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Green Trees Care Home

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	

Overall summary

This inspection took place on 24 February 2015 and was unannounced.

At our last inspection in May 2014 the service was not meeting six of the standards we looked at. These were related to; maintain people's autonomy and independence, planning and delivering care, protecting people from abuse, infection control, supporting staff and monitoring and assessing the quality of service provision. At this inspection we found that the service was now meeting all of these standards.

Green Trees Care Home provides accommodation and personal care for a maximum of 16 people. It is a family owned home for older people, some of whom may have dementia.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

People told us they felt safe at the home and safe with the staff who supported them. They told us that staff were patient, kind and respectful.

People and their relatives said they were satisfied with the numbers of staff and that they didn't have to wait too long for assistance when they used the call bell.

The registered manager and staff at the home had identified and highlighted potential risks to people's safety and had thought about and recorded how these risks could be reduced.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and told us they would presume a person could make their own decisions about their care and treatment in the first instance. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals.

People and their relatives said they had good access to healthcare professionals such as doctors, dentists, chiropractors and opticians.

Food looked and smelt appetising and staff were aware of any special diets people required either as a result of a clinical need or a cultural preference.

People told us they liked the staff who supported them and staff listened to them and respected their choices and decisions.

People using the service and their relatives were positive about the registered manager and management of the home. They confirmed that they were asked about the quality of the service and had made comments about this. People felt the management took their views into account in order to improve service delivery.

Summary of findings

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 safe and people told us they felt safe at the home and with the staff who supported them.

People told us and records showed there were enough staff at the home on each shift to support them safely.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Good



Is the service effective?

The service was effective and people were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

Staff understood the principles of the MCA and told us they would always presume a person could make their own decisions about their care and treatment.

People told us they enjoyed the food which looked and smelt appetising. Staff were aware of any special diets people required either as a result of a clinical need or a cultural preference.

People and their relatives said they had good access to other healthcare professionals such as doctors, dentists, chiropractors and opticians.

Good



Is the service caring?

The service was caring and people told us the staff treated them with compassion and kindness.

We observed staff treated people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of people's likes and dislikes and their life history.

Good



Is the service responsive?

The service was responsive and people told us that the registered manager and staff listened to them and acted on their suggestions and wishes.

They told us they were happy to raise any concerns they had with the staff and management of the home.

Care plans included a detailed account of all aspects of people's care needs, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

Good



Is the service well-led?

The service was well-led and people we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

Good



Summary of findings

The service had a number of quality monitoring systems including yearly surveys for people using the service, their relatives, staff and other stakeholders.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

Green Trees Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 unannounced inspection took place on 24 February and was undertaken by two inspectors and an inspection manager.

Before our inspection we reviewed information we held about the provider, including notifications of any safeguarding and significant incidents affecting the safety and wellbeing of people.

We met and spoke with 12 people who used the service and two relatives so they could give their views about the

home. Two people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time talking with them and observing for non-verbal signs that they were happy with their care and the staff who supported them.

We spoke with four staff as well as the registered manager and provider.

We met with a social care professional and a GP who were visiting Green Trees on the day of the inspection and we asked for their views about the home.

We looked at eight people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including health and safety documents and quality audits and surveys.

Is the service safe?

Our findings

At the last inspection on 14 May 2014, we asked the provider to take action to make improvements to safeguard people from potential abuse. This action has been completed.

People told us they felt safe at the home and safe with the staff. One person, referring to the staff, told us, "They are all very nice and very kind." Another person commented, "I'm treated well. I would tell you if I wasn't."

All of the staff we spoke with could clearly explain how they would recognise and report abuse. They told us and records confirmed that they received training in safeguarding adults. Staff understood that racism or ageism were forms of abuse and gave us examples of how they valued and supported people's differences. For example, staff told us they ensured that people could still follow their chosen faith and cultural preferences.

Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. Staff were aware that they could report any concerns to outside organisations such as the police or the local authority.

