Bupa Care Homes (CFChomes) Limited

Green Gates Care Home

Inspection report

2 Hernes Road
Summertown
Oxford
Oxfordshire
OX2 7PT

Tel: 01865558815

Date of inspection visit:
17 August 2017

Date of publication:
07 September 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Green Gates Care Home is a care home service with nursing. The home is situated in the Summertown area of Oxford and is registered to accommodate up to 40 people. On the day of our inspection 31 people were living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

At our last inspection we identified concerns relating to staffing levels and staff's response times to people's needs. At this inspection we found improvements had been made. There were sufficient staff to meet people's needs and staff had time to spend with people. Staff responded promptly when people called for assistance. Risk assessments were carried out and promoted positive risk taking which enable people to live their lives as they chose. People received their medicines safely.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's G.P's to ensure their health and well-being was monitored.

The service continued to provide support in a caring way. Staff supported people with kindness and compassion. Staff respected people as individuals and treated them with dignity. People were involved in decisions about their care needs and the support they required to meet those needs.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People had access to a variety of activities that met their individual needs.

The service was led by a registered manager who promoted a service that put people at the forefront of all the service did. There was a positive culture that valued people, relatives and staff and promoted a caring ethos.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service has improved to Good.

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to reduce the risks and keep people safe.

People received their medicines as prescribed.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Green Gates Care 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 inspection took place on 17 August 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. 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, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service. This included previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about.

We spoke with nine people, five relatives, two care staff, the senior house keeper, two nurses, the activities coordinator, the chef, the deputy manager and the registered manager. During the inspection we looked at five people's care plans, four staff files, medicine records and other records relating to the management of the service. We observed care practice throughout the inspection. 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.

Good

Is the service safe?

Our findings

People told us they felt safe and were supported in a way that promoted positive risk taking. For example, one person was at risk of falls but wanted to remain independent. Their condition often fluctuated and this affected their mobility. Staff routinely assessed the person's mobility and encouraged them to mobilise independently when they were able. Equipment in the person's room alerted staff when the person was mobilising. This positive risk taking promoted the person's independence. People's comments included; "I have a kind of nest here and I'm comfortable in it" and "I'm safe. I've had no difficulties but I'm quite mobile". One relative said, "Yes, I am happy mum is safe".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "I'd report to my nurse or manager. I can also report to the local authorities" and "I would report to [registered manager] and if I was not satisfied it had been addressed I would report to the area manager". There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

At our last inspection we identified concerns relating to staffing levels and staff's response times to people's needs. At this inspection we found improvements had been made. There were sufficient staff on duty to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. One staff member told us, "There is enough staff, sometimes with holidays it gets tight but everything gets done". During our inspection we saw people's requests for support were responded to promptly. Call bells were answered in a timely manner. One person said, "I always feel that I have the staff to talk to, who know me, when my wife goes away".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Medicines were stored safely. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely.

People received their medicine as prescribed. We observed a medicine's round and saw staff administering medicine safely. Staff administering medicines signed the medication administration record (MAR) to confirm people had taken their medicines.

Risks to people were identified in their care plans. Where risks were identified there were plans in place to show how risks were managed. People were able to move freely about the home and there were systems in

place to manage risks. For example, where people were at risk of falls people had been referred to healthcare professionals and their guidance was recorded and followed. We saw one person being supported to mobilise safely in line with their care plan guidance.

One person had fragile skin and could be at risk of developing pressure ulcers. Staff were guided how to support this person which included; monitoring the person's skin, the application of prescribed creams and assisting the person to reposition. This person did not have a pressure ulcer.

There were detailed maintenance records that showed equipment and the environment were monitored. These included; equipment, water and fire. Any issues were addressed and resolved promptly.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. Staff training was linked to the Care Certificate. The Care Certificate is a set of standards that social care workers are required to work to. It ensures care workers have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. One staff member said, "The training is alright, there's certainly lots of it. It does equip me to do my job and I've just completed my NVQ level two qualification". Another staff member said, "I feel well supported and trained. I have regular meetings to discuss my work".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "I assume capacity, offer choices and give residents time to decide. These people can still make decisions".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS. At the time of our inspection three people at the service were subject to DoLS authorisations and care for these three people was being provided in the least restrictive way.

People were positive about the food. One person said, "Just like being at home". Another said, "Sometimes excellent, I'd be happy to pay for it". People enjoyed the food and were supported to meet their nutritional needs. We saw that people were given choices and if they appeared not to be enjoying their meal staff offered them alternatives. Where people had specific dietary requirements these were met. The Chef was very keen to support healthy and alternative diets to promote good health. They told us, "I am currently supporting one resident who wants to follow a specific diet and it seems to be working for them. The residents can have pretty much anything to eat they want here".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP, care home support service (CHSS) and speech and language therapist (SALT). Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans.

Good

Is the service caring?

