Cornwall Care Limited

The Green

Inspection report

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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

The Green is a 'care home' that provides accommodation for a maximum of 43 adults, of all ages with a range of health care needs and physical disabilities. At the time of the inspection there were 43 people living at the service. 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.

The Green is situated in the town of Redruth. It is a purpose built two storey building with a range of aids and adaptations in place to meet the needs of people living there. There were people living at the service who were living with dementia and were independently mobile. There was pictorial signage at the service to support some people, who may require additional support with recognising their surroundings. The Green is close to the centre of Redruth with links to public transport. There is a main lounge/dining area in the entrance of the home. There are seven separate 'units' where people's bedrooms are located along with a lounge/dining area and kitchenette. All rooms were single occupancy. There is a lift to allow people access throughout the home. There were a range of bathing facilities in each area designed to meet the needs of the people using the service. There was a courtyard which people could use.

This unannounced comprehensive inspection took place on 26 June 2018. At the last inspection, in July 2016 the service was rated Good. At this inspection we found the service remained Good.

The service is required to have a registered manager. The manager had been in post for some months. Their application to be a registered manager with the Commission was in process. 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 and associated Regulations about how the service is run.

People and relatives told us they felt the management team at The Green were approachable and would listen to any suggestions they may have. There had been changes to the management team and people and relatives were positive about these changes. Comments included "All of the staff are brilliant. There have been lots of changes and it's just got better."

Staff told us with the change of manager and changes at senior management level there had been a number of positive improvements to the service. Staff told us There have been lots of changes, all for the better" and "[Manager] has been brilliant for morale. We have been through a lot of changes and now it's better than ever."
The senior managers met regularly and had redesigned their performance management system in order to improve reflective practice, increase sharing and improve communication across the organisation. The management team were keen to implement changes that would improve the quality of people's care and assist staff. For example, people and relatives said staff responded to call bells promptly. However, some staff and relatives raised concerns around where staff were deployed around the service. This was discussed

with the management team who immediately reviewed the current staffing and agreed to relook at where staff were allocated to work in the future. This would ensure sufficient numbers of staff were available at all times to meet people's needs. The management team agreed to review the deployment of staff immediately. We have made a recommendation in this respect.

On the day of the inspection there was a calm, relaxed and friendly atmosphere in the service. We observed that staff interacted with people in a caring and compassionate manner. People told us they were happy with the care they received and believed it was a safe environment. We spent time in the communal areas of the service. Staff were kind and respectful in their approach. They knew people well and had an understanding of their needs and preferences. People were treated with kindness, compassion and respect. The service was comfortable and appeared clean with no odours. People's bedrooms were personalised to reflect their individual tastes.

Care plans were well organised and contained personalised information about the individual person's needs and wishes. Care planning was reviewed regularly and whenever people's needs changed. People's care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Risks in relation to people's care and support were assessed and planned for to minimise the risk of harm.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. Care records contained information for staff on how to avoid this and what to do when incidents occurred.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

The service had implemented a daily 'Stand up meeting'. Information about people's care would be shared, and consistency of care practice could then be maintained. This meant that there were clearly defined expectations for staff to complete during each shift.

There were systems in place for the management and administration of medicines. People had received their medicine as prescribed. Regular medicines audits were being carried out on specific areas of medicines administration and these were effectively identifying if any error occurred such as not dating creams on opening.
People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards (DoLS) were understood and applied correctly.

People were protected from abuse and harm because staff understood their safeguarding responsibilities and were able to assess and mitigate any individual risk to a person's safety.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy. People told us, "The food is beautiful, it is lovely here, I could just eat and eat and eat!"

People had access to some activities both within the service and outside. Two activities co-ordinator were employed and organised a planned programme of events. Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time.

Staff were supported by a system of induction training, supervision and appraisals. The manager had identified that the supervision of staff had been lacking but had responded to this. Staff said they felt supported by the manager and could approach them with any queries. Staff meetings were held regularly.