The service used national guidance and risk assessment tools recommended by the National Institute for Health and Care Excellence (NICE). The risk assessment tools in use for each person included the Prideaux Nutritional Assessment Tool to assess people for malnutrition, the Waterlow Risk Assessment Tool for assessing skin and pressure areas and the Falls Risk Assessment Score for the Elderly (FRASE) tool for people prone to falls.

Where a risk had been identified the manager and staff had looked at ways to reduce the risk and recorded any required actions or suggestions.

For example, one person who was recently admitted had a history of falls and had been assessed using the FRASE tool which showed a score of 10, indicating medium risk. This was reflected in their care plan, which showed the person would be using a Zimmer frame, with staff monitoring the person closely. This action was to minimise the risk of falls, while maintaining the person's independence to move about with a walking aid.

We were shown the electronic care management system (CMS) used to assess risks to people who used the service.

We noted that relevant risk assessments had been completed for all 13 people living in the home. These had been reviewed every month and were reflected in people's care plans.

We saw evidence that people's skin and pressure areas had been risk assessed using the Waterlow Risk Assessment Tool. The registered manager confirmed all 13 people currently living in the home had no pressure ulcers.

We saw that risk assessments and checks regarding the safety and security of the premises were up to date and being reviewed. These included the fire risk assessment, monitoring water temperatures to reduce the risk of scalding and checks to reduce the spread of water borne infections such as Legionella.

People and their relatives said they were satisfied with the numbers of staff on duty at the home. Two people told us that they thought there could be more night staff on duty however, everyone told us that they didn't have to wait too long for assistance. One person commented, "They are quite quick, they come straight away but they say if they can't." Another person said, "Staff have time to talk."

The registered manager told us that there were at least two staff on duty throughout the day and one staff awake throughout the night and one staff sleeping in the home who could help out when needed. On the day of this inspection there were two care staff, the deputy manager, the registered manager and the provider on duty at the home. The provider told us that, as this was a family run business, the family members were usually working at the home most days.

Staff did not raise any concerns with us about staffing levels at the service. We observed staff during the inspection and saw that, although staff were very busy, they were not rushing and were able to spend some time with people.

We checked a sample of five staff files to see if the service was following robust recruitment procedures to make sure that only suitable staff were employed at the home. Recruitment files contained the necessary documentation including references; criminal record checks and checks on people's eligibility to work in the UK. Staff confirmed that they were not allowed to start work at the home until satisfactory references and criminal record checks had been received.

Is the service safe?

We checked the management of medicines at the home. The registered manager was solely in charge of the ordering, handling, recording and auditing of medicines. The registered manager confirmed that staff who administered medicines to people had been trained to carry out the task and we saw relevant training certificates in staff files we looked at.

We noted all medicines were stored in the medicine trolley, which was securely attached to the wall when not in use. The registered manager confirmed there were no controlled drugs in use. The trolley was stored in the management office, which was locked when not in use. We were told the service had no stock medicines and all medicines prescribed for people were based on a 28-day cycle.

Medicines were disposed of safely. Medicines that were no longer in use had been returned to the supplying pharmacy. All medicines were prescribed and delivered to the care home in individual containers, clearly labelled with the name of the person.

The registered manager confirmed that the home commenced using the NHS Electronic Prescription Service a month ago. When the medicines were delivered to the care home, the registered manager or a designated senior member of staff checked that all medicines had been supplied correctly.

Medicines were administered safely. The service used a 12 week medicine administration record (MAR) chart. All medicines prescribed were entered on the MAR chart every 12 weeks by hand, usually by the registered manager; a second senior member of staff checked and signed the MAR chart to confirm the recording was accurate. The registered manager confirmed there had been no recording

errors to date. We checked the MAR charts and noted the relevant signatures were present. There were no gaps, as all medicines given had been signed for by the staff who administered them.

At the last inspection on 14 May 2014, we asked the provider to take action to make improvements to infection control. This action has been completed.

