

The Green Nursing Homes Limited

The Green Care Home with Nursing, Dronfield

Inspection report

2 Green Lane
Dronfield
Chesterfield
Derbyshire
S18 2LZ

Tel: 01246291515

Date of inspection visit:

23 November 2021

24 November 2021

02 December 2021

06 December 2021

Date of publication:

27 January 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Green Care Home with Nursing is a residential care home providing personal and nursing care for up to 41 older people. At this inspection there were 33 people accommodated, including 12 people receiving nursing care.

Accommodation is provided over two floors, in one adapted building. Each floor provides individual bedroom and communal living facilities and specialist bathing facilities.

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

People were protected from the risk of harm or abuse within the service. The provider's risk management, staff recruitment and safeguarding arrangements for people's care, helped to ensure this.

Health incidents and any near misses were routinely monitored and analysed, to help inform or improve people's care and prevent any reoccurrence when needed. People's medicines were safely managed and people received their medicines when they should.

We were assured the provider was meeting with requirements and nationally recognised guidance concerned with the prevention and control of infection, including COVID-19.

The environment and equipment used for people's care, was visibly clean and regularly checked to ensure timely repair or renewal when needed.

Overall, we found a positive, inclusive culture within the service, where people mostly received individualised care in accordance with their views and preferences. Improvements were in progress for people's mealtime experience, social activities arrangements and related information access, to fully ensure this.

Staff knew how to communicate with people in the way they understood. A range of service information could be provided in alternative formats, to enable people to understand what to expect from their care.

People and their relatives were informed and knew how make a complaint or raise any concerns they may have. Complaints were accounted for and mostly used to inform care improvements when needed.

We found effective arrangements to ensure people's dignity, comfort, rights and choice in line with nationally recognised national standards for end of life care.

There was registered manager for the service. Both they and staff understood their role responsibilities for people's care. Regulatory requirements were being met. Effective partnership working also helped to inform and enhance people's care experience at the service

Overall, people were well supported to achieve good care outcomes. However, staff felt they were not always fully supported to ensure this because they were not consistently deployed for people's care. We did not evidence any direct impact on people's safety from this but there was a related impact on staff morale with high staff absence and turnover levels. We therefore recommend the provider further reviews this aspect of their service against nationally recognised guidance, which they agreed to do. See link below.

<https://www.skillsforcare.org.uk/Documents/Standards-legislation/CQC/Safe-staffing/Guide-to-safe-staffing.pdf>

Otherwise, people's care was effectively informed and ensured in accordance with their choices and rights; sector care practice guidance and the law. Management improvement actions had commenced to re-establish formal care quality surveys with people and their representatives, to further inform and improve people's care experience.

The provider operated effective governance, communication, record keeping and information handling, to help ensure the quality and safety of people's care and continuous service improvement.

People and relatives said they were generally happy with the standard of care provided, which they felt was provided at an acceptable level and often 'more than.'

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

Rating at last inspection

The last rating for this service was Good (published March 2019).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Green Care Home with Nursing, Dronfield on our website at www.cqc.org.uk.

Why we inspected

We received concerns in relation to staffing and management. As a result, we undertook a focused inspection to review the key questions of Safe and Well Led. We also widened the inspection during our visit, to include the key questions of Responsive.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains Good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was not always well-led.

Details are in our well-Led findings below.

The Green Care Home with Nursing, Dronfield

Detailed findings

Background to this inspection

The inspection

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

We visited The Green Care Home with Nursing on 23 November 2021. Unlike our standard approach to inspection, in order to minimise time spent on site, we used technology such as electronic file sharing and video or phone calls to engage with people's relatives and staff off site. This was undertaken on 24 November and 2 and 6 December 2021.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other service.

Inspection team

The inspection team consisted of 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the

provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also sought feedback from local authority care commissioners who work with the service. We used all of this information to plan our inspection.

During the inspection

During the course of this inspection, we spoke with five people living at the service and made general observations of people's care experience. We spoke with 11 relatives by telephone off site and a total of 13 staff. This included, four nurses, seven care staff, a cook and a housekeeper. We also spoke on site with the registered manager, operations manager, chief executive officer and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records relating to people's care and the management of the service. This included six people's care records, multiple medicines records, staffing records, meeting minutes, care policies, management audits and related service improvement plans.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remains Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective arrangements in place to protect people from the risk of harm or abuse
- Staff were trained and knew how to recognise and report any suspected or witnessed abuse, in accordance with the provider's procedures.
- People told us they felt safe at the service and their relatives felt people were safe there. All were confident to raise any safety concerns, if they needed to. Information was visibly displayed at the service to help inform this.
- The provider acted in a timely manner in response to any concerns we received and shared with them before this inspection, to review and ensure people's safety at the service.
- One person said, "Yes I am definitely safe here; staff know what they are doing." A relative told us, "I'm confident [person] is safe, in fact their health has improved a lot since coming here."