Staff were recruited in a safe way. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes.

There was a system in place for receiving and investigating complaints. People we spoke with had been given information on how to make a complaint and felt confident any concerns raised would be dealt with to their satisfaction.

People were asked for their views on the service regularly. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The staff team were motivated and happy working at the service. The staff felt valued and morale was good.

There were effective quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by both the manager and members of the senior management team.

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

The Green

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 comprehensive inspection took place on 26 June 2018. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has experience of using, or of caring for a person who has used this type of 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 reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with nine people who were able to express their views of living at the service. Not everyone we met who was living at The Green was able to give us their verbal views of the care and support they received due to their health needs. We also spoke with two relatives, staff, the registered manager, Interim Operational Director and the Regional Manager. We also spoke with two visiting health and social care professionals. We used pathway tracking (reading people's care plans, and other records kept about them), carried out a formal observation of care, and reviewed other records about how the service was managed. We looked around the premises and observed care practices on the day of our visit.

We used the Short Observational Framework Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care documentation for four people living at the service, medicines records, three staff files, training records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe at The Green. Comments included "Yes, I definitely feel safe now, it's the happiest 7 years of my life here," "I used to worry about being safe in my house alone but I don't worry any more" and "Yes, I know there are people around me 24 hours a day and I only have to shout out and they would be there for me." Relatives echoed this view.

We received mixed views from people, relatives and staff as to if there were enough staff deployed around the service. Comments from people varied form "Yes I'm safe. If I need someone at night I use my buzzer and they come and if I need someone when I'm out here (in the garden area), I just phone them and they come.". Relatives views also varied commenting, "It's not a criticism of the staff here at all but they do need more staff. For example, I brought [relative] back after a day out and got back early evening. I was waiting for nearly 20 minutes at the front door to be let in," and "The staff are wonderful but I feel they need more at nights. On quite a few occasions, other residents have wandered into [relative's] room at night. It upsets her."

During the inspection we saw that there were times when people had limited or no staff support. For example, we entered a lounge where three people were seated. We remained there for fifteen minutes with no staff presence or monitoring occurring. We were not able to ascertain how long they had no staff presence.

The Green has seven units which were staffed by one care member of staff for six to seven people. The staff rota showed that there were nine care staff on duty during the day and eight in the evenings. There was always a senior care member of staff on duty. This meant that seven care staff were allocated to particular units and two care staff were able to support units as and when needed. However, staff felt that if a person's care needs changed, for example became unwell, in their unit this placed additional pressure on them to meet all the care needs of the people they supported in their unit. On the day of inspection one care member of staff finished their shift earlier due to being unwell which placed additional pressures on the remaining staff team.

We fedback these comments to the management team who acknowledged that the deployment of the staff to meet peoples care needs needed to be reviewed. They stated they would immediately do this by firstly, incorporating this in their daily handover meetings. Secondly by reviewing all people's dependency needs in the service to ensure their had sufficient staffed deployed throughout the service at all times.

The service is also supported from an administrator, activity coordinators, housekeeping, ancillary and maintenance staff.

We recommend that the service undertake a full review of how staff are deployed throughout the service to meet people's current care needs.

People were protected from abuse and harm because staff knew how to respond to any concerns. All staff

had received safeguarding training. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe. Comments included "I wouldn't tolerate it. If I saw something that put one of our resident's safety at risk, I would be the first to speak up and I know it would be dealt with". Safeguarding concerns were handled correctly in line with good practice and local protocols.

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations the manager robustly investigated these issues. This meant people were safeguarded from the risk of abuse.

There were effective systems in place to support people to manage their finances. Some people living at the service managed their own money with support from the manager. Advocates were appointed for some people. The service held small amounts of money for people so that they were able to make purchases for personal items and pay for outings. An auditing system was in place to ensure that people's monies were effectively monitored and kept secure.

