

Valorum Care Limited

Green Gables - Care Home Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Green Gables Care Home Physical Disabilities is a residential care home providing personal care to up to 28 people. The service provides support to adults of all ages and people who have a physical disability. We also found the service was supporting people with a learning disability. The provider told us they would update CQC with this information. At the time of our inspection there were 23 people using the service.

Green Gables Care Home Physical Disabilities accommodates people in one adapted building across two floors. The service has communal lounges and an outside space with raised flower beds and seating.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

There was a positive person-centred approach to the planning and delivery of the care. People were supported to be independent and their dignity and human rights were promoted. Staff knew people well and empowered them to make decisions about their care. The leadership of the service were keen to drive improvements, we found them to be responsive to feedback they received.

We found that medicines had not always been safely managed, we found that topical creams had not been risk assessed for storage in people's bedrooms and protocols to instruct staff on the administration of 'as required' (PRN) medicines lacked the required detail to inform staff when a person may require the medicine. The registered manager took immediate action to address these issues.

We found not all actions from an external Infection, prevention and control (IPC) audit had been completed in a timely manner. The Registered manager sent us an action plan of how they would address this.

Effective auditing systems were not in place for medicines and infection, prevention and control as they had not identified the issues we found during this inspection. The provider shared with us their plans to improve these systems.

People had detailed personalised care plans in place which were reviewed regularly and reflected people's changing needs. People told us they had been involved in this process.

Staff spoke with knowledge about the people in the service and it was apparent they knew people well.

Information had been adapted into an easy read format for people to follow. This included the minutes of resident's meetings, information on how people could complain and information on keeping safe during the pandemic.

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 the service under the previous provider was good, published on 22 November 2017.

Why we inspected

This was the first inspection of the service since the new provider took over and registered the service with the CQC on 06 August 2019.

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, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Green Gables - Care Home Physical Disabilities

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 Health and Social Care Act 2008.

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 carried out by two inspectors and an Expert by Experience supported the inspection by making telephone calls to relatives following our site visit.

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

Green Gables Care Home Physical Disabilities is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Green Gables Care Home Physical Disabilities is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered

with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and 13 members of staff including the regional operations manager, the registered manager, the deputy manager, team leader, support workers and the chef. Our expert by experience spoke with seven relatives about their experience of the service and care provided.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training, maintenance and quality assurance information and further policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines had not always been stored safely. We found that some topical creams were stored in people's bedrooms. This had not been risk assessed, we immediately raised this with the management of the service who promptly risk assessed this.
- Protocols to instruct staff on the administration of 'as required' (PRN) medicines lacked the required detail to inform staff when a person may require the medicine. The management team updated the protocols to contain this information during the inspection.
- The provider had systems in place to ensure people received their medication safely and as prescribed, however these had not identified that the required pharmacy advice for medication which had been authorised by a GP to be administered covertly was not in place. We raised this with the management team who then sought this advice.
- Medicine administration was observed during our inspection, we found the process required improvement as consent was not clearly obtained from people prior to administration and we observed the medicine trolley to be open and not suitably monitored when people were being supported to take their medicine. The registered manager told us of the actions they would take to address this.
- Medicine errors had been appropriately reported, recorded and investigated. The registered manager ensured that errors were followed up and corrective actions were put in place to reduce the risk of reoccurrence.

Preventing and controlling infection

- We found actions from an external Infection, prevention and control (IPC) audit had not all been completed in a timely manner. The registered manager sent us an action plan of how they would address this.

We have also signposted the provider to resources to develop their approach.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- The service ensured visiting was facilitated safely and in line with people's preference and choice and with government guidance. This had been risk assessed and appropriate safety control measures were found to be in place.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals
- Staff understood the provider's whistleblowing procedures. Whistleblowing is when staff report suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone is neglecting their duties, including if anyone's health and safety is in danger
- The provider had systems in place to monitor accidents and incidents. This information was regularly analysed by the registered manager and actions were taken to reduce any further risks.

Assessing risk, safety monitoring and management

- Risks to people were assessed, and measures were taken to mitigate risk. This ensured people received care and support in a consistent and safe way. For example, care records for a person who was diagnosed with a health condition had clear detailed information about the risks the person faced in relation to this and the support staff were required to provide to manage these risks.
- Risks to people were regularly reviewed and their care records updated. We saw evidence that when people's needs had changed the registered manager had ensured their care records had been reviewed and updated promptly.
- Environmental risks were managed, we found that the service had identified risks in relation to some fire doors within the service and corrective works were due to be completed following our inspection.

