

Green Care Homes Limited

The Green Residential Care Home

Inspection report

The Green
Ings Lane
Ellerker
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Tel: 01430422262

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Inspected but not rated

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Green Residential Care Home is a care home providing personal care for up to 23 older people who may be living with a physical disability, sensory impairment or dementia. The service was supporting 12 people at the time of our inspection.

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

People received person-centred care and felt well looked after. Care plans provided detailed information to support staff to meet people's needs.

People's end of life wishes were explored and recorded. Staff completed training to enable them to provide effective, person-centred care for people approaching the end of their life.

People felt able to speak with staff or management if they were unhappy about the service or needed to complain.

People gave positive feedback about the activities and support provided to avoid social isolation. Visitors were safely welcomed to the service. We spoke with the registered manager about ways to continue developing the support provided with activities and they agreed to address this.

The service was well-led. People and staff praised the organisation, communication and leadership. A wide range of regular audits were used to monitor the quality and safety of the service. The registered manager was keen to continue developing the service and was responsive to feedback during the inspection.

Infection prevention and control risks were effectively managed and minimised.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 2 July 2019) and there was a breach of regulation relating to the provider's oversight and governance arrangements.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 23 and 31 May 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show

what they would do and by when to improve their governance arrangements.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Responsive and Well-Led which contain those requirements.

We also 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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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?

At our last inspection, we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question in relation infection prevention and control.

Inspected but not rated

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Green Residential Care Home

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.

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 services.

Inspection team

The inspection was completed by one inspector 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 Residential Care Home 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 CQC. 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return before this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and two people's relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, and care workers.

We reviewed a range of records. This included five people's care records and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked the provider to send us information about the service and how they managed the care and support provided.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question relating to infection prevention and control measures. We will assess all of the key question at the next comprehensive inspection of the service.

Preventing and controlling infection

- We were assured the provider was admitting people safely to the service.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was using personal protective equipment effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up-to-date.

Is the service responsive?

Our findings

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

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

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

At the last comprehensive inspection, we made a recommendation around providing meaningful activities for people. At this inspection, some improvements had been made.

- People gave positive feedback about the support provided to help avoid social isolation. One person explained, "I tend to spend the morning in my room listening to my radio or reading. In the afternoon we play bingo or have a quiz, which is lovely as it keeps the mind active."
- Visitors were welcomed to the service and people were encouraged and supported to maintain important relationships. The provider had built a 'visitors' pod' in the garden to enable people to safely meet, whilst minimising COVID-19 risks.
- Staff were booked on training to help improve the range of activities they could facilitate.
- We spoke with the registered manager about developing records around activities to consistently show people had regular opportunities for varied and meaningful simulation. They shared plans to address this following our site visit.

End of life care and support

- People's needs were assessed, and information recorded about any wishes or preferences they had for their care and support approaching the end of their life.
- Staff received training to help equip them with the knowledge and skills to provide compassionate and person-centred support for people at the end of their life.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care, which met their needs and preferences. Feedback included, "The staff are very good; they treat me with the utmost dignity and respect."
- Care plans reflected people's needs and provided guidance for staff about how best to support people. A relative said, "I am happy [Name] is safe, and the staff are doing what they can and supporting them to be as independent as possible."
- Staff knew people well. They understood people's routines and preferences, but were also mindful to offer people choices and to encourage them to make decisions.
- People felt they had choice and control over how they spent their time, feedback included, "I love living here. I like my room and the staff are all kind and caring. I can get up and go to bed when I want."

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.

- People's care plans recorded important information about how they communicated and supported staff to share information in a way they could understand.
- Staff effectively communicated with people in a respectful and kind way.

Improving care quality in response to complaints or concerns

- People felt confident they could speak with staff or management if they were unhappy about the service or needed to complain. One person explained, "I would speak to the manager or deputy manager, they are both very good, very nice and easy to talk to. I am sure they would sort out whatever it was."
- There had been no complaints about the service since the last inspection; the provider had a policy and procedure in place to make sure any concerns would be investigated and addressed if the need arose.

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 comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last comprehensive inspection, the provider's audits and governance arrangements had been ineffective in monitoring and improving the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Improvements had been made since the last inspection to ensure there was effective oversight and monitoring of the care and support provided. For example, food and fluid charts were regularly audited to make sure people were getting enough to eat and drink.
- There was a clear system of regular audits, which helped ensure the quality and safety of the service. Where issues were identified, action was taken to make improvements.
- The registered manager was responsive to feedback and keen to continue improving and developing the service. They took immediate action to address storage issues and minor cross-contamination risks identified during the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received person-centred care, provided by kind and caring staff. One person said, "I am very happy living here. I couldn't wish for anything better, the food, the staff, everything is very good. They can't do enough for me."
- Staff felt supported by management to meet people's needs. One member of staff explained, "[Registered manager's name] is a very good manager. If you have got any problems, you can go to them and they will sort it out. Whatever we need for the home they provide it."

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 registered manager understood their responsibility to be open and honest with people if things went wrong.
- Statutory notifications had been submitted to CQC when legally required.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff worked in partnership with people, their relatives and healthcare professionals to meet people's needs. A person said, "What is nice is the staff will take you to hospital or the doctor if you need a check-up or anything. I can always ask if I want to speak to the doctor." A relative explained, "I feel as involved as I could be given the circumstances. We are very much kept informed, and I speak with my relative every day."
- Staff praised the communication, organisation and leadership of the service. Feedback included, "We all know what we are doing, we are told what they want us to do at the start of each shift and we are always updated with what is going on when we get back to work after having a few days off."