Risk assessments were in place for each person. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe. For example, to prevent poor nutrition and hydration, skin integrity, falls and pressure sores. Risk assessments were reviewed monthly and updated as necessary. Health and safety risk assessments were completed for all areas of the building, as well as tasks which may present a risk.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. Care records contained information for staff on how to avoid this and what to do when incidents occurred. For example, providing staff with information on what effectively distracted the person and how to support them when anxious. We saw staff providing reassurance to people as specified in their care plan which helped the person's anxiety level reduce.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Actions were taken to help reduce risks in the future. For example, concerns were raised regarding the use of bed rails. The service reviewed the type of bed rails they were using and purchased safer bed rails. These have now been purchased for all Cornwall Care homes.

There were safe arrangements in place for the administration of medicines. Regular internal audits helped ensure the medicines management was safe and effective. People were supported to take their medicines at the right time by staff who had been appropriately trained.

Each person had a Medication Administration Record (MAR) sheet. Staff completed these records at each dose given. From these records it could be seen that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were signed and had been witnessed by a second member of staff. This meant that the risk of potential errors was reduced and helped ensure people always received their medicines safely. Some people had been prescribed creams but not all had been dated upon opening. This meant staff were not always aware of the expiration of the item when the cream would no longer be safe to use.

Medicines which required stricter controls by law were stored correctly and records kept in line with relevant

legislation. The stock of these medicines was checked weekly. Some medicines required cold storage. Records showed medicine refrigerator temperatures were monitored. This meant the safe storage of these medicines could be assured.

The service held a policy on equality and diversity. Staff were provided with training on equality and diversity. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices.

Equipment owned or used by the service, such as mobility aids were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by appropriately skilled contractors. There was a system of health and safety risk assessment for the building. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills.

We looked around the building and found the environment was clean and there were no unpleasant odours. The service had arrangements in place to ensure the service was kept clean. The service had an infection control policy and the registered manager monitored infection control audits. Staff received suitable training about infection control. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons, hand gel and gloves and these were used appropriately throughout the inspection visits.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency had awarded the service a five star rating.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references. This helped to protect people from being cared for by unsuitable staff.

Good

Is the service effective?

Our findings

People and their relatives told us they were confident that staff knew people well and understood how to meet their needs. People's needs and choices were assessed prior to the service commencing. People were able to visit or stay for a short period before moving in to the service. This helped ensure people's needs and expectations could be met by the service. People were asked how they would like their care to be provided. Copies of pre- admission assessments on people's files were comprehensive. This information was used as the basis for their care plan which was created during the first few days of them living at the service.

The manager said the service had good links with external professionals. They were currently working with an agency to build better working relationships. The service worked closely with a wide range of professionals such as district nurses, social workers and general practitioners to ensure people lived comfortably at the service. People told us they were able to see doctors when needed and external appointments such as dentists, opticians and hospital specialists were facilitated. Relatives told us the service always kept them informed of any changes to people's health and referred to medical professionals promptly. Comments included "[Relative] has been much healthier since she has been here. When she was at home, she was seeing the GP every week but not anymore. It's a relief" and "Yes, that's another weight off my mind knowing that if [relative] needs to see a Doctor or anything, they are on the case straight away."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There were restrictions in place including a locked entrance and exit doors with key pad codes and pressure mats to monitor movement. In all instances best Interest meetings had taken place and authorisations were being monitored and reviewed as required.

Staff had attended training in this area and applied the principles of the MCA in the way they cared for people. Staff told us they always assumed people had mental capacity to make their own decisions. Care records detailed whether or not people had the capacity to make specific decisions about their care. Records showed where decisions had been made, on a person's behalf; this had been done in their best interests at a meeting involving key professionals and their family. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their lives and spend their time.

Where people were unable to consent themselves due to their healthcare needs, appropriate people were asked to sign on their behalf. The manager was aware of which people living at The Green had appointed lasting powers of attorney to act on their behalf when they did not have the capacity to do this for themselves.

There was some use of assistive technology to support people. This included pressure mats to alert staff when people were moving around. These were used only as necessary and identified as part of the risk assessment and mental capacity assessment.

