

Mrs S J Pillow

Green Bank

Inspection report

11 Hastings Road
Bexhill On Sea
East Sussex
TN40 2HJ

Tel: 01424211704

Website: www.greenbankcarehome.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Green Bank provides accommodation, care and support for up to 20 people. The service provides support to older people, those living with dementia or mental health conditions, or people with long term health needs such as diabetes. At the time of our inspection 17 people were living at the home.

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

This comprehensive inspection took place on 30 July and 6 August 2018 and was unannounced.

Previous inspections of Green Bank had identified recurring issues around safe care and treatment and governance. The provider has been non-compliant with regulation since 2016 with repeated breaches. Following the last comprehensive inspection in July 2017, the overall rating for the service was Requires Improvement with breaches of regulation. At that time, we served warning notices to ensure people's safety and well-being. A focussed inspection in December 2017 showed that improvements had been made and the warning notices had been met.

At this inspection, although some improvements had been made, there remained areas of concern. We found several recurring issues that were also identified at the last comprehensive inspection in July 2017. There were also shortfalls in quality monitoring and management oversight of the service. Whilst the registered manager was transparent and responsive to addressing these issues again during the inspection process, this indicated the provider had been unable to sustain improvement in these areas. We did not find these inconsistencies had impacted on the safety of people, but this failure to sustain improvement demonstrated a lack of leadership and oversight.

Green Bank had a registered manager who had been in post since October 2010. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 2008 and associated Regulations about how the service is run.

Quality systems and audits were in place to monitor the service people received, but did not always effectively identify areas for improvement. We found shortfalls within areas of quality assurance, which meant the provider did not always have clear oversight of some areas, such as cleaning schedules and maintenance. One person told us, "The cleaning is good on the whole" but "I'm not sure it gets done every day." One member of staff said, "The cleaning is not always good enough." The environment was not always well maintained.

Staff were employed using appropriate recruitment practices, though did not receive regular supervision

and appraisal. Staff received essential training and were positive about the training the provider offered, but there was a lack of suitable training for staff employed in multiple roles, meaning they were not skilled and qualified to undertake some of the tasks assigned to them. There were not always sufficient numbers of staff deployed in line with the providers assessment of the needs of people living at Green Bank.

Care plans and other documentation was not always updated in line with people's changing needs. People had access to some activities, but these were limited and not always person-centred.

People were protected from avoidable harm. There was a safeguarding policy and staff received training. Staff knew how to recognise the potential signs of abuse and knew what action to take to keep people safe. Staff told us "Any concerns, I'd raise with the manager straight away."

Good systems and processes to keep people safe were maintained. One person told us, "Wonderful care and I feel safe." Risks to people had been identified and staff understood people well and how to manage risks to help ensure people were safe. People were supported to receive their medicines safely by staff that were trained in administering medicines. One person said, "The carers given me my medicine every day, always on time."

People were cared for in line with the principles of the Mental Capacity Act [2005] and staff understood the principles of best interest decision making where people lacked capacity.

People were supported to maintain their health and had assistance to access health care services when they needed to. Staff supported people by arranging healthcare appointments for them. We saw people had access to services such as community nursing and chiropody within the home.

People told us they were happy with the service they received. One person told us, "The staff are kind and caring, they know me well." We saw positive interactions between people and the staff caring for them. Staff said they enjoyed working at the home, "We're a good team."

People were confident their concerns would be responded to and knew how to raise any concerns and make complaints if needed, "I complained once, and it was dealt with." The provider displayed the complaints policy within the home.

We found breaches of regulation. Full information about the CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

The provider had not ensured basic infection control measures were always followed.

The provider did not always ensure there were the correct number of staff in line with their own dependency assessment of people's needs.

The provider had policies and procedures on safeguarding people from possible abuse and neglect. Staff knew how to recognise the signs and they knew what to do if they suspected any abuse had occurred.

Risks to people were assessed and recorded, so staff knew how to keep people safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff were generally well trained though staff deployed in multiple roles did not always receive sufficient training. Staff did not receive regular supervision or appraisals.

