was self-administering their insulin, however this person had a diagnosis of vascular dementia and this had not been considered or reflected within a mental capacity assessment or risk assessment.
- People were not always asked for their consent and involved in day to day choices and decisions. Staff interaction with people demonstrated that people's choice and involvement was sometimes related to staff deployment. For example, people who wanted to walk were taken back to the lounge where they had just left and then they promptly left again. One entry for a person in their daily log stated 'keeps wanting to go for a walk in the garden' but staff said this was not always possible and there was no evidence of how this was achieved.

We recommend that further advice from health professionals is sought regarding peoples' capacity and the use of restrictive practices.

- There was an electronic file kept by the registered manager of all the DoLS submitted and their status. The documentation supported that each Dols application was decision specific for that person. For example, regarding restricted practices such as locked doors, and sensor mats. We saw that the conditions of the

DoLS for these had been met. For example, each person's care plan reflected how the decision had been made and what actions staff needed to take.

- The registered manager had made DoLS applications to the local authority when necessary and kept them under review until a response had been received.

Adapting service, design, decoration to meet people's needs

- Green Bank is an older style detached property with garden and patios. The communal areas were a lounge, a quiet lounge and a conservatory.
- Improvements were required to the environment When we arrived at the service we noted that the conservatory was not in use. The lights were not working, and there was vegetation growing through the walls. There were broken chairs in the conservatory and wobbly tables that needed replacing.
- The décor around the service was tired. Bedrooms had broken and old furniture and were not welcoming.
- Staff told us that the environment needed improvement. One told us, "The carpets, furniture and the rooms needs sprucing up. A lick of paint, bright accessories on the beds and on the walls would be nice." Another said, "The environment needs a lot of work doing. The paint work is shabby, its clean now but still shabby."
- There were people walking around but there were no particular areas of interest or sensory items to keep them occupied or engaged. There was minimal signage or dementia friendly pictures to assist people to be independent when for example, choosing meals and drinks.
- During the inspection the registered manager acknowledged that the building needed investment. We are aware that the provider had invested in a new cooker, tumble dryer and a new kitchen floor is on order.

We recommend that the provider seeks appropriate guidance and advice to ensure the environment is properly maintained and decorated to a suitable standard to support people who live with dementia.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to make sure staff were suitably qualified, competent, skilled and experienced in order to deliver effective care and meet the needs of people. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- On-going training was completed by staff in a variety of subjects such as food safety, infection control and moving and handling. One staff member said, "The training is both face to face, workshops and on-line training." The provider also sourced face to face training from various external agencies, for example, the local authority.
- New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience. One staff member said, "The induction was good, I learnt a lot, I really love the residents."
- Staff received regular supervisions with the registered manager. Staff said they were well supported in their roles. One staff member said they valued their supervision as it was a chance to discuss their professional development and an opportunity to discuss training. The registered manager had introduced champions for medicines, infection control, oral health and environment. These were still being developed but the oral health champion had been on a training programme which underpinned the role.
- Our observations during the inspection identified that staff needed further support to ensure that their care practices reflected their learning and good practice guidance in managing people who were anxious

and those who needed assistance with personal care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before they started to receive support from staff. Records showed consideration had been given to establish what practical assistance each person needed before they moved into the service. This had been done to make sure the service had the necessary facilities and resources to meet people's needs.
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity. Risk assessment tools reflected the National Institute for Health and Care Excellence (NICE) guidance.
- Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices. The staff team worked closely with the Speech and Language Therapists (SaLT), community diabetic team and district nurses to ensure people received the care they needed.
- People's protected characteristics under the Equalities Act 2010 were identified. For example, around people's heritage, cultural requirements and gender preferences of their staff. Care plans reflected these choices.

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

- People had appropriate access to health care services in their ongoing care. One person told us that staff would get the doctor if they needed them but had not had the need to. There was evidence in care plans that a wide range of healthcare professionals were involved including the Tissue Viability Nurse, GP, district nurse, optician and dentist.
- Staff were aware of what they needed to do to monitor a person's health. One told us that a person had a chronic leg condition that needed to be dressed by the district nurse. We saw that this had taken place.