Staff were supported by the manager to have the appropriate support to carry out their role effectively. This included a comprehensive induction at the organisations head office and once in post there was continuous training and support. The induction was in line with the Care Certificate which is designed to help ensure staff that are new to working in care had initial training that gave them a satisfactory understanding of good working practice within the care sector. Staff were positive that they were supported appropriately. One staff member said, "There is a lot of training, it is good."

The manager acknowledged that staff supervision had lapsed and had recently recommended. Staff told us they felt supported by the management and they were now receiving one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff told us they were encouraged by the manager to further develop their training. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team, discuss people's needs and any new developments for the service.

Training identified as necessary for the service was provided and updated regularly. Staff told us the training was comprehensive. Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. The training records for the service showed staff received regular training in areas essential to the service such as fire safety, infection control and moving and handling. Further training in areas specific to the needs of the people using the service was provided. For example, some people had particular health conditions and specific training in respect of this condition was provided. This showed staff had the training and support they required to help ensure they were able to meet people's current needs.

The cook was knowledgeable about people's individual needs and likes and dislikes. Where possible they tried to cater for individuals' specific preferences. Staff regularly monitored people's food and drink intake to ensure everyone received sufficient each day. Staff also monitored people's weight regularly to ensure they maintained a healthy weight and acted where any concerns were identified. For example, where a person's weight records showed they had lost weight a food and fluid chart was implemented. The monitoring charts were regularly discussed with the dietician, district nurse and GP to ensure the person was receiving the most appropriate health and nutritional care.

People told us, "The food is beautiful, it is lovely here, I could just eat and eat and eat!", "You can have anything you like, within reason, but I like everything on the menu, it's all lovely" and "There is always plenty of choice every day and I get plenty." Relatives were complimentary about the food saying, "The food is good. It always looks and smells appetizing and I know [relative] is getting plenty to eat as she is looking really healthy."

We observed the support people received during the lunchtime period. The atmosphere was warm and friendly. After staff ensured that people had received their meals and had everything they needed the staff member then joined them at the table and had their lunch too. This enabled lunchtime to be a social occasion for people and staff which appeared to be enjoyed by all by the conversations shared. Where

people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. If a person wished to have their meal in their own bedroom this was respected and facilitated.

The organisation had a maintenance team to address general maintenance with contractors undertaking any specialist work. The decoration and signage was designed to support people with dementia to move around the service and identify with different areas and rooms.

Good

Is the service caring?

Our findings

People were supported to understand that The Green was their home and the staff were there to support them in running their home. On the day of the inspection there was a calm, relaxed and friendly atmosphere in the service. We observed that staff interacted with people in a kind, caring and compassionate manner. People had developed positive and caring relationships with the staff that supported them.

People and relatives were complimentary about the caring approach from staff. Comments included "Staff are lovely, they will do anything for you", "We appreciate the staff very much, they are amazing" "The staff are amazing, I couldn't be happier" and "You can't fault them, they can't do enough for you." We observed staffs caring approach throughout the inspection. For example, when a person stated they were "A nuisance." The member of staff responded, "No you're not, you're lovely." The member of staff then gently assisted the person with their walking frame to be as independent as possible along the hallway and carefully helping them to get seated at the table.

People were positive about the attitudes of the staff and management towards them People told us they felt that they were treated with respect and listened to. Comments included "There is always someone to talk to if I am worried about anything" and "I can talk to any of the staff about anything."

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. Several relatives visited the service during our inspection. Staff were seen greeting visitors and chatting knowledgeably to them about their family member.

Staff were proud to work at The Green and told us "I love working here, I wouldn't want to work anywhere else."

The care we saw provided throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, staff sat with a person and held their hand to provide comfort when they were feeling anxious.

Some people's ability to communicate was affected by their disability but the staff were able to understand them and provide for their needs effectively. Staff knew people's care and support needs very well.

Staff had talked with some people and their relatives to develop their 'life stories' to understand about people's past lives and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them.