The environment was not always well maintained to meet people's needs.

Consent to care and treatment was sought by staff on a daily basis, and staff understood their responsibilities with regard to the Mental Capacity Act 2005.

People were supported to eat and drink enough.

People were supported access other health care services.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

People told us they felt well cared for by staff who respected their privacy and dignity.

People were encouraged to maintain contact with their family and friends and we saw people visiting throughout the inspection.

Records and people's information were kept securely

Is the service responsive?

The service was not always responsive.

Care plans were not always up to date and did not reflect people's current care needs.

People had access to some activities but these were limited and not always person-centred.

People knew how to complain and felt comfortable to do so and said their concerns were addressed.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Systems and processes for monitoring the quality of the service were not always effective in identifying shortfalls and inconsistencies.

The provider did not always have clear oversight of the service and this was reflected in the recurrence of issues also identified at previous inspections.

The provider told us that their workload impacted on their ability to sustain improvement and there was no effective system of delegation.

Requires Improvement ●

Green Bank

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 30 July and 6 August 2018 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed information we held about the service including any notifications and any complaints or safeguarding alerts that we had received. A notification is information about important events which the service is required to send to us by law. We contacted the local authority and people who commissioned services from the provider to obtain their views. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to the registered manager, the deputy manager and a range of other staff including carers, the cook, laundry staff and the housekeeper. We spoke to an independent activities professional who worked with the service. We spoke to six people who used the service and some of their relatives. We looked at all areas of the building including the kitchen, laundry, people's bedrooms and bathrooms and the communal areas such as the lounge and dining room. We used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked at a range of documents including policies and procedures such as safeguarding, incident and accident records, medication protocols and quality assurance information. We looked at care plans for four people who used the service. We reviewed four staff files including information about recruitment, supervision and training. We reviewed team meeting minutes and feedback from people who use the service.

Is the service safe?

Our findings

People told us they felt safe at Green Bank, they liked living there and had confidence in the staff caring for them. One person told us, "Wonderful care and I feel safe."

The registered manager had identified that the dependency of people living at Green Bank required four care staff to be employed each day shift. Staff rotas showed that four care staff were allocated each day shift, and two members of staff at night. The registered manager told us that any staff absence was covered by staff from an agency. Staff told us that staff absence was not always consistently covered, and some day shifts had three care staff on duty. People told us that while they felt staff were well trained, the home "could do with some more people." We looked at the staff rota for the previous month and saw that on some days there were only three staff on duty. We looked at booking records from the staffing agency and found on some days absence was covered by agency staff but it was not always the case. Management meeting minutes showed that it had been noted that staff struggled when there were only three care staff on duty. We did not find these inconsistencies had impacted on the safety of people at the time of our inspection however the registered manager had not always ensured there were the correct number of staff on duty in line with the home's dependency assessment and staff told us this increased pressure on them. This failure to make sure there were sufficient numbers of staff in accordance with the home's dependency assessment was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that care staff followed good routines in respect of infection control. One person told us, "They always use gloves and aprons" and we observed this in practice. The premises on the first day of the inspection was not clean and hygienic. The cleaner was not present and this meant there was no staff to clean the premises. We found used clinical gloves had been left on the floor in two people's room and in the outside space. Later in the day a member of care staff who was not scheduled to be on duty that day was seen cleaning the premises. Management meeting minutes from January 2018 confirmed issues had been identified with the housekeeping as not all the daily cleaning tasks were being completed and staff reported struggling to cover all the required daily cleaning schedule. We noted a management action to repeat training with the housekeeper to ensure the cleaning schedules were followed. Staff told us that the home was not always clean, "The cleaning is not always good enough" and "not enough spot checks are done" and "sometimes it's not cleaned for three days, the rooms smell, I feel embarrassed." The registered manager had not ensured that basic infection control measures were always followed and this needed to improve.

The provider had recruitment processes to ensure new staff were suitable to work with the people. Staff files included application forms and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Records confirmed that staff members identity.

