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

Overall summary

The inspection was unannounced and took place on 27 April 2015.

The Green Nursing Home is registered to provide accommodation for personal and nursing care for a maximum of 59 people. There were 52 people living at home on the day of the inspection. There was a manager in place in charge of the day to day running of the home, but they were not registered with us.

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 felt safe and free from the potential risk of abuse. Staff knew how they kept people safe and were aware of their support needs. People received their medicines as prescribed and at the correct time. People had assistance from staff and were available when needed.

Assessments of people's capacity to consent and records of decisions had not been completed in their best interests. The provider could not show how people gave their consent to care and treatment or how they made decisions in the person's best interests. Therefore, people had decisions made on their behalf without the relevant people being consulted.

People told us they liked the staff and felt they knew how to look after them. Staff were provided with training which they told us reflected the needs of people who

Summary of findings

lived at the home. People were supported to eat and drink enough to keep them healthy. We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People told us and we saw that their privacy and dignity were respected and staff were kind to them. People had not always been involved in the planning of their care due to their capacity to make decisions. However, relatives felt they were involved in their family members care and were asked for their opinions and input. People's end of life wishes had not always been consistently recorded to ensure their choices were respected.

People had been supported to maintain their hobbies and interests and live in an environment that supported their needs. People and relatives felt that staff were approachable and listen to their requests in the care of their family member

The manager had made regular checks to monitor the quality of the care that people received and look at where improvements may be needed. These had not looked at how people's consent had been sought and recorded. The staff team were approachable and visible within the home which people and relatives liked.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were supported by sufficient numbers of staff to meet their care and welfare needs. People felt safe and looked after by staff. People's risk had been considered and had received their medicines where needed.

Good

Is the service effective?
The service was not consistently effective.

People had not been consistently supported to ensure their consent to care and support had been assessed. People's dietary needs and preferences were supported by trained staff. Input from other health professionals had been used when required to meet people's health needs.

Requires improvement

Is the service caring?
The service was caring.

People received care that met their needs. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Good

Is the service responsive?
The service was responsive.

We saw that people were able to make some everyday choices and supported in their personal interest and hobbies. People were supported by staff or relatives to raise any comments or concerns with staff.

Good

Is the service well-led?
The service was not consistently well-led.

There was no registered manager in post. The manager and provider had monitored the quality of care provided. Improvements were needed to ensure effective procedures were in place to identify areas of concern.

People, their relatives and staff were complimentary about the overall service and had their views listened to.

Requires improvement

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 unannounced inspection took place on 27 April 2015. The inspection team comprised of three inspectors, one specialist advisor and an expert by experience who had expertise in older people's care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection, we spoke with 15 people who lived at the home and four relatives. We spoke with nine staff, one cook and the manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at six records about people's care, complaint files, falls and incidents reports and checks completed by the provider.

Good

Is the service safe?

Our findings

People told us they felt safe in their home and were familiar with the staff and others around them. One person said, “I feel safe, it’s a nice place” and was happy that staff treated them well and were not “abrupt or rude”. Our observations showed that people were at ease with staff.

Staff we spoke with understood how to keep people safe from physical harm and risks. They also told us about the training they had received which helped them to understand possible types of abuse. They felt confident to raise any safety issue or the steps they would take to protect a person if they suspected any abuse. For example, who they reported the abuse to and the actions they expected them to take.

People managed their risks with support from staff if needed. Staff told us about what help and assistance each person needed to support their safety. For example, where people required help with getting up from a chair or where people received care in their bed. We saw that the risk was detailed in people’s care plans and had been reviewed and updated regularly. This showed staff knew people’s individual risks and how to monitor them.

People and relatives felt there were enough staff to look after them and never had to wait long for assistance. One person said, “At night time I have a buzzer and the staff come running”. Staff spent time with people and responded in a timely and appropriate manner.

All staff told us that they felt they had been able to meet people’s social and welfare needs. The manager told us they reviewed staffing levels and were able to increase care staff as and when needed. Nursing staff said, “If extra staff are required the manager is approached”.

The manager monitored the incidents, accidents and falls on monthly basis. They looked to see if there were any risks or patterns to people that could be prevented. For example, the use of addition equipment to help reduce the risk of an incident happening again.

We saw people were supported to take their medicine when they needed it and nursing staff explained what the medicines were. Nursing staff who administered medicines told us how they ensured that people received their medicines at particular times of the day or when required to manage their health needs. Where people had refused their medicines or a person was busy we saw would offer them later.

People’s medicines had been recorded when they had received them. Nursing staff told us they checked the medicines when they delivered to the home to ensure they were as expected. Staff knew the guidance to follow if a person required a medicine ‘when required’. People’s medicines were stored at the correct temperatures. The provider had reviewed the information available to know if people’s medicines were appropriate to meet their needs or if further review or advice was needed.