People and their families were involved in decisions about the running of the service as well as their care. People's care plans recorded their choices and preferred routines. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Some people's capacity involvement was often limited, and consultation could

only occur with people's representatives such as their relatives.

Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. Support planning documentation used by the service helped staff to capture information. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs.

We observed staff making sure people's privacy and dignity needs were understood and always respected. Where people needed physical and intimate care, for example, if somebody needed to change their clothes, help was provided in a discreet and dignified manner. When people were provided with help in their bedrooms or the bathroom this assistance was always provided behind closed doors.

People's confidential information was protected appropriately in accordance with the new general data protection regulations. However, some staff files contained confidential personal information which required removing once recorded as seen. We were assured this would be addressed immediately.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things they felt were particularly important to them and reminiscent of their past around them in their rooms.

Where necessary, people had access to advocacy services which provided independent advice and support. The service had information details for people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Good

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. Each person had a care plan that was tailored to meet their individual needs. Where possible people, and their representatives, were consulted about people's care plans and their review. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed to help ensure they were accurate and up to date. People, and where appropriate family members with appropriate powers of attorney, were given the opportunity to sign in agreement with the content of care plans.

Care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the individual guidance they needed to care for people.

The service held 'stand up meetings' (staff handover meeting), which occurred at each shift change. This was built into the staff rota to ensure there was sufficient time to exchange any information. This allowed staff the opportunity to discuss each person they supported and gain an overview of any changes in people's needs and their general well-being. This helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered.

We observed call bells were answered quickly and people did not have to wait long for a response. We observed staff members undertaking their duties and responding to requests for assistance in a timely manner.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. The mattresses which were in use at the time of this inspection, were set correctly for the person using them.

Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when their skin was checked, their weight was checked or fluid intake was measured. Monitoring records were reviewed and shared with relevant professionals where appropriate to ensure people's health needs were being met.

People had access to some activities both within the service and outside. The service employed two activities co-ordinator who organised a planned programme of events including singing, exercises and visits from entertainers for the week. They also had visits from the local school and the Brownies held concerts at

the home. We saw people making cakes for an afternoon tea party during the inspection. The activity coordinators had spoken with people and families to find out people's individual interests.

People told us they enjoyed the activities at The Green. Comments included, "I like the singing and the tea parties", "I can join in if I want but if I don't fancy it, they don't nag me", "I don't have to go but I like to, and I enjoy it when I get there" and "There's something on every day but you can stay in your room if you want, and that's fine, I like to choose."

Relatives were complimentary about the amount of activities provided, stating "[Relative] is registered blind so she doesn't like to join in much but they get her the Talking Books and she loves that. I'm really happy with how they help her", "There is plenty going on so [relative] gets really positive stimulation which is important, but it's also a really calm environment. It's brilliant all round" and "We talked at length about [relative's] likes and dislikes when she first came in. They definitely listened and has the same people mostly looking after her all the time. This consistency is important so they give better care because they know her."

Some people chose not to take part in organised activities and therefore could be at risk of becoming isolated. Staff were aware of who chose not to join in the group activities and ensured that people still had some entertainment which was personal to them. Some people enjoyed one to one activities provided by staff in their bedrooms. Activities were clearly recorded in the care plans.

Since August 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Care plans documented the communication needs of people in a way that met the criteria of the standard. There was information on whether people required reading glasses and any support they might need to understand information. Some people had limited communication skills and there was guidance for staff on how to support people.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. There were no complaints being investigated at the time of this inspection. People and their relatives said if they had any concerns or complaints, they would discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint.

The manager said if a person they cared for was nearing the end of their lives they would support them to have a comfortable, dignified and pain free death "in their home." The service had previously worked with relevant health professionals to ensure appropriate treatment was in place to keep people comfortable.

Good

Is the service well-led?

Our findings

The manager had been in post for some months. Their application to be a registered manager with the Commission was in process. 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 and associated Regulations about how the service is run.

