

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



Overall summary

This inspection took place on 4 and 7 November 2014 and was unannounced.

Green Bank is located close to Bexhill-on-Sea Old Town. The service provides long term accommodation and personal care for up to 20 older people who are living with dementia. Where appropriate the service will support people through end of life care. At the time of our inspection there were 13 people living there. The service has accommodation over two floors and includes an outside space which is accessible for wheelchair users.

There was a registered manager in post at the time of 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.

The provider was not always notifying us about information they had to report, including one allegation of abuse. The provider is required to notify the CQC of any

Summary of findings

safeguarding allegations so that we can monitor the safety of the service. Staff were confident about their ability to keep people safe and take action when required.

The necessary background checks were not in place for the recruitment of staff which meant they could not be certain that staff were of suitable background and character. There was a sufficient number of staff on duty to meet people's needs.

There were a number of environmental hazards which meant there was a risk to people's safety in the service. These had not been identified by the provider through the checks that took place to monitor the quality of the service.

Care plans did not always include sufficient details to guide staff on how people should be supported with their health needs. However, people did tell us that staff always talked with them about matters of health. Relevant health services were involved to support people in maintaining their health.

People's care plans were regularly reviewed but we found that recent changes in people's needs were not always recorded. It was also not always clear how people themselves had been involved in discussions about their care and treatment. More generally, improvements were required to make sure that people with difficulties in communicating were appropriately supported to give their views about the service.

People were treated with kindness and respect. The people we spoke with confirmed this and made comments such as "They are very kind, caring and nothing is too much trouble". People were free to go

where they wanted and were able to spend private time in their rooms if they chose. Relatives we spoke with were generally positive about the care and support that was in place.

There was an activity programme in place and the staff team had been supported by an outside agency to arrange activities which were suitable for people's individual needs. One person was able to look after their pet cat at the service as this was something they enjoyed.

People were given sufficient amounts of food and drink. There were options for meals and individual needs were catered for. The cook was aware of people's preferences, likes and dislikes.

Staff told us they felt well supported and that they got the training they needed to carry out their roles effectively. Staff told us that they could have a meeting whenever they needed. Staff were knowledgeable about the people they were supporting and how their dementia impacted on their day to day living.

The manager was aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are safeguards put in place to protect people where their freedom of movement is restricted. They were also aware of recent guidance regarding DoLS and told us that they had been liaising with the local DoLS team to ensure that they were following good practice. Staff told us they had been trained in the MCA and this was confirmed by training records.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, and other areas of practice that required improvement. 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 not safe.

Some areas of the environment were found to be a risk to people. These included unsafe radiator covers and exposed hot pipes. Recruitment records did not hold all of the required information. Safeguarding incidents had not been correctly reported to the appropriate authorities.

Improvements were required in the recording of controlled medicines, however the provider had an effective system in place for the safe administration of other medicines.

There was a sufficient number of staff on duty to look after people.

Requires Improvement



Is the service effective?

The service was not effective.

Although people's care plans held information about their health needs there was not always a clear explanation of how identified needs should be met.

Staff told us they were well supported by the manager and got the training they needed. Staff understood the Mental Capacity Act (2005) and met the requirements of the Deprivation of Liberty Safeguards.

People were supported to have varied diets in line with their preferences.

Requires Improvement



Is the service caring?

The service was not consistently caring.

People were not appropriately supported to be involved in making decisions about their care and support.

People told us they were looked after and cared for. Staff knew people well and understood their needs.

We observed staff treat people with sensitivity and respect. Care was carried out in a way which promoted people's dignity.

Requires Improvement



Is the service responsive?

The service was not always responsive.

There was a lack of recorded information about people's preferences, interests and background and how this was to be included in their care and support.

Although care plans were reviewed each month we found that recent changes in people's needs were not always recorded in order that staff had the guidance they need to provide consistent care.

Requires Improvement



Summary of findings

People told us that they knew how to complain if they needed to. People were offered activities which matched their abilities.

Is the service well-led?