Assessing risk, safety monitoring and management

- People's safety needs were accounted for and met.
- Risks to people's safety associated with their health condition, environment and any equipment used for their care, were assessed before people received care and regularly reviewed.
- Staff understood identified risks to people's safety and the care actions they needed to follow for their mitigation. This information was recorded in people's care plans, which were regularly reviewed, or following any changes in people's safety needs. Such as, for their mobility, skin care and nutrition.
- Service risk assessments and relevant emergency contingency plans were provided and regularly reviewed for people's safety. For example, relating to environmental and equipment safety and for infection prevention and control, including COVID-19.
- Staff we spoke with understood the procedures they needed to follow in the event of a foreseen emergency, such as a fire alarm or sudden health incident.
- People and relatives we spoke with felt staff supported people safely. One relative told us, "My relative is safe, I have no concerns; Staff acted to ensure [person's] safety following a health incident and kept me informed."

Staffing and recruitment

- Staff were safely recruited but they were not consistently deployed to provide people's care. We did not find any direct impact on people's safety from this but there was a related impact on staff morale, absence and turnover. We have referred to this separately under the Well Led section of this report.
- We found the provider had an active recruitment drive in progress for nursing and care staff, with resulting care inductions in progress for two new staff starters, at the time of our inspection visit.

- Required employment checks were carried out before any new staff began to provide people's care at the service. New care staff were also subject to relevant competency checks before they provided care. Such as, to ensure safe medicines administration and moving and handling practice. The care certificate was also recently introduced for all care staff to complete. The care certificate is an agreed set of national standards that define the knowledge, skills and behaviours expected of non professional care staff in the health and social care sectors.
- Any agency staff used were safely deployed within the service, with relevant assurance from the nurse agency supplier, of their individual professional registration and post registration training status.
- Observations we made throughout the inspection and feedback from people, relatives and staff, indicated staff worked hard to ensure people's safety and care. Staff were visible and responsive when people needed assistance.
- One person said, "They are busy, I don't have any problem with that; it's never too long before they come if I need them, and they always let you know if there is going to be a few minutes wait." A relative told us, "Staff are very busy, there's never a struggle to get hold of a member of staff; [person's] call bell is always put within reach."

Using medicines safely

- People's medicines were safely managed and given. People were supported to take their medicines safely and when they should.
- Staff were trained and informed to give people's medicines safely. We observed a staff member giving people their medicines. The staff member checked people understood what and when they needed to take their medicines and whether they were comfortable and safe to do so. This included checking with people whether they were pain free, making sure people had plenty of water to drink and checking people had taken their medicines, before recording them as given.
- People could be supported to manage and take their own medicines independently, following a relevant risk assessment process to make sure they were safe and chose to do so.
- Regular management checks were carried out and recorded in a way, which helped to optimise and ensure the safe management and administration of people's medicines.

Preventing and controlling infection

- Arrangements for the prevention and control of infection, including COVID-19 were effectively managed for people's safety.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- There were effective arrangements in place for the ongoing monitoring and review of people's care and to ensure any remedial measures for people's safety when needed.
- Management monitoring and analysis of individual health or safety incidents at the service was routinely

undertaken to check for any trends or patterns. This information was used to help inform or improve people's care. Related post incident management records showed that any remedial measures needed were identified and implemented in a timely manner, to help prevent any further reoccurrence.

- There had been no safety incidents resulting in any person's harm or injury attributed to service failures within the last 12 months.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant that overall, people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- Overall people received individualised care, that usually met with their views and preferences. Following a recent management review of people's care experience. Improvement plans were identified for implementation against identified timescales, to fully ensure this. This included improvements to food menus, mealtime organisation and increased opportunities for people to engage in social and recreational activities of their choice. The latter arrangement was subject to identified staff mentorship, training and development measures.
- Staff generally understood people's individual needs, choices and preferences for their care and daily living arrangements. This information was recorded in people's care records for staff to follow.
- During the inspection we saw people were supported to engage as they chose, in planned recreational activity sessions held during the morning and afternoon. Information was visibly displayed regarding daily social and recreational activities arrangements.
- Throughout the inspection we saw staff provided people with timely care and comfort in a way they could understand. For example, staff told us about one person who could sometimes become confused and distressed because of their health condition. We saw that staff knew how to communicate with the person in a way they understood and responded quickly and calmly when this occurred. This resulted in timely understanding and care action by staff, to ensure the person's needs were met.
- People and relatives we spoke with, felt staff knew people well and worked hard to ensure people's needs were met.