The home employed a domestic cleaner who worked Monday to Friday. The cleaner confirmed they had received training in November 2014 on infection control, on the Control of Substances Hazardous to Health (COSHH) and health and safety. We were told the care staff did the weekend cleaning.

On the day of our inspection, the environment was clean and odour free. People we spoke with said their rooms had been cleaned daily and they were satisfied with the level of cleanliness. One person told us, "The cleaner comes around every day, it's very clean." Another person commented, "It's kept clean and tidy."

The provider had recently contracted two external companies to monitor health and safety at the home as well as undertake regular infection control audits. The provider told us they were pleased with the input from these companies and we saw records that showed health and safety and infection control within the home had improved considerably since our last inspection.

We noted that the cupboard containing cleaning chemicals, although locked, did not have a warning sign that it contained hazardous chemicals. The registered manager told us she would ensure an appropriate sign was put on the door as a matter of urgency.

Is the service effective?

Our findings

At the last inspection on 14 May 2014, we asked the provider to take action to make improvements in training and supporting staff. This action has been completed.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities. One person we spoke with told us, "It's very good they do everything to help you." Another person commented, "You are treated properly."

Staff were positive about the support they received in relation to supervision and training. Staff told us that they were provided a good level of training in the areas they needed in order to support people effectively. Staff told us about recent training they had undertaken including safeguarding adults, fire safety and moving and handling. We saw training certificates in staff files which confirmed the organisation had a mandatory training programme and staff told us they attended refresher training as required.

Staff told us they would like to undertake training in dementia care. The provider was aware that this training had not taken place for some time and told us they were looking at various training courses to see which one would be the most beneficial to staff.

Staff confirmed they received supervision three times a year. We asked if this was sufficient for them and they told us they could discuss any issues with the registered manager and provider at any time they needed support. They said the registered manager and provider were open and approachable and they felt able to be open with them.

The provider told us that, as they were a small staff team, consisting of ten care workers, a cook and a domestic worker, they felt they could communicate and support staff without the need for more frequent supervisions or formal staff meetings. Staff confirmed they had a yearly appraisal.

Care workers we spoke with had good knowledge of people's care needs. We observed a member of staff attending to a person who had requested a late breakfast. The member of staff was supportive, attentive and respectful. The person was served breakfast as they had requested and was given time to eat without being rushed. They were helped to the lounge when they had finished.

Staff were positive about their induction and told us the four day induction process included meeting all the people using the service, reading their care plans, looking at health and safety procedures and shadowing experienced staff.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals. Staff understood that people's capacity to make some decisions fluctuated depending on how they were feeling.

We did not see any written consent forms in use to obtain people's consent to care and treatment. A senior member of staff said people were asked verbally on a daily basis for their permission before care and treatment was provided. We were told when a person moved into the care home, a member of staff asked verbally for the person's permission before taking their photograph for identification purposes.

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. People told us that the staff did not do anything they didn't want them to do.

One person told us, "They know what I like but I can change my mind. They always ask if it's alright."

We spoke with the registered manager about Deprivation of Liberty Safeguards (DoLS) these safeguards are put in place where it might be necessary to restrict a person's access to areas within the home or stop them from leaving the home because they would not be safe on their own. The registered manager told us that they had made a number of DoLS referrals to the appropriate authorities as there were some people at the home who would not be safe leaving on their own.

The registered manager told us all 13 people living in the home were eating and drinking well and there was no one with a poor appetite or weight problems. Therefore food and fluid intake charts were not in use at present. One person with diabetes had a controlled diet and received appropriate medication.

Is the service effective?

People said they had been offered a selection of drinks, which were also available on the drinks trolley. One person said, "Whatever food or drinks you need, you just have to ask the staff and they will get them for you. I am not able to fetch them myself, so I ask my friend here or the staff to get them for me. Staff are all very nice and helpful."

We were told every person was weighed monthly and the results were stored electronically using the CMS system. The manager showed us graphs of people's weight for the year to date. We saw the graph for one person who had lost weight during a two week period when they were unwell. The GP had been called to assess the person but since then the person had gained weight as they recovered from their acute illness.