Requires improvement

Is the service effective?

Our findings

The manager told us that no people living at the home were being deprived of their liberty. During the inspection we noted that several people received care in way that may have restricted their right to freedom. For example, lap belts on wheelchairs, locked exits and raised bed sides. However, the manager could not tell if these practices had been agreed with the person or that they had assessed the person capacity.

Staff told us that whilst they would not stop anyone from leaving they would go with them. They told us that where people asked to "go home" they would use distraction to help calm and reassure them. The manager was aware of the restrictions in place and said they were used to help promote safe care of people. People's care records had not recorded any information in relation to people's choice or agreement in the use of these restrictions.

Where people had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place this had been completed by the GP. However, where people had not had the capacity to make a decision on their own we could not see how the decision had been made in their best interest. The manager was not aware how the decision had been made or who had been involved. Staff used a board in the nursing office to show who held a DNACPR. However, this information had not always matched the information in the care plans. Therefore, the provider could not be assured that people would receive care and treatment that reflected their individual preferences.

This showed that the provider was in breach of Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2014 Consent to Care.

People told us that staff knew how to look after them. During our observations staff demonstrated that they had been able to understand people's needs and had responded accordingly. All staff we spoke with told us they were aware of a person's right to choose or refuse care. One member of staff said, "They (people) lead their care". They told us if they had concerns about a person's choice that could have a negative impact that they would refer any issues to the manager or nursing staff on duty.

Staff told us about the courses they had completed and what this meant for people who lived in the home. They felt their knowledge had been kept up to date and were knowledgeable in how to look after people's needs. For example, they told us about the impact that a dementia related illness can have on a person and how understanding a person's history could help engage a person.

We spoke with two staff and they told us that they felt supported in their role and had regular meetings with the manager to talk about their role and responsibilities. Staff felt that the manager was available and present out in the home. One said, "[Manager] is consistently seeking feedback" and we saw that the often chatted to the care and nursing staff.

People told us they enjoyed the food as it was "excellent" and "there were always choices". We saw that people received drinks and meals throughout the day in line with their care plans. For example, people received a soft diet or were supported to eat their meal.

Staff told us about the food people liked, disliked and any specialised diets. Care staff and the kitchen staff knew where people required a specialist diet, such a soft consistency to reduce the risk of choking. We looked at three people's care records and saw that dietary needs had been assessed. The information about each person's food preferences had been recorded for staff to refer to.

People told us they got to see the dentists, opticians, social workers and other health professionals in support of the care received at the home. Care staff told us that they reported concerns about people's health to the senior or nurse on duty, who then took the appropriate action, for example calling the GP. We saw that the GP visited the home regularly to review all people's health or on request.

Staff were able to tell us about people's individual care needs which were confirmed in the care planning records. Nursing staff told how people were supported with other health conditions and how they were monitored and supported within the home. We saw records that showed where advice had been sought and implemented to maintain or improve people's health conditions. For example, speech and language and skin ulcer care.

Good

Is the service caring?

Our findings

All the people we spoke with told us they liked living at the home and one person said “It’s a nice place”. They felt the staff supported them well with “A friendly smile” and were kind. People looked relaxed with staff, smiled and chatted happily.

People told us they were confident to approach staff for support or requests. They felt “attention from staff” was very good and “You can’t get better than this”. Staff ensured people were supported to express their views and be involved as much as possible in making decisions about their care and treatment.

Relatives we spoke with felt that all staff were approachable, friendly and were good at providing care and support to their family member. One said, “They have been amazing through the care they have given”. We also saw that staff spoke to family members about their relative and how they had spent their days. Relatives told us staff would update of their family member’s health when they visited or on the telephone.

Staff told us they also got to know people by talking with them and showing an interest and felt it was important “to involve their family”. They also told they looked at care plans for additional information but added people “lead their care in a flexible way”. Care plans we looked at showed people’s likes, dislikes, life history and their daily routine.

Staff were aware of people’s everyday choices and were respectful when speaking with them. People we spoke with told that staff used their preferred names and were patient. Staff made sure the person knew they were engaging with them and understood people’s communication styles. Staff were also positive and showed they understood people’s needs by reducing any concerns or upset that occurred. For example, we saw staff reassure and comfort people who became upset and this had a positive effect on people they supported.

All staff we spoke with told us about the care they had provided to people and their individual health needs. Staff members told us about how they discussed people’s needs when the shift changes in the staff handover to share information between the teams.

People felt supported in promoting their dignity and independence. They told us they chose their clothes and got to dress in their preferred style. We saw that equipment was used to help people remain independent with walking and at mealtimes. Staff chatted to people before they provided care so they were aware of what to expect. Staff always knocked on people’s doors and waited before entering and ensured doors were closed when people wanted to spend time in bathroom. Staff told us that where people shared bedrooms they used curtains to promote privacy.