The service was not consistently well led.

Audit systems were not fully effective at identifying risks and taking appropriate action to make improvements. Environmental hazards and inaccurate care planning had not been picked up through quality checks.

Not all of the people were fully supported to express their views about the service.

The provider had failed to inform the CQC of some incidents that occurred at the service.

Staff told us there was a supportive culture. Staff were aware of how to raise any concerns about care practice.

People and their relatives told us they were satisfied with the management of the service.

Requires Improvement



Green Bank

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 inspection took place on 4 and 7 November 2014 and was unannounced. The inspection was carried out by two inspectors and an expert by experience who had experience of people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted East Sussex County Council who commissioned the service for some people living at Green Bank.

During this inspection we looked around the premises, spent time with people in their rooms and in the lounge and dining room. We observed people having their main meal of the day in the dining room and some of the activities that were taking place. We looked at records which related to people's individual care. We looked at four people's care planning documentation and other records associated with running a care home. This included six staff recruitment files, training records and the staff rota.

We spoke with four people living at Green Bank, two relatives, four members of staff, the cook, the registered manager and the provider. We also spoke with a district nurse who was visiting the service. Most people were living with dementia and were unable to tell us about their experiences of the care they received. However, we spent some time observing how the staff supported people in the service.

We last inspected Green Bank on 12 August 2013 where no concerns were identified.

Is the service safe?

Our findings

People told us that they felt safe at Green Bank. However we identified some aspects of the service which did not fully protect people against the risk of harm.

The provider did not always take appropriate action where risks to people's wellbeing were identified. We noted there was also a choking incident in October 2014 which was caused by a person being given solid food despite being on a soft food diet. This had not been reported as a safeguarding incident to the local safeguarding authority. This meant the provider had not responded appropriately to an identified risk of abuse. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were clear about their responsibilities should abuse be suspected. Although we found that incidents of potential abuse were not always reported correctly, staff were aware of their duty to report such concerns to the local authority lead agency. They were able to show us where the safeguarding policy and procedures were kept and the noticeboards where the safeguarding telephone numbers were displayed. Training records showed that staff had received training in safeguarding which had been carried out by the local safeguarding authority.

Safe recruitment practices were not always followed. Staff records held evidence of a criminal background check being carried out prior to employment. There was also appropriate proof of identity for each staff member. However, there were no original photographs and three of the records held only one reference, two of which were character references and not from a previous employer. This meant that the provider could not be certain that staff were of suitable background and character. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked around the premises and some people's rooms to see if the environment kept people safe. We identified some areas of concern which placed people at risk of harm or injury. Most radiator covers had sharp edges and a few were broken, exposing hot surfaces. This meant there was a risk of scalding or injury if someone fell. In one toilet there were exposed pipes which were too hot to hold a hand on. There was no risk assessment in place for this. When we raised this with the provider, immediate arrangements

were made to make improvements. We noted that the service made use of a maintenance person to carry out general repairs and improvements. On the second day of our visit some radiator covers had been replaced and this work was ongoing.

In one bedroom on the ground floor the window was not restricted. Although the person was a wheelchair user and unlikely to be able to climb through the window, the security risk had not been identified and there was no assessment in place to show that the risk had been considered.

One bedroom had three hanging electrical wires from the overhead light over the bed. We also noted that there were hanging wires in the dining area. Some rooms had carpets which were slightly rucked and which presented a trip hazard. Although there were up to date risk assessments in place for the environment, the areas of concern we found were not included. The environmental risks identified potentially placed people at risk of harm. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at the management of controlled medicines. The controlled medicines cabinet was securely attached to a wall. Although there was a record of controlled medicines administered there was no evidence that these records were checked to make sure medicines had been given correctly. We noted that there was one missed entry for one medicine and no evidence that this had been seen or followed up by staff. This meant that staff could not be certain that controlled medicines had been administered in line with prescriptions. We identified this as an area that required improvement.