A computerised care plan system had been introduced at the last inspection. Risk assessments had been

implemented to provide guidance and support for staff to provide safe care. This included risk assessments for skin integrity, nutrition, falls and dependency levels. Care plans demonstrated how people's health and well-being was being protected and promoted.

Care plans contained information about people's skin integrity alongside the risk assessment to identify people's individual risk to pressure ulcers. There was specialised equipment such as pressure relieving mattresses for those people identified at risk from pressure damage. Pressure relieving mattresses should be set according to people's individual weight to ensure the mattress provides the correct therapeutic support. Systems had been put into place to ensure staff checked the settings daily and these were all found correct.

People were protected against the risks of potential abuse. Staff understood safeguarding adults' procedures and what to do if they suspected any type of abuse. Staff members told us they would not hesitate to report any bad practice they witnessed or suspected, and they would report it to the registered manager straight away. One staff member said, "I would report abuse immediately" and described how they would report the matter to the registered manager. Another member of staff said, "I would report it and I would have no worries in doing that. We have a whistleblowing number we can use too". A safeguarding policy and whistleblowing policy were available to staff and the numbers for the local authority displayed in the home. The whistleblowing policy was also displayed on staff notice boards for everyone to see. Staff had received safeguarding training and referrals had been made appropriately.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Equipment such as hoists and wheelchairs were stored securely, but were accessible when needed. Regular checks on lifting equipment and the fire detection system were undertaken to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. People's ability to evacuate the building in the event of a fire had been considered and where required, each person had an individual personal evacuation plan. These individual plans were stored on the registered manager's computer and were printed off and placed in the fire grab folder during the inspection process. The provider employed a dedicated facilities person who was responsible for overseeing the safety of the environment and premises.

There were policies and procedures to support the safe administration and management of medicines. The provider had invested in the computerised system of managing medicines. All medicine records were held on a hand-held computer and overseen by the dispensing pharmacy. The system had daily feedback from the medicine provider which highlighted any delayed or missed medicine. This system alerted staff to timings of medicines, for example four hourly medicines. The system would only allow staff to give the next dose if four hours had elapsed. This had reduced medicine errors. People confirmed they received their medicines on time, "The carers give me my medicine every day, always on time." People's medicines were securely stored in locked trollies and attached to a wall for security reasons. They were given by staff who had received appropriate training. The temperature of the storage area was checked daily, as was the medicines fridge to ensure medicines were stored to manufacturer's guidelines. We observed staff giving medicines and they did so safely, ensuring that people took their medicines before completing the task. We heard staff obtain consent from people before giving medication, "Are you in any pain? Are you ready to take your medication?" Staff had regular knowledge competencies checks to ensure their practice remained safe. Staff retained patient information leaflets for medicines and had access to the British National Formulary to check for information such as side effects. This is a reference book that contains a wide spectrum of information and advice on prescribing and pharmacology.

A system was in place to record accidents and incidents with actions taken to prevent them as far as possible. Accidents were recorded with information about what had happened, such as an unwitnessed fall in a person's bedroom or in the communal areas. The information recorded included action taken to prevent a further accident, such as increased checks and a sensor mat. Audits were carried out for the accident and incident forms to ensure sufficient information was recorded. Accidents were reported to the local authority in line with safeguarding policies.

Is the service effective?

Our findings

Staff told us they did not receive regular supervisions or appraisals. This had been identified as an area for improvement by the provider in the last Provider Information Return from 2017 when a target had been set to achieve 100% compliance in undertaking at least five supervision sessions plus annual appraisal for all staff. The registered manager confirmed this had not been achieved and staff were not receiving regular supervision.