People and relatives told us they felt the management team at The Green were approachable and would listen to any suggestions they may have. There had been changes to the management team and people and relatives were positive about these changes. Comments included "[Manager] is lovely and very professional. As a result, the staff are good", "All of the staff are brilliant. There have been lots of changes and it's just got better" and "It appears very well managed, very professional but friendly and caring at the same time."

Staff told us with the change of manager and also changes at senior management level there had been a number of positive changes to the service. Staff comments included "The Management are brilliant, the training is brilliant and the team are brilliant. I couldn't ask for better really", "There have been lots of changes, all for the better" and "[Manager] has been brilliant for morale. We have been through a lot of changes and now it's better than ever."

The senior managers met regularly and had redesigned their performance management system in order to improve reflective practice, increase sharing and improve communication across the organisation. This was shared with us and it evidenced that the audit tool was specific to the issues within The Green, for example ensuring that activities provided would meet people's individual needs.

The management team were keen to implement changes that would improve the quality of people's care and support staff. For example, as referred to in the safe section of the report the deployment of staff around the service needed to be reviewed. The manager, regional manager and operational manager agreed to review the deployment of staff immediately. This would be incorporated in the daily 'stand up' meetings (handover meetings), to ensure that staff were deployed around the service in sufficient numbers to meet people's needs at all times.

The manager was supported in the running of the service by senior carers, care and ancillary staff. The organisation had maintenance staff who they could contact in respect of the homes environment and facilities. They also received support from the regional manager who visited them monthly and also the operational director. The regional manager produced a monthly report which evidenced that they had an overview of the service and completed audits of the service. For example, reviewing people's care records, staff records and the environment.

The manager worked in the service every day. Senior staff had an on-call rota so that they could support staff when they were not present. Staff said they believed the manager was aware of what happened at the service on a day to day basis in respect of the people they supported. One commented "[Manager] is well

respected and liked, and she always mucks in to help."

The management team had a clear vision and strategy to deliver high quality care and support. The management team were supported by a motivated team of carers and ancillary staff. Staff had a positive attitude and the management team provided strong leadership and led by example.

Staff told us they felt that their roles were clearer and knew who was responsible for each task and these were now completed. Information about people's care would be shared, and consistency of care practice could then be maintained. Issues relating to the running of the service were also discussed. This meant that there were clearly defined expectations for staff to complete during each shift.

Staff were also clear about how they needed to record information to evidence how they supported and monitored a person's health and the process to follow if a person had an incident. We found records were up to date and reflected the person's individual needs. Accident and incident records were also completed and audited by the management team.

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. The manager was aware that staff supervision needed to be more regular and had implemented a staff supervision programme.

People and relatives told us their views on the running of the service were sought and were complimentary about the changes to the service. A relative told us "When [relative] first came here, the outside space was really important to us as a family so I asked if I could plant a few plants and they were very good about it. Since then, it has vastly improved. I feel like they take comments on board. It's very, very good." This demonstrated that the managers were approachable and would listen to any suggestions they may have. Staff also shared this view.

Relatives meetings were held where they were encouraged to share their views about the running of the service. People also had meetings with their keyworker which were an opportunity to review care plans and discuss if there were any elements of people's care or the service that they wanted to improve or develop.

The registered persons understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. The manager said if she had concerns about people's welfare she liaised with external professionals as necessary, and had submitted safeguarding referrals when she felt it was appropriate.

There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included checking care practice. For example, checking records demonstrated people had regular food and drinks; monitoring care plans were to a good standard and regularly reviewed; monitoring accidents and incidents; auditing the medicines system; infection control procedures and checking the property was maintained to a good standard.

The services records were well organised and when asked staff were able to locate all documentation required during the inspection. People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor them. The manager had ensured that notifications of such events had been submitted to CQC appropriately. The last CQC rating of the service was displayed.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and to ensure the people in their care were safe. These included working collaboratively with social services and healthcare professionals including general practitioners and district nurses.