Staffing and recruitment

- Staff were recruited safely. The service followed safer recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with Disclosure and Baring Service (DBS), and they had obtained suitable references.
- The provider had a dependency tool in place which was used to inform staffing levels. The registered manager monitored and reviewed the dependency tool appropriately to ensure the staffing levels continued to reflect the needs of the people using the service.
- We received mixed opinions from relatives and staff about the staffing levels. One relative told us "There are lots of new staff, they seem to be short of staff." Staff told us "Lots of staff have left, so we use a lot agency staff they are good, but we have lost consistency." The registered manager told us they were actively recruiting for new staff.
- During the inspection, we observed call bells to be responded to in a timely manner and staff responded and supported people in a timely manner. One person told us "Staff respond quickly when I use my call bell and another person told us "Staff always come when I buzz".
- We reviewed the staffing rota's and dependency tool for the service and found that there was sufficient numbers of staff deployed to meet people's needs.

Learning lessons when things go wrong

- The manager shared the outcomes of audits with the staff, so appropriate action was taken to ensure people's safety and mitigate any risk. For example, when medication errors had occurred, the registered manager had shared the learning with the staff team to reduce the risk of reoccurrence.
- Accidents and incidents were reported correctly by staff to management team, these were reviewed, and actions were taken to reduce any further risks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had detailed personalised care plans in place which were reviewed regularly and reflected people's changing needs. People told us they had been involved in this process.
- People's needs and choices had been identified in their care plans, for example, one person regularly chose to start their day at a certain time. We checked the person's daily care records and could see this was supported.
- People's needs had been individually assessed. Care plans and risk assessments showed the action staff should take to minimise any risk of avoidable harm. For example, we found people had individual moving and handling assessments in place which detailed personalised information for staff to be aware of when providing support.

Staff support: induction, training, skills and experience

- Staff had completed mandatory training which was relevant to their roles. The provider told us of how they intended to roll out further training for staff about supporting people with learning disabilities.
- Checks of staff competency were regularly carried out in key areas such as medicine administration, hand hygiene, moving and handling and preparing modified foods and drinks.
- The registered manager regularly reviewed the training on offer to staff and had identified and sourced additional specialist training to aid staff in supporting people's specific needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans detailed the support they required to eat and drink. Where people had specific dietary preferences, this was highlighted for staff to follow. This information was accessible in people's care records, the kitchen and people's bedrooms.
- People were supported to eat and drink a balanced diet. Where people needed support to eat and drink, we saw this was provided. We observed people being supported to eat and drink with dignity and patience.
- People's individual needs and preferences had been accommodated in relation to their diet. One person told us "I have my own special diet, they [staff] get this for me".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People were supported to access healthcare. Records showed us that appropriate referrals had been made when people were experiencing swallowing difficulties or had lost weight.
- The service ensured that guidance from health care professionals was detailed in people's care plans.

Staff followed this to ensure people's health care needs were met.

- We saw that the service had acted promptly when there had been a concern about a person's health. The service had contacted the relevant health professional to seek advice and support

Adapting service, design, decoration to meet people's needs

- The service was undergoing a refurbishment as the provider had identified areas for improvement to several areas of the home which included the sensory room, laundry facilities, flooring and décor. The registered manager also told us of their plans to improve the signage within the service to inform and orientate people.
- People had personalised their bedrooms with pictures and items of their choice, accessible equipment to aid people's individual needs which promoted their independence was seen to be in place. For example, one person showed us how they used assistive technology to turn their bedroom lights on and off.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported in the least restrictive way possible. Individualised, decision specific mental capacity assessments had been completed and best interest decisions recorded. Where people were deprived of their liberty, DoLS were in place and people were supported in line with their agreed plans.
- Staff had a good understanding and working knowledge of the principles of the MCA. Staff understood the importance of gaining people's consent and supporting them to make decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Positive interactions were observed throughout the inspection between people and staff. People told us they were happy living at Green Gables. One person told us "I get on well with the carers and they make me feel safe." Another person told us that "staff help me with whatever I need help with. Staff talk to me and I like to spend time with them".
- Staff spoke with knowledge about the people in the service and it was apparent they knew people well.
- People's personal beliefs and cultural needs were known and respected by staff and this was clearly documented in people's care plans. For example, one person's care records detailed their religion and how staff supported the person to practice this.
- Staff had received training in equality and diversity. Care plans contained information about people's choices and personal relationships, and the support staff were to provide to ensure people's individual needs were met.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in planning their care. There was a keyworker system in place, so people had a dedicated staff member to support them with aspects of their care.
- We observed people to be offered choices throughout the inspection. People told us that they choose what they like to eat, and we observed people being asked where they like to eat.