Staff told us that the registered manager supported them with training, though we found an example where a member of staff was employed in multiple roles and did not have training to effectively carry out all their duties with sufficient knowledge and skill. This member of staff was deployed as both housekeeping staff and in a carer role. The staff member was observed providing support to a person who needed assistance to eat because of a stroke. The member of staff had not received training the provider considered essential for care staff, including moving and handling, stroke and epilepsy awareness, practical first aid or person-centred care and therefore lacked the skills and qualifications to undertake the task. This had the potential to impact the person significantly given the level of support they needed. The registered manager took immediate action, including suspending the member of staff from care duties until their training was up to date, to ensure the effective and safe care for people who lived at Green Bank. This failure to make sure staff were suitably qualified, competent, skilled and experienced in order to deliver effective care and meet the needs of people was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The environment was not always consistent with meeting people's individual needs. We found broken furniture in some people's rooms, such as a chest of drawers, a broken blind and one person's curtains were hanging off the rail. The housekeeper told us any maintenance issues were reported to the maintenance person at the home, but we saw no evidence this had been done or any plans were in place to address these issues, and this lack of management oversight needed to improve.

There were different areas within the home people could access if they chose. There was an accessible patio area which included a smoking area which we observed people accessing independently. One person said, "We both prefer to be out." Staff sometimes joined people on the patio and there was friendly and good-humoured conversation. There was a garden area which people could access and during warmer weather where events were held. There were communal areas within the home people were free to access as they wished. There was a lounge with comfy chairs and there were adapted bathrooms and toilets and hand rails in place to support people.

Training records showed that overall care staff received sufficient training to ensure they had the skills, knowledge and experience to deliver effective care and support. Staff received training on a range of key areas such as MCA, safeguarding, dementia awareness, stroke and epilepsy awareness, falls prevention and medication administration. Staff also received health and safety training such as fire, infection control, moving and handling and food safety. We saw staff appropriately supporting people who required assistance. One person said, "The staff are trained well, they know what they're doing which gives me

confidence." Staff were positive about the training on offer at Green Bank, some of which was online and some provided by the local authority. Staff told us the registered manager supported them with any additional training needs identified.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the provider was working within the principles of the MCA. Staff files confirmed that MCA training formed part of essential training. Care plans showed that initial assessments prior to people receiving care included whether people could make decisions for themselves. Consideration was given to whether people were supported by others to make decisions, such as an advocate or a person with legal authority to do so known as a Lasting Power of Attorney (LPA). A person can have an LPA support them with finance and property matters and/or for health and welfare decisions. Health and welfare LPA's only apply when the person lacks mental capacity to make decisions for themselves around their health and welfare. Where people had an LPA to support them this was clearly documented in the care plan. Staff had a basic understanding of the principles of the MCA. Staff recognised that when people lacked the capacity to make some decisions, staff must act in their best interests and the person should be supported to make decisions where they can. Where people had capacity to make decisions about their care or to exercise choices in everyday matters they were free to do so. We heard staff ask people for their consent to care. People told us that staff sought consent appropriately before giving personal care. One person said, "They always ask before they do anything."

Under the MCA, people can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff could explain the implications of DoLS for people living at the service. When appropriate the registered manager had made applications to the authorising body and where an authorisation had been granted the conditions were known and adhered to by staff. We saw in the staff handover book where it was communicated that Best Interest Assessors had visited residents as part of the DoLS application process.

People were supported to maintain good health and received on-going healthcare support. People commented they regularly saw their GP and other health care professionals. One person told us the GP "comes very quickly" if they needed to be seen. Care plans showed that people had regular access to other healthcare services such as chiropody and optician services. One person was being visited by a community nurse on the first day of inspection. We saw in one person's care plan that they had been identified as being at risk of weight loss due to limited diet and poor appetite. There was an action plan to record monthly weights for the person and this had been done. We saw that the person was still assessed as underweight, but their weight had increased. We spoke to the cook who was aware the person was underweight and described how some foods were fortified to support people's nutritional needs. The care plan documented that the person's GP was to be contacted if their weight fell below a certain level and we saw that this was done.

People told us they had enough to eat and drink. We saw that a wide variety of foods were offered with two options available at mealtimes from a two week rotating menu. The cook confirmed that if people did not care for either option, other meal choices were offered. One person told us, "The food is great, usually you have a choice of two. If you don't like either option they'll usually make you something else like a jacket potato." One person's relative told us, "The food is good, he's put on weight." We saw that some people

preferred to eat in their rooms and this decision was respected by staff. People were happy with their meals and enjoyed the food. We observed that one person needed support with eating and received dedicated one to one support with this by a member of care staff. We observed a choice of drinks were available to people over lunchtime and staff were seen regularly offering drinks to people.