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

- People told us they enjoyed the food. Comments from people and visitors included, "Food is lovely and tasty" and "We get a choice, I had a late breakfast today as I wanted a lie in."
- Staff knew people's preferences, which were recorded in care plans. Discussion with the cook and staff team confirmed they were knowledgeable about people's personal preferences and dietetic requirements.
- Staff offered people drinks throughout the day and staff supported them appropriately. Staff recorded what people ate and drank to pick up any changes and prevent dehydration and weight loss. All staff were informed at handover of those who had not been drinking and eating very much, so staff could prompt and encourage people to eat and drink.
- People were weighed monthly and an overview of peoples' weights was kept by the registered manager. The system highlighted those at risk from weight loss and weight gain. Actions were taken if concerns arose. Such as referral to the GP or dietician. Evidence in care records supported this.
- Staff were knowledgeable when asked of who needed fortified food and close monitoring because of weight loss. One staff member said, "We discuss residents every day and if someone is not eating or has lost weight we discuss how to offer snacks and improve their intake."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported and did not always have choices around their care delivery.

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Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and relatives told us that staff were caring. Comments included, "Staff are kind. I can go to them if there is a problem." "Staff are welcoming and friendly" and "Lovely staff, a good bunch and they make us laugh."
- We saw that when staff interacted with people this was done a kind way. However, staff were busy which left little time for them to have meaningful interactions with people. A visitor said, "They do a good job, but they don't have a lot of time to sit and chat, which would make my relative less anxious, but they are very good."
- People's dignity was not always protected as peoples' personal hygiene needs were not promoted. Some peoples' hair was unwashed and not brushed. People who had always been clean shaven had stubble and bristles. Some people had very dry flaking skin and this had not been attended to. We could not be assured whether this was people's choice or staff not completing people's personal care needs.
- Records showed that some people had not had a shower or bath for the month of December 2019. There was no supporting evidence that people had declined or whether this was their preference. Staff told us people liked to wash with a flannel, but this was not recorded.
- Peoples clothing was stained with food and other stains and for some, their clothes were not matching. One relative said, "We have visited and found our relative wearing somebody else's clothing." The registered manager confirmed that this happened, but now extra care was taken in ensuring peoples clothing was labelled.
- People were not consistently supported with oral hygiene. We found dry and dirty toothbrushes that had not been used despite their care records stating that oral hygiene had been completed. On talking to staff they said people were not always compliant with brushing their teeth but admitted they had not offered people an opportunity later in the day or before going to bed.

Peoples' care was not always appropriate to meet their personal needs and did not always reflect their preferences. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed staff knocking on people's doors to seek consent before entering. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.
- Staff told us they always promoted people's independence when they were supporting them. We saw staff prompt and encourage people to eat independently and provided aids to enable them to do this. For example, cutlery to help them to be independent, such as smaller spoons.
- Birthdays and special events were celebrated in the home. Photographs of special events, such as birthdays were displayed in the home.
- Confidential information was held securely on a password encrypted computer in a lockable office. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.
- Equality and diversity continued to be promoted and responded to well. People told us that their religious needs were respected. One person said, "I have told them about my religious wishes." There were religious services planned for people of various dominations. This included services at the home and we were told that if someone wished to go to a local church this would be arranged. Relatives and friends were encouraged to visit and maintain relationships with people. One relative said, "Always make me welcome."
- There were people that chose to stay in their rooms and staff respected this decision.