Respecting and promoting people's privacy, dignity and independence

- Staff explained to us how they treated people with dignity and respect, staff understood the importance of getting to know the people they were supporting by reading their care plan and spending time to understand people's routines.
- People maintained their independence as much as possible. There was guidance in people's care plans about how to support them to achieve this. One person told us "[staff] take me shopping when I need anything and respond quickly when I use my call bell".

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant 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

- Staff had built positive relationships with the people they were supporting and demonstrated a good understanding of people's preferences and needs. One person told us "I love it here, the staff are good, they help me when I need it and they know the things I can do on my own."
- Care plans included person-centred information on how people wanted to be supported, this included their likes and dislikes and life history, this information informed people's care plans and risk assessments.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and care plans contained personalised information on how staff could support and engage with people. For example, one person used gestures to indicate to staff the clothes they would like to wear, and another person required staff to give them time to respond when been asked a question.
- Information had been adapted into an easy read format for people to follow. This included the minutes of resident's meetings, information on how people could complain and information on keeping safe during the pandemic.

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

- People told us they were supported to keep in touch with people who were important to them, we saw evidence that staff had supported people with regular visits and also phone and video calls to people's relatives.
- The service had an activities coordinator who provided a range of activities, the service had a dedicated activities room where we observed a piñata being made for upcoming Easter activities. People told us about the activities they enjoyed. One person told us, "I like the jigsaws, colouring and gardening."
- Staff told us that they felt activities could be improved as they felt they did not have time within their roles to facilitate these as much as they would like, the registered manager told us their plans to increase the hours allocated to activities.

Improving care quality in response to complaints or concerns

- The service had a complaints policy. We reviewed the complaints the service had received, we found they had been investigated and actions had been taken to reduce the reoccurrence of the issue raised. The registered manager ensured lessons learnt from complaints had been shared with staff to drive improvements.
- People and their relatives told us they knew how to complain. Relatives told us of their experience when they had raised concerns and how these had been resolved.

End of life care and support

- People using the service were given the opportunity to express their wishes for the care they would like to receive at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Effective auditing systems were not in place for medicines and infection, prevention and control as they had not identified the issues we found during this inspection. The provider shared with us their plans to improve these systems.
- Prior to our inspection, the provider and registered manager had identified improvements that were required in the service, we reviewed the action plan in place to address these and found that progress was been made in a timely manner.
- The registered manager was open and transparent about the service and told us of their plans to improve the issues they had identified, this included provision of activities, training and environmental improvements to signage and information.

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

- There was a positive person-centred approach to the delivery of people's care, this was demonstrated by the staff's understanding of the people they were supporting. For example, staff told us of the gestures that a person who was unable to verbally express themselves made to make their needs known.
- We received mixed feedback from staff about the culture of the service, some staff told us the service was improving and others told us they did not feel valued. The provider and the registered manager told us of the actions they would take to address 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 registered manager was knowledgeable about the duty of candour, we reviewed the records in place and found that the correct actions had been taken to meet this regulation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us they did not feel always feel involved in the planning of people's care. One person told us "There is a lack of communication. I don't know what they do with [person] and another told us "They very occasionally involve me". The registered manager told us they would arrange to meet with relatives to

discuss this.

- Relatives told us they had not been asked for their feedback on the service for some time. The registered manager told us of their plans to meet with relatives.
- People using the service had regular opportunities to suggest improvements to the service through resident meetings and in person. We found that when people had suggested additional activities of interest to them, this had been actioned and put in place.
- Newsletters with information about what was happening in the service was regularly sent to relatives this included information on the latest guidance in relation to COVID-19.

Continuous learning and improving care

- The Registered manager was responsive to the feedback we provided, we received immediate plans of actions to address the areas we identified that required improvement.
- The registered manager analysed information from accidents, incidents, medication errors and complaints to ensure lessons were learnt. This information was then shared with the wider staff team.

Working in partnership with others

- The service worked in partnership with other professionals such as GP's and speech and language therapists to support people to access healthcare when they needed it which had improved people's outcomes.