Is the service caring?

Our findings

People spoke positively about the care they received. They told us they were satisfied with the care and support they received, they were happy and they liked the staff. One person told us, "The staff are caring and kind, they like chatting to me."

We observed caring and kind interactions between people and staff. Staff knew people well and were familiar with their routines and preferences. One person told us, "They ask me how I want things done, and they do things the way I like, they know me well." Staff spoke positively about the people they cared for. One member of staff told us, "We like to make people feel at home." We observed that staff worked at people's pace whilst offering support. We saw staff chatted with people in a relaxed, friendly manner. One person told us, "If I ring the bell, they come straight away." At lunchtime we observed one person eating in the communal lounge who needed support with eating. They received one to one support from a member of staff throughout the mealtime who was patient and encouraging and went at the person's pace. One person told us, "The staff are lovely." We saw staff speaking gently to people when they asked them how they were, or asked them how they wished to be assisted and intervening when people needed help with something. For example, one member of staff quietly ask a person if they needed help to cut up their pudding. We saw the member of staff help the person as needed, but supported the person to continue eating independently.

People were treated with dignity and respect and staff called people by their preferred name. People also described how staff ensured their dignity was maintained during personal care, and how their independence was promoted. One person told us, "They help wash my back, I do as much as I can. They always make sure I'm covered up and the door is shut." We observed a member of staff support a person use the toilet. They were patient with the person who moved slowly, and they were careful to protect the person's dignity at all times. After ensuring the person was safe, they held the door shut for the person and gave them privacy. They reassured the person by talking to them and letting them know they were close by and ready to assist when needed. People were supported to maintain their personal and physical appearance in accordance with their own wishes. Staff told us that residents clothing was regularly washed and changed.

Visitors were welcomed at the service. They sat with people in communal areas and private rooms. One visitor had bought a dog to see a person living at the service and this was welcomed by the staff. The visitor told us they visited the person regularly and, "The staff are all very kind and make me feel welcome." Relatives were free to visit people as they wished. We spoke to one relative who was visiting the person while they chose to eat their meal in their room. Relatives spoke of the caring nature of staff. One person's relative told us they were "Very happy with the care" and said they found the staff were kind. Two people were supported to regularly attend church services in the community.

The provider had an electronic care plan system where information about people was stored and updated. Care documentation was held confidentially and systems and processes protected people's private information. Sensitive information was stored securely in the registered manager's office which was locked

when he was not present.

Is the service responsive?

Our findings

The provider had introduced an electronic care plan system and this contained detailed information about people. From initial assessments the registered manager then developed a care plan for each resident. Staff received information about the person's care needs through a handheld device which listed the tasks to be completed for individual residents. We observed one person during a mealtime who had suffered a stroke. The effect of the stroke meant the person could not move their eyes to the right. The person's care plan stated that they had poor vision, though retained some peripheral vision. The care plan stressed the importance of ensuring the person could see the carer when engaging with them. We observed that during the mealtime the person was sat in their chair with their face and eyes turned to the left, towards the wall. The member of staff assisting the person sat to the person's right side when assisting them with food. This meant the member of staff was not positioned in a way that they could establish eye contact and they did not engage with the person at all during the mealtime. We noted that the member of staff providing assistance to the person had not received training in stroke awareness which was one of the core training courses the provider considered essential for all care staff at the home. This failure to make sure that the care was responsive to the specific needs of people by suitably qualified, competent, skilled and experienced staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite introducing the new electronic system, the provider had not been able to sustain improvement in care planning. Care plans were not always updated to reflect people's current needs and these inconsistencies had not been identified. For example, one person had suffered a stroke and this was recorded in their care plan. The effect of this on the person meant they could not use cutlery to eat, or hold a cup to drink and needed assistance. This had been updated in some parts of the person's nutritional assessment but this was not fully reflected in the care plan.