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

- People told us, "Staff help me decide what I'm going to wear" and "They ask me what I want to wear." As many people could not tell us of their choices, we observed care in the communal areas, where we saw staff offer people a selection of drinks.
- Staff supported people to keep in touch with their family. Visitors were always made welcome and offered a drink, and some privacy to talk. One visitor said, "I am able to visit every day, and stay as long as I wish." Staff enabled people to be in contact by telephone and email with relatives who lived further away.
- Resident and family meetings were not held as not many people were able to participate. However, one person said, "I would like meetings and be more involved, I have lots of ideas for activities." The registered manager confirmed that resident and family meetings would be re-instated.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were not always met.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control: support to follow interests and to take part in activities that are socially and culturally relevant to them.

At our last inspection, we asked the provider to take action to make improvements to ensure people's individual needs and preferences were accurately documented.

This inspection found that improvements had been made to people's care documentation but further improvements were needed to ensure people could take part in activities that are socially and culturally relevant to them.

Supporting people to take part in a variety of activities helps them to maintain good mental and physical health.

- Consideration had not been given to the individual needs of people who lived at Green Bank.
- Care plans contained very little information to show what activities people enjoyed and had enjoyed before coming to live at Green Bank. There was no guidance about how to support people, or whether people needed support, to maintain activities and interests important to them. Daily notes did not include specific details of activities people had engaged in during the day, which may also have provided important guidance for staff.
- During the inspection we found that people were sat in the lounge area and, apart from the television being on, there was very little for them to do. Most people in the lounge were not watching the programme as it did not interest them and were asleep. One person said, "Its just there for noise." Staff were busy and had little time to do any meaningful activities with people. One member of staff said, "We need an activity person. We don't get time to do activities and they need something." Another staff member said, "We do play music which people enjoy."
- There was no daily plan of activities. An outside provider of activities visited the home one afternoon a week. It had been twice a week but this had recently been reduced to one session. The feedback from staff and some people were positive about these sessions. We were also aware that an exercise provider visited fortnightly.
- Staff had not received guidance in how to support people with meaningful activities to enhance their life. There were no sensory items, or rummage boxes available to encourage people to engage with.
- Some people's health needs had not been updated to reflect changes. For example, one person had not been taking their prescribed medicine. This had not been factored in to their mental health care plan for staff to monitor and be aware of the implications this may have to their mental well-being. There were other discrepancies found in care plans that could impact on the care delivery for individuals. These were

discussed with the registered manager.

The provider had not ensured that people's care and treatment was appropriate to their needs or reflected their needs and preferences. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst we found some shortfalls in care documentation, there was also some well-written care plans that contained guidance for staff on people's health needs and the care required to manage their long-term health conditions. For example, there was clear information of how to support people who lived with diabetes, which included recognising when their blood sugars were too high or too low and what action to take.
- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service at any time. Visitors told us, "Always welcomed and I know my relative's happy here."

Improving care quality in response to complaints or concerns:

- There were processes, forms and policies for recording and investigating complaints.
- People told us they knew how to make a complaint. One person said, "I know how to make a complaint; I would go to the manager." Visitors said they would speak to the manager.
- There had been no formal complaints since the last inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were knowledgeable about people's communication needs and there were detailed assessments highlighting support needs within their care plans. This included specific information on how the person communicated, and any aids they might use, such as glasses and hearing aids.
- People's communication and sensory needs were assessed regularly, recorded and shared with other health professionals when in hospital or attending appointments
- Technology was available in the home for people to communicate internally with staff using the call bell system and externally using landlines or mobiles to talk to and receive calls from relatives and friends. There was a broadband system in place and people could be supported to use this to contact relatives using skype and emails.