The provider had an effective system in place for the safe administration of other medicines. We noted that the staff who administered medicines ensured that each person took their medicine before signing the medication administration record (MAR) chart. The recording on MAR sheets was accurate and clear. The staff we spoke with told us that people took their medication as prescribed. Staff told us they were aware of the need to consult a GP if a person continued to refuse their medicines. This was to ensure that the impact to their health of not taking the medicine was clearly understood.

Four senior members of staff were able to administer insulin and take blood sugars. There were certificates that

Is the service safe?

showed they had been trained to do this. On the days that the trained members of staff were not on duty the district nurse came in to administer insulin. We observed this happen.

Although there were procedures in place for infection control we identified areas for improvement. For example, we observed a member of staff leave a bedroom with soiled linen and pads in their hand which had not been put in a bag. They then entered another bedroom to get a bag. We also observed one staff member wearing gloves and aprons in a bedroom. They then left room with a person in a wheelchair but were still wearing the gloves and apron. This presented a risk of cross infection.

There were up to date fire procedures in place and a mobility risk profile of all the people for fire evacuation. There was also information and guidance for staff on fire drills. Records showed that the manager carried out weekly fire system checks and that all staff had been trained in fire safety in the last year. Appropriate firefighting equipment, such as extinguishers, were available throughout the service and these had been checked as required. A fire risk assessment had been completed in April 2014 which had identified areas where improvements were needed. Action had been taken to make the required improvements to ensure that fire systems were safe.

There were sufficient numbers of staff to keep people safe and meet their needs. The usual staffing levels consisted of three care staff and a senior in the daytime and two care

staff at night. We observed that these were the staffing levels during the inspection and staff feedback and copies of rotas confirmed this. There was always a senior member of staff on call at night in case of emergencies. During our inspection there was always one or two staff in the lounge and staff were available to support people when needed. Staff commented that "Ratios are good. We have time to chat with residents" and "There is always at least one staff in the lounge during the day". One person who was in bed told us "When I ring the bell a carer comes running. I don't have to wait".

There were additional staff to help with laundry and cleaning. There was usually a dedicated cook but on the day of our inspection staff covered for the cook's absence. We noted that the cleaner helped with the morning coffee/tea and with the moving of residents at lunchtime. They seemed to be very much part of the team.

On a noticeboard there was a display of the food hygiene certificate from the Food Standards Agency (FSA) which gave a rating of 1. This was dated July 2014 and meant that major improvement was necessary. The manager told us that this was because of a lack of paperwork and that the required actions had been completed. We were told that a follow up visit was due. There were records in the kitchen which included daily, weekly and monthly cleaning tasks and that these had been completed as necessary as required by the FSA. We found no concerns about the standard of cleanliness in the kitchen.

Is the service effective?

Our findings

People told us that they felt safe at Green Bank. However we identified some aspects of the service which did not fully protect people against the risk of harm.

The provider did not always take appropriate action where risks to people's wellbeing were identified. We noted there was also a choking incident in October 2014 which was caused by a person being given solid food despite being on a soft food diet. This had not been reported as a safeguarding incident to the local safeguarding authority. This meant the provider had not responded appropriately to an identified risk of abuse. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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There were sufficient numbers of staff to keep people safe and meet their needs. The usual staffing levels consisted of three care staff and a senior in the daytime and two care

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Is the service caring?

Our findings

It was not always clear how people had been involved in planning their care at the service. The registered manager told us that care plans were developed in consultation with people and that, if a person was unable to understand, a relative would be involved. One person's care plan showed no evidence of their involvement in what had been written. This may have been because they were unable to understand the process but this had not been recorded and there was no explanation of what steps had been taken to consult with them. Although there was evidence that a relative had been involved on the person's behalf, we identified this as an area that required improvement.

People were involved in making day to day decisions. Staff took time to explain what was happening and gave opportunities for people to make their own decisions about what they wanted to do.

People told us they were looked after and cared for. They said that care workers were "Kind" and "Always willing to help". A relative told us they were very pleased with the delivery of care and commented "They are very kind, caring and nothing is too much trouble". They explained that their mother was "Content" and it had been "A really good last few months".