There was inconsistency in the way that people's fluid intake was monitored and recorded. Documentation of fluid intake for some people fluctuated considerably from day to day. We discussed this with the registered manager as the fluid intake for some people did not appear to be accurate. Some people were being monitored for fluid intake though there was no evidence they were at risk of dehydration. There was no clear process for identifying people who needed to be monitored for fluid intake, or clear rationale for how fluid requirements were set for the individual and whether factors such as weight, health, age, medication and activity were taken into account. These inconsistencies in people's care plans needed to improve.

Care plans contained details of how to maintain people's oral health. This detailed whether people wore dentures, whether they needed help to brush their teeth and any preferences for the type of toothpaste they like to use. We found some people did not have toothbrushes and lacked sufficient toiletries. This meant that people's oral health was not being maintained and supported. We fed this back to the registered manager and this was addressed during the inspection process. This issue had been previously noted and addressed during in the last comprehensive inspection in July 2017. This lack of management oversight indicated the provider had not sustained improvement in this area.

Care plans were not always consistent in capturing important information around personal history. There was a lack of personal history within some care plans that would assist with planning person-centred activities for people, though this had been identified as an area for improvement by the provider in the last Provider Information Return in 2017. We saw one good example where the care plan contained comprehensive details about the person's life, where they grew up, their professional life, hobbies and interests and their family and friends. Another example showed where the care plan stated the person enjoyed "reminiscence activities" but there was limited information about the person's history. This was an area of care planning that needed to improve.

Despite improvements to the provision of activities for people being noted at the last inspection in July 2017, this had not been sustained. At the time of the last inspection the provider had employed a member of care staff as an activities co-ordinator, and this was a role that the service planned to develop. At this inspection the staff member was no longer in post and had not been replaced. While the service was now using an independent activities co-ordinator, we noted that their visits were limited to three or four hours a week. The co-ordinator told us that people were, "Insular and set in their ways." We observed that many of the people spent most of the day sitting in the lounge. We saw the co-ordinator facilitate a quiz in the lounge. We observed kind and caring interactions between the co-ordinator and people appeared to enjoy the session.

There was no provision of activities for people who were unable to leave their rooms due to health reasons. One person stayed in their room and only came out for their meals. Their care plan stated they needed to be kept socially active or they were at risk of boredom and social isolation, but we saw no evidence of the person being engaged in any activities. In another care plan it gave details of activities the person enjoyed including singing and listening to the radio. Staff confirmed the person loved music, but could not locate the person's radio, which our inspector found behind a curtain. The person was on bed rest and had no other access to activities. We asked whether the activities co-ordinator had access to people's care plans and information about their history to assist with personalising activities for people, and they told us they did not. They told us they, "Gleaned bits of information as I go" and had got to know the residents through working with them over time.

The activities co-ordinator told us about a summer fare in the garden every year which people participated in. The activities co-ordinator kept an activities sheet which documented who had joined in the session and what activities had been offered. They told us there were discussions with the registered manager on how to improve the activities on offer to people, and this included using the conservatory as an activities room, however this had not yet been done. While people had access to some activities, the provider had not sustained improvement in this area to ensure the provision of meaningful, person centred activities was always available for people living at Green Bank.

There was not an adequate process for assessing and monitoring the quality of the services provided and that records were accurate and complete. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had procedures to manage complaints and this was available for people and their relatives to view. A person told us they knew how to raise concerns and had done so in the past. They said, "I know how to make a complaint, or I'd ask my son. I complained once and it was dealt with." People told us the registered manager and his deputy were approachable and they felt able to raise any issues directly with them. Complaints were managed in line with the providers policy and we saw appropriate actions were taken.

We looked at how the provider had incorporated the Accessible Information Standard (AIS) when assessing people's needs. This is the standard that aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services. Providers must identify, record, flag, share and meet people's information and communication needs in line with section 250 of the Health and Social Care Act 2012. All organisations that provide NHS care or adult social care must follow the Standard in full from 1st August 2016 onwards. Care plans showed people's sensory and communication needs were being considered and recorded. The service had a policy in place setting out its legal obligations with respect to AIS.