People were pleased with the food that had been served to them. One person commented, "I have no complaints about the food. The chef is very good."

People we spoke with said they were given a menu to choose from and there was always a choice of two hot dishes at lunchtime, a choice of sandwiches in the evening and a selection of soft drinks and hot drinks throughout the day.

One person said, "There is always a choice of food. If I prefer fish for the evening meal instead of sandwiches, I just have to ask and they give me what I prefer." Another person told us, "You always get plenty to eat."

We were told, among the current group of people who used the service, only one person had been referred to the

speech and language therapist (SALT) because of swallowing and choking problems. The referral had been made in March 2014. Since then the person's condition had improved but staff had continued to follow the SALT's written protocol. This related to food texture, thickening of drinks and daily monitoring and observation, to ensure the person was safe and appropriately cared for.

We saw the person's care plan on nutrition had reflected all these aspects. The registered manager told us a follow up referral to the SALT team was made on 20 January 2015 for a review as the person's condition had improved and there had been no further choking incidents for some time.

People and their relatives said they had good access to other healthcare professionals such as dentists, chiropodists and opticians. One person told us, "I've got an appointment with the doctor. It's all here." If you want anything [the manager] sorts it out."

People were supported to access healthcare services, such as their GP and the local NHS hospital.

We were told the service arranged visits by other healthcare professionals, such as the dentist, the optician and the chiropodist. During our inspection, we saw two chiropodists from the same practice visiting people in the home. The chiropodists told us they visited every three months, as arranged with the provider and that they only saw people with their permission.

Is the service caring?

Our findings

At the last inspection on 14 May 2014, we asked the provider to take action to make improvements to maintain people's autonomy and independence. This action has been completed.

People told us they liked the staff who supported them and that they were treated with warmth and kindness. One person told us, "They are all very nice and very kind." Another person commented, "They look after me properly." People told us that staff listened to them and respected their choices and decisions.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. One person told us, "They know what I like."

Staff demonstrated a good understanding of people's likes and dislikes and their life history.

The registered manager told us that she had regular meetings with people using the service but these meetings were not recorded. We discussed the way these meetings could be part of the home's quality assurance process and the manager told us that in future she would record people's views from these meetings.

People confirmed that the registered manager spoke with them on a regular basis and asked for their views about their care. One person said, "The manager is very nice and very helpful."

One person commented, "It's very good, the privacy is there."

Staff told us they enjoyed supporting people and we observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued. For example, staff told us they made sure people's faiths and religious practices were still upheld and followed even though the person may not still always remember this due to their cognitive impairment.

We observed staff respecting people's privacy through knocking on people's bedroom doors before entering and by asking about any care needs in a quiet manner and without being overheard by anyone else. Staff were able to give us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

Is the service responsive?

Our findings

At the last inspection on 14 May 2014, we asked the provider to take action to make improvements to planning and delivering people's care. This action has been completed.

Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences. People told us they were happy with the way staff supported them. One person commented, "They treat you like a person."

The registered manager confirmed that everyone had been assessed before moving into the home to ensure only people whose needs could be met were accepted. We saw that a six weeks trial period was undertaken before a more permanent contract was drawn up and mutually agreed.

We case-tracked three people's care plans in detail. These plans covered all aspects of the person's personal, social and health care needs and reflected the care given.

In the case of one person with restricted mobility, the care plan section, completed before they moved into the home, stated the person was unsteady on their feet and had a history of falls and suffered from breathlessness. The actions for staff to follow specified the person required a member of staff to assist when moving about and that they needed to use a wheelchair for transportation to reduce their breathlessness until their condition improved. Staff were aware of these specific care requirements.