Our findings

The home continued to provide a caring service to people who benefitted from caring relationships with the staff. People's comments included; "I am impressed how they handle difficult situations, they are very kind. I can't say anything bad about the place", "Everyone knows my name, they have chosen pretty good people (staff)" and "The staff are the very best, just wonderful from top to bottom". One relative commented, "Because dad lives here I've become his daughter again, not his carer as I was at home. I get to do all the fun stuff with him".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "I love it, I love the atmosphere and just caring for people" and "I love my job. I try my hardest to support the nurses as best I can and I like being with the residents".

People were involved in their care. Care plans contained documents stating people, and their relatives had been involved in the creation of their support plans and reviews of care. Throughout our inspection we observed staff involving people in their care. One staff member said, "I always try to make them feel part of what we are doing. Their involvement is important".

People were treated with dignity and respect. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. People were addressed by their preferred names and staff knocked on people's doors before entering.

People were supported to be independent. Throughout our inspection we saw staff encouraging people to be independent. For example we saw one person being encouraged and supported to mobilise independently. One staff member said, "I encourage residents to do things themselves".
Where people had expressed a preference their wishes relating to 'end of life' care were recorded and respected. Advanced care plans recorded people's preferences and wishes. For example, whether people wished to be buried or cremated, funeral and family arrangements and their choice of music for funerals. Staff worked closely with a local hospice and included the provision of specialist end of life training for the staff.

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely.

The provider's equal opportunities policy was available to people, relatives and staff in the home. This stated the provider's commitment to equal opportunities and diversity. This included cultural and religious backgrounds as well as people's gender and sexual orientation.

Good

Is the service responsive?

Our findings

The service continued to be responsive. People's needs were assessed prior to admission to the service to ensure their needs could be met. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs.

People's care plans gave clear guidance to staff in how to support people. For example, one person's care plan stated the person was 'registered as blind'. The person liked to listen to 'talking books' and 'the radio'. Staff were guided to 'ensure [person] has access to radio and talking books'. Staff were also guided to ensure the person's call bell was within easy reach and to identify themselves when entering the person's room. We saw staff following this guidance.

Care plans and risk assessments were reviewed to reflect people's changing needs. For example, one person's behaviours could fluctuate and they could become 'restless and unsettled'. Staff referred this person to the GP who reviewed their care and changed their medicine. Records indicated this person became more settled.

People received personalised care. This included, nutrition, moving and handling and emotional support. Staff spoke with us about ensuring people received personalised care. One staff member said, "I provide personalised care. This is care provided the way the resident wants it provided. It is about individuality".

People were offered a range of activities they could engage in. This included; quizzes, musical events, pets as therapy (PAT) dog's and one to one activities with staff. People commented on the activities. One person said, "I'm encouraged to make friends and they have group meetings where we mix". Another said, "If I want to stay in my room I can".

People knew how to complain and were confident action would be taken. The provider's complaints procedure was displayed in the home and available to people. There had been one complaint recorded for 2017, which had been dealt with compassionately, in line with the provider's policy. One relative spoke with us about complaints. They said, "We have raised issues in the past. They listened and responded very quickly".

People's opinions were sought through regular surveys and meetings. We saw the results of the last survey which were very positive. The registered manager used people's opinions to improve the service. For example, one person raised an issue relating to activities. As a result we saw a trip out being planned in line with this person's suggestion.

Good

Is the service well-led?

Our findings

The service continued to be well led. There was a registered manager in post. 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 were positive about the service and the registered manager. Comments included; "I think they run it considerably well. If I thought of complaining I would soon realise that I couldn't do better", "The home is well managed, on the whole" and "I'd say this is a pretty good care home".
One relative said, "[Registered manager] is fine, she has made the home work properly. Since she came here she has turned this place around and made improvements".

Staff told us the service was well led, open and honest. Staff comments included; "She (registered manager) is nice, approachable and really helpful" and "Every morning the manager and deputy manager attend the handover meetings. It shows me they are interested in what's going on here".

The registered manager promoted a caring culture that promoted person-centred care. The registered manager spent time speaking with and supporting people; demonstrating a kind and caring manner.

The registered manager monitored the quality of the service provided. A range of audits were conducted by the registered manager that included care plans, medicines, and staff support systems. Audits were used to improve the service. For example, one audit identified that 'whilst temperatures in the clinical room are within acceptable ranges the room does need air conditioning'. Plans to install air conditioning were being pursued and in the interim, fans were being used to assist air temperature control. Accidents and incidents were also recorded and investigated and we discussed with the registered manager the improvements they intended to make relating to patterns and trends emerging from investigations.

The registered manager told us they were supported by the regional director. They said, "The regional director visits monthly and the support I receive is very good". The registered manager also received support from the provider who conducted annual audits and analysed all data. Information was feedback to the registered manager, allowing them to action findings and improve the service.

The service worked closely with outside agencies. For example, a local hospice, care home support service (CHSS) and the local NHS Trust. The service also had strong links with community mental health services, tissue viability nurses and GPs.

There was a whistle blowing policy in place that was available to staff around the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.