People were asked about their wishes with respect to end of life care at the time of their initial assessment. We received feedback from a commissioner of services who was "impressed with the help and support" from the registered manager in the past in arranging support for a resident in their final stages of life. At the time of this inspection the provider was not supporting people with end of life care.

Is the service well-led?

Our findings

This key question was rated Requires Improvement as despite some improvements at the last focussed inspection in December 2017, the provider was unable to show how they had sustained these improvements. This demonstrated a lack of management oversight of the service and embedded governance framework.

Prior to the inspection, we gathered and reviewed information we held about the provider. This included notifications from the provider and the improvements noted at the last focussed inspection in December 2017 that needed time to be embedded. We also looked at the improvements the provider told us they planned to make. At the start of this inspection the registered manager acknowledged these improvements had not yet been achieved. We found some recurring issues that had been identified at the last comprehensive inspection in July 2017, such a failure to maintain people's oral health and a lack of supervision for staff. Activities for people at the home were noted to have improved at the last inspection, but this had not been sustained. This indicated the provider did not have a sufficiently embedded system of governance to sustain improvements in these areas.

The provider had audit systems in place and some areas, such as medication management, were effectively audited. Audit processes for other aspects of the service were not always effective in identifying issues. For example, audits for cleanliness were done monthly, but daily checks were included in the audit process, meaning the audit was not comprehensive. Issues with the cleaning schedule were discussed during management meetings six months prior to this inspection. Despite this, lack of effective management oversight had not ensured these issues were addressed and actioned and ensured that basic infection control measures were always followed. Similarly, despite regular room checks, maintenance audits were not effective in identifying safety issues found in people's rooms.

Care plans and other documentation was not always consistent, or had not been updated to reflect the person's current needs. The registered manager took sole charge of writing and updating the care plans, and there was no effective quality system in place to consistently monitor care plans and update them in light of people's changing needs. There was no system of delegation to support the registered manager in ensuring care plans were current and staff were consistently aware of any changes. Some important changes to care needs were not easily assessable on the system. For example, one person's dietary needs had changed and this had been updated on a review section, but not transferred through to the person's main care plan. We were assured the person was not at risk by talking to the cook and care staff to ensure that they knew of these changes and that the person received the nutrition they needed in a safe way. Further information was recorded in the handover log. Similarly, we found that people's fluid intake was not consistently recorded or based on an assessment of individual need. Despite regular reviews of the care plans by the registered manager, these inconsistencies had not been identified. The registered manager acknowledged that there was further work to do to embed the new care plan system and develop a system of delegation to ensure care plans were kept up to date.

The registered manager told us at the start of the inspection that staff were not receiving supervision or

appraisal. Staff told us the registered manager was proactive in organising any additional training needed and was supportive on a personal level. Staff reported that the team worked well together and they liked working at the home. However, some staff told us they did not always feel supported by the registered manager, particularly when staffing levels were low due to staff absence. Some staff told us they did not always feel confident to raise concerns directly with the registered manager and the wider management team. One member of staff told us, "We do our best, but it could be so much better. Even some TLC to the building, all these lovely rooms wasted."

After the inspection the provider informed us of their intention to seek external guidance and expertise in order to gain additional support with leadership and oversight of the service.

At this inspection the provider had not sustained improvement in good governance and we found shortfalls in quality monitoring and management oversight of the service. This failure to sustain improvement was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager understood their responsibilities in relation to the Care Quality Commission (CQC). They could describe the types of incidents that required notification to us, for example such as safety incidents or safeguarding concerns. It is a legal requirement that a provider's latest CQC inspection report is displayed where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. At the time of the inspection we found the provider had met this requirement by conspicuously displaying their CQC rating on the home page of their website and it was also displayed within the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18) (2) (a) (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing. The registered person had not ensured sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p> <p>The registered person had not ensured that systems and processes were established and operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p>

The enforcement action we took:

Warning notice and provider meeting