Meeting people's communication needs

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

- The provider was meeting the accessible information standard for people's care.
- Relevant service information was provided for people, which could be provided in alternative formats if needed. Such as large print or pictures. This helped people and relatives to understand what they could expect for their care, how to raise any concerns or contact other authorities with an interest in their care, if they needed to.
- Recently revised food menus included picture format versions, had been published and were now ready to implement at the service.

Improving care quality in response to complaints or concerns

- There was an effective process for complaints handling at the service.
- Records were kept of any complaints received. This included how they were investigated, responded to and acted on, including any resulting improvements.
- Most people and relatives we spoke with said they hadn't had any cause to make a complaint but felt confident this would be listened to and acted on, if they did so. One person's relative said, "I would go to the manager with any concerns; When I needed to on one occasion, the matter was actioned straight away."

End of life care and support

- End of life care was effectively informed against a set of nationally recognised end of life care principles, relevant to care homes.
- Staff understood the key care principles concerned with people's dignity, rights, comfort and choice at their end of life care.
- Any advance decisions made by people for their care and treatment at the end stage of life were recorded in their individual care records. This included their preferred place of death, who would be involved and care of their body after death. Details of anyone legally appointed to act on a person's behalf, to make decisions about their finances or health and welfare were also appropriately identified.
- Anticipatory medicines were in place for use, if needed out of normal working hours. This helped to ensure the person's comfort in the event of them experiencing pain or distress and to help them avoid any unnecessary hospital admission.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People were overall well supported to achieve good care outcomes but staff felt they were not always fully supported to ensure this.
- All of the staff we spoke with expressed significant frustration in relation to their workload pressure, arising from ongoing inconsistencies in the provider's staff deployment arrangements for people's care. Staff said this impacted on staff morale, with high staff absence and turnover levels, which related records also showed.
- Comments from all parties were mostly positive regarding the overall management of the service but not always so, in relation to staffing. Examples, included, "I am happy with the standard of care but the communication is not always so good, I think they have staffing problems." "The manager is accessible and does the best she can; Overall, I would recommend the home but sometimes I could cry when staff are so exhausted." And, "I love working here for the most part; We have a good team who make sure people are safe and cared for, but when it comes to staffing; its demoralising; there's no incentive."
- We discussed our findings with the provider and recommended they review their staffing arrangements further against nationally recognised guidance, which they agreed to do. The provider also advised they were looking at possible incentives to reward staff for their hard work. We have therefore signposted the provider to Skills for Care Guide to Safe Staffing 2018 via the following link:

<https://www.skillsforcare.org.uk/Documents/Standards-legislation/CQC/Safe-staffing/Guide-to-safe-staffing.pdf>

- Otherwise, people's care was effectively informed against nationally recognised, sector relevant care practice standards and the law. Staff worked hard to provide safe, individualised care, in line with people's rights and best interests.
- People, relatives and staff were often engaged and involved to inform people's care and daily living experience at the service. Work was in progress to re-establish and ensure periodic care quality surveys with all groups to help fully ensure this.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had sent us written notifications about any important incidents when they happened at the

service, to help us check people's safety.

- Records and feedback we reviewed at this inspection, showed timely action was taken by management at the service following any incidents, to ensure people's safety

Working in partnership with others

- The provider worked in consultation with relevant agencies, including educational providers and external health and social care partners, when needed for people's care.
- This helped to ensure people received care that was effectively informed. For example, in relation to their nutrition, mobility, safety and rights.
- Feedback from health and adult social care professionals involved in people's care at the service was positive. Examples included, "Communication is good, the home work well with us." And, "We have no current concerns about the quality of care provided."

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

- Overall, the provider operated effective governance arrangements, to ensure the quality, safety and improvement of people's care.
- There was a registered manager in place. Both they and staff understood their role and responsibilities for people's care. Regulatory requirements were met.
- The provider ensured regular management checks to ensure quality of people's care. This included risk management strategies, to identify and inform risk, common trends and any areas of service improvement. Examples of recent improvements, either made or in progress included environmental and equipment upgrading, areas of staff training and improvements for people's mealtime and daily living arrangements.
- There were clear procedures in place for communication and reporting in relation people's care and safety, which staff understood. For example, in the event of a person's fall or any change their health status.
- People, relatives, staff and external professionals felt they had good relationships with management who they said, were visible, approachable and accessible to them. One person said, "The manager makes me feel at ease, I think is well run overall." A relative told us, "I know who the Manager is, they are very accessible ... with the tools they've got, they do the best they can .. if a nurse is off, the Manager steps in."