We observed that the staff were attentive and supported people with sensitivity. For example, one person in the lounge required the use of a hoist to transfer into a wheelchair for personal care. The person started shouting whilst this was taking place and staff asked them if there was a problem. It was clear that this was a regular behaviour that the care workers were familiar with and support was offered gently and at an appropriate pace. Staff checked that there was no discomfort and offered gentle support and encouragement to the person until they

were seated. On another occasion we observed one person in the lounge who had slipped sideways in their chair. Staff were quick to reposition the person and make them more comfortable.

One person had recently been ill and had needed to remain in their room until they got better, due to the risk of cross infection. They told us that they had understood the reasons for this and that they had been "Well looked after". They explained that the staff had been quick to respond whenever they had needed support or assistance.

Staff knew people well and understood their needs. All of the staff we spoke with had been working at the service for over a year. They were able to talk about individual people confidently and had a clear understanding of people's background and preferences. For example, one person had led a religious lifestyle and staff were able to tell us about this person's history and what they used to do. Comments from staff included "We get time to chat with the residents" and "It's a good family type environment. We get on with residents and have time to be with them". We observed that people were familiar with the staff who supported them and the atmosphere was relaxed and light hearted.

Relatives visited throughout the day. One of them told us "I visit every day. It's ok here". Relatives said that they were welcome anytime and were kept informed when any issues arose. Relatives were able to move round the service freely and there were quiet areas available if they wanted privacy to meet with their family member.

We observed throughout the inspection that staff treated people with dignity and respect. When staff spoke with people they were attentive and either sat next to the person or got into a position where they were at eye level. When personal care was given doors were kept shut in order to maintain privacy. People were able to spend private time in their rooms if they wanted to. We observed that people were dressed appropriately whilst maintaining an individual style.

Is the service responsive?

Our findings

The provider did not always respond appropriately where changes in people's needs were identified. Care plans contained guidance about how people's assessed needs were to be met. However, we found that there was a lack of information about people's preferences, interests and background and how this was to be included in their care and support. For example, one person's care plan noted that they had been very restless since they had moved to the service. There was no detail about whether this had been explored and what action had been taken to try to settle the person in by exploring their likes and dislikes. We noted that this person's room was quite bare, with little personalisation and nothing noted in the care plan that this was their preference. This meant that care plans did not fully reflect how people would like to receive their care and support. We identified this as an area that required improvement.

Care plans were reviewed each month and any identified changes were recorded and updates made. However, recent changes in people's needs were not always recorded. For example, we found that one person's care plan had not been updated to reflect they were now receiving end of life care. At the time of the inspection this person was on twenty four hour bed rest, received regular comfort checks and their relative visited every day. This had not been recorded and meant there was a potential risk of inconsistent care. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We noted that although there were two lounges available, everyone was sitting in the same lounge, which at times appeared crowded. One person in the lounge frequently shouted, which was part of their behaviour, but this disturbed some of the other people. One person commented "I can't bear the noise that some people make.

I can't hear the telly". Staff had not identified this as a problem and no action was taken to improve the situation. This showed a lack of consideration to make better use of the environment for people living with dementia.

The complaints procedure was displayed on a noticeboard near the lounge. This explained how people could complain and what would happen. However it was in small print and not in an easily understandable format for people living with dementia. The complaints book showed that no complaints had been recorded in 2014. People told us they would talk to a member of staff if they had any concerns. One person said "I would feel quite able to make complaints, but I prefer to talk to a carer about any worries". Another person commented "I am asked daily how I feel".

Staff spent time in the lounge chatting with people. On one morning a care worker started a sing-a-long session with people because the planned activity had to be cancelled. We saw that this was enjoyed and people joined in happily. Staff told us that they tried to get people involved with activities. One care worker said "The Inreach Team came to help plan appropriate activities. We now have a programme. We do puzzles, art, ball exercises and massage. We got out when the weather is ok". Inreach is a team of people who support care homes in working with people with complex needs. We were told that some people attended the local church.