In the case of another person, the activity section of the care plan gave an account of the person's social preferences and their likes and dislikes. There was an action plan which instructed staff to spend time conversing with the person. Staff were to ensure the person had access to newspapers and magazines and activities that the person had specified. During our inspection we spoke with the person who confirmed they enjoyed reading and would only join in activities that they preferred. The person added that staff had been encouraging but also respected their wishes when they preferred not to join in group activities.

We saw the care plan summary folder, which was readily available for staff to access. More detailed information for each person was accessible to all staff electronically via the CMS system. Managers and staff demonstrated their knowledge and skills in using the CMS system to access

and key-in daily information in regard to care and treatment and any changes in care needs. We saw that daily updates of activities, medicines administered and referrals had been recorded promptly.

All the care plans we checked showed people's care needs had been regularly assessed, reviewed and documented. The registered manager told us that she reviewed care plans with each individual on a regular basis. Again, we were informed by the registered manager that she did not record people's views during these reviews. The registered manager told us she would now record people's views about their care during reviews and feed this into the home's quality monitoring process.

The registered manager and provider told us that the provision of meaningful and regular activities and outings for people was one of their biggest challenges. There were regular visits from a physiotherapist, to undertake an exercise class as well as visits from an entertainer and pianist. Although staff had some time to sit and chat with people, we didn't see any other type of activity during the inspection. Despite this, people told us they enjoyed reading, watching television and talking with other people.

People's comments about activities included, "There are plenty of people to talk to", "I'd like to go out to the shops", "I'm quite satisfied with reading and the company [of people]" and "I'm not worried about going out."

The registered manager told us that staff had recently completed "life histories" with people at the home and their relatives as a way of exploring people's past and previous occupations and social interests. We discussed this with the registered manager and provider including ways of using each person's life history and preferences to design activities that kept each person occupied and engaged.

We saw from the visitor's book that friends and family were able to visit when they wanted to. Visitors we spoke with confirmed that they were made welcome and could visit at any reasonable time.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. One person told us, "No moans here." Another person told us, "I'd go to the head of the home. They always listen to me." A relative commented, "If I find something's wrong I let them know quick. They usually do something."

Is the service responsive?

The complaints record showed that any concerns or complaints were responded to appropriately and each entry included the outcome of any investigation. We saw that any verbal complaints were also recorded so formal action could be taken.

People told us that the registered manager always met with them and asked them if everything was alright. One person commented that the registered manager “asks if I’m alright”.

Is the service well-led?

Our findings

At the last inspection on 14 May 2014, we asked the provider to take action to make improvements to monitoring and assessing the quality of service provision. This action has been completed.

Since the last inspection of this service the registered manager and providers had taken a number of steps to improve the service and meet the requirements we issued. This included organising a number of outsourced organisations to assist in monitoring the safety and quality of services. We spoke with the head of safeguarding at the local authority who told us the registered manager and providers worked with them in an open and transparent way and for the benefit of the people living at the home.

On the day of the inspection we found the management team to be clear about the improvements they had made as well as open to the improvements they still wanted to make.

People using the service and their relatives were positive about the registered manager and the provider of the service who, people told us, were at the home most days. From discussion with the registered manager throughout the day we found that she had a very detailed knowledge about all the people in the home.

Staff were positive about the registered manager the management team and the support and advice they received from them. They told us that there was an open culture at the service and they did not worry about raising any concerns.

The provider told us that, as the home had a small staff team, there were no formal staff meetings. Despite this, staff told us that the management communicated with them effectively and kept them updated about people's changing needs as well as any issues with the service generally.

Staff told us that they were aware of the organisation's visions and values. They told us that the registered manager always tells them that, "the residents are the most important people in this home". A staff member told us that the management team, "always puts the residents first".

The service had a number of quality monitoring systems including yearly surveys for people using the service, their relatives and other stakeholders. The provider told us that this survey was now being undertaken by an external organisation and would be including a separate staff survey.

We saw records of monthly quality and safety audits which were undertaken both by the provider as well as an outsourced health and safety company. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery. A relative commented, "I'm quite happy with the place. The manager is on the ball."