End of life care and support

- As far as possible, people were supported to remain at the home until the end of their lives.
- Care plans showed that people's end of life wishes had been discussed with them. These were sensitively written, they were detailed and included information about people's feelings about dying. Some people became distressed and there was information not to discuss further at this time.
- There was no one at this time receiving end of life care. However, one staff member was able to discuss the importance of recognising pain and how to contact district nurses and the hospice team for advice.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had not sustained improvement in good governance and we found shortfalls in quality monitoring and management oversight of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had addressed some of the issues we recommended to them at the last inspection, however there were some issues and governance that still need further development across the service, to progress improvements. Therefore, not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- This is the fifth time that the service has been rated requires improvement. This means that the provider had not been able to sustain improvements and the quality assurance systems are not effective at driving improvement.
- People and relatives were positive about the provider. Comments included, "When my relative moved in, I was unsure, but I've eaten my words, he's settled." Another said, "Good place, manager is approachable, and I think good at his job."
- However, there was a lack of robust oversight from the management team to ensure the quality of records and care being provided. The provider advised us that they had introduced staff champions in medicines, environment and oral hygiene, and that they would take the lead on audits in these areas. A champion role promotes the understanding of knowledge of the chosen area to the staff team with the aim to improve care delivery.
- The champions had completed audits and updates which were read by the registered manager and the deputy and were signed off. However, we found issues in these areas that had not been identified by the audits. For example, we found dirty and dry toothbrushes in peoples' bathrooms, despite records stating people were supported with their oral health in the daily log. Medicine audits had not identified the gaps in MAR sheets and the amount of consistent refusals of medicines had not been highlighted, so action had not been taken to address them and ensure people took their prescribed medicines
- It was acknowledged that as a staff team they still needed to develop the quality and effectiveness of audits. The environmental audits had improved, however they needed action plans with time frames for completion. A new form, agreed with the maintenance person, was developed during the inspection. This will enable the provider to have an overview of identified areas where improvements were needed.

- The provider undertook audits of the health and safety areas, however we found that some areas had not been done. For example, essential monthly water temperature checks had lapsed between 27 September 2019 and 10 December 2019.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff felt supported and told us they received the support or guidance they asked for. One staff told us the support they had received from the management team and other staff had increased their confidence in their own skills and knowledge, "I feel really confident now and love the residents."
- The provider and registered manager demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed.
- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents were escalated to other organisations such as the Local Authority and CQC. The rating awarded at the last inspection was on display at the service entrance and on the provider's website page.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's ethos was to create a warm atmosphere of safety, and to promote a family ambience where the individual can feel completely at home. Visitors told us that their relatives were settled, and in their opinion safe.
- The management structure allowed an open-door policy, the registered manager's office was opposite the main entrance, so the registered manager was visible to visitors, people and staff. Staff confirmed they felt supported to bring in ideas, discuss what worked and what didn't work.
- There was an inclusive culture at the service and everyone was offered the same opportunities in ways that reflected their needs and preferences. All staff had received training in human rights. The PIR stated that they ensured everyone was treated with fairness by listening, and respecting everyone's different ideas and views. Non-English staff were offered extra support, such as English lessons if required.

Continuous learning and improving care

- The management and staff team made sure they continually updated their skills and knowledge by attending training, meetings and forums. They valued the opportunity to meet other providers and manager to share ideas and discuss concerns.
- When a safeguarding had been raised, the registered manager worked with the local authority and confirmed that lessons had been learnt and learning taken forward.

Working in partnership with others

- The management team actively looked for and took up opportunities to work in partnership with local health care and community services to improve people's health and wellbeing.
- Staff had a good relationship with the community nurses and other health care professionals and contacted them for advice when needed. One health professional said, "They are very good at contacting us if they are worried about a residents health."
- Since the last inspection the service have worked with the local authority to improve governance and improve standards within the service. This work is on-going.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had not ensured that service users received care that was appropriate to meet their needs, and reflect their preferences.</p> <p>Regulation 9 (1) (a) (b) (c)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured the safety of service users by assessing the risks to their health and safety and doing all that is practicable to mitigate any such risks.</p> <p>The provider had not ensured the proper and safe management of medicine .</p> <p>Regulation 12 12(1)(2)(a)(b) (g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that there were effective systems to assess and quality assure the service. Regulation (17) (1) (2) (a).</p> <p>The provider had failed to maintain accurate, complete and contemporaneous record in respect of each service user. Regulation 17 (2) (c).</p>