Good

Is the service responsive?

Our findings

People told us that the staff knew them well and felt their care needs were met. One person told us that their health had improved since living at the home. They told us that staff provided the care and support they wanted. They felt able to direct staff and make changes if they had wanted and felt staff knew when they health needs changed. One person said, “They get the doctor if I don’t feel well”.

We saw that staff knew people well and had a good understanding of each person as an individual. Staff told us that people were treated as individuals and that information in people’s care plans provided them with information about people’s choices and individual needs. People’s care plans we looked at contained information about the care and support required to keep them healthy. The wishes of people, their personal history and other health professional’s advice had been recorded. Relatives told us they were aware of the care plans and the care and treatment needed of their family member.

Staff told us they were happy to support people and pass changes in people’s care needs to nursing staff and felt they were listened to. People’s needs were discussed when the shift changes to share information between the team. The registered manager told us the handover book was available in the office for staff to refer to if needed. If needed changes to a person’s care had been updated in their care records.

People felt they had maintained relationships with their families. Relatives were free to visit at any time and told us staff were friendly, inclusive and made them feel welcomed. They also commented that they were able to be involved and contribute in planning the care of their family member.

People were helped to be involved in things they liked to do during the day and had been provided with newspapers and magazines. People told us about some things they enjoyed like “Making cakes” and “Playing games”. Staff spoke about people’s individual hobbies and interests and told us activities that some people enjoyed. People were support by four staff that were dedicated to providing personal and group activities.

People told us they were happy to raise issues or concerns with staff or the manager. People said that staff listened to them when needed. Throughout our visit relatives approached staff and the registered manager to talk about the care and treatment of their relative. People therefore had the opportunity to raise concerns and issues and had confidence they would be addressed.

Staff we spoke with told us they were happy to raise concerns on people’s behalf. They told us that changes were made if necessary and provided examples. One staff said if a person had not liked the food they would “tell the chef” and it would be remembered.

Where the provider had received complaints from relatives these had been recorded and responded to. Where needed further investigations had been undertaken and action taken to reduce the risk of a repeat incident. The provider had also used questionnaires to obtain feedback. This showed that “more outings” had been requested and the manager was looking at ways to so this. Whilst we saw that these checks were in place they did not show how the provider had ensured that people had their consent to care considered.

Requires improvement

Is the service well-led?

Our findings

The registered provider must ensure that an individual is registered as a manager with CQC for all locations. At the time of the inspection, there was a manager in charge for the day to day running of the home. The manager had taken appropriate steps towards becoming the registered manager and was awaiting an interview in respect of the application.

Monthly checks of the home had been completed and gaps identified from these checks were recorded and discussed with staff. These checks involved discussion with people at the home, a review of people's care plans and staff recruitment.

The manager had further improvements planned to undertake in relation to the communal decoration of the home. They told us they had considered ways to make a more inclusive environment for people living with dementia. However, although the home was clean and odour free, at points around the home improvements could be made which the manager acknowledged. The manager had no infection control lead in post to ensure that the home met the Department of Health, Code of Practice on the prevention and control of infections and related guidance. .

People were supported by a staff team that understood people's care needs. All people we spoke with knew the manager and staff at the home and were confident in the way the home was managed. The manager also ensured that they worked directly with people and staff. They felt this provided an opportunity to get people's views and look at staff skills and knowledge. Family members were complimentary about the care of their relative and told us they were listened to and supported.

The manager told us that "the vision of the home is to be safe and caring". They told us they listened to people and their relatives view and kept them updated with a monthly newsletter. Relatives were invited to attended meetings, share their views via email or to "come and have a chat" with the manager.

Staff told us that the manager had made changes within the staffing team, "for the better". The manager was "approachable" and "accessible" and action was taken. Staff provided examples of where staffing had changed as a result of feedback to the manager. We saw recent compliments that relatives had sent regarding the care and treatment that had been provided. Staff told us they welcomed direct feedback and we saw that relatives were happy to speak with them about their family member.

Staff were open in their discussion about the home. Nursing staff led each shift and care staff were provided with clear guidance and were supported to provide care to people. Information was shared with staff so they clear about their duties and where people required additional care due to changes in their health. Care staff told us they would report any poor practice they saw and felt they were listened to and respected by the management team. The manager was able to provide recent examples of how this had worked and felt staff were now more confident to raise issues.

The manager and senior staff had sought advice from other professionals to ensure they provided good quality care. For example, they had followed advice from district nurses and the local authority to ensure that people received the care and support that had been recommended. The manager told us that provider supported them and they shared knowledge with the provider's other managers.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent People who use services and others were not supported to consent to all care and treatment.