We looked at the guidance produced by the local Inreach Team. The guidance included information about different types of activities which would be suitable for individuals based on their ability and understanding. An activity timetable had been drawn up following the visit. A staff member told us that they tried to accommodate people's preferences. People were allowed pets if they wished and one person spoke lovingly about their cat which lived at the service. We were told that visitors were welcome to visit anytime and during the inspection we observed a number of visitors coming and going.

Is the service well-led?

Our findings

We identified a number of areas of practice that potentially placed people at risk. These included incomplete recruitment checks, environmental hazards and inaccurate care plans. Although the manager carried out a number of checks intended to monitor the quality of the service and identify risks and areas for improvement, these had not identified potential risks such as unsafe radiator covers, exposed pipes and inaccurate care plans. This meant that the system for auditing the service was not fully effective. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

One recent safeguarding alert had been reported to the local safeguarding authority, however this had not been reported to the CQC. There was also a choking incident in October 2014 which had not been reported. The provider is required to report such incidents to the CQC as part of their registration requirements. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Improvements were required to make sure that people with difficulties in verbally communicating were appropriately supported to give their views. The manager told us that questionnaires were sent out once or twice a year to get feedback from people, relatives and professionals about the service. We looked at the returned questionnaires received after the last survey in May 2014. Six relatives and a professional had responded. Nothing had been returned from people who used the service. A resident and relatives meeting was held on 6 November 2014 although we noted that this was the only one held this year. One resident and five relatives had attended. However, one person told us it did not seem as if there were any resident meetings and they did not know if there were meetings for relatives. This meant the provider was not fully supporting people to get involved in how the service was run.

We noted that there was a quality assurance report on the noticeboard in a corridor which summarised the responses taken from a survey in November 2013. This included the

action taken as a result of the survey, such as improving the range of activities for people. This showed that the registered manager took account of feedback and made changes to service provision as a result.

There was a monthly kitchen area check and laundry room check which included action points and when these had been completed. A fortnightly room audit was also carried out and this included looking at whether call bells were within reach or if there were any odours.

There was a supportive culture in the service. We observed that the registered manager was available for staff when needed and spoke with staff and people in a friendly and familiar manner. The rota showed that the registered manager was usually present in the service on weekdays and sometimes at weekends. The registered manager described the main aspects of the philosophy of care at Green Bank as treating people as individuals and promoting independence, choice and autonomy.

Staff made positive comments about the manager which included "I can always talk to the manager when I need to" and "The manager respects you". Staff felt that the culture in the service promoted good teamwork and a 'homely' atmosphere. One staff member told us "We work well as a team. There is good coordination". Staff were clear about their responsibilities and what was expected of them.

Staff told us that were able to feedback their views to the manager and that they were taken seriously. One care worker said "If I am concerned about a resident I will tell the manager and he will take action". We noted that there had only been two team meetings in 2014 but staff told us that if something needed to be discussed an informal meeting would be held straight away.

People and their relatives told us that they felt the service was well run and that they could speak with the manager when they needed to

Staff were aware of how to raise concerns which related to poor care practice. Whilst talking to staff they made reference to the whistleblowing procedure. Whistleblowing is where staff raise concerns about colleagues or management due to poor practice. Staff told us that if they saw any bad care they would feel confident about reporting it, either internally, or to the CQC.

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 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 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse The provider did not always respond appropriately where potential abuse had been identified. Regulation 11(1)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers Insufficient background checks meant that safe recruitment practices were not always followed. Regulation 21(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises The provider did not ensure that environmental risks were effectively managed. Regulation 15(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records Gaps in people's care plan records placed people at risk of receiving incorrect care and support Regulation 20(1)(a)

Regulated activity	Regulation
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This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

Risks to people due to incomplete records and environmental hazards had not been identified by the manager through auditing or quality assurance. Regulation 10(1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The provider had not notified the CQC of all safeguarding incidents. Regulation 18(1)(2).