



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### Green Gables Nursing Home

Church Lane  
Grayshott  
Hampshire  
GU26 6LY

*Lead Inspector*  
Mick Gough

*Unannounced Inspection*  
11th January 2006      10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

<b>Reader Information</b>	
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Green Gables Nursing Home
<b>Address</b>	Church Lane Grayshott Hampshire GU26 6LY
<b>Telephone number</b>	01428 604220
<b>Fax number</b>	
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Downing (Green Gables) Limited
<b>Name of registered manager (if applicable)</b>	Mrs Margaret Lydon
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	38
<b>Category(ies) of registration, with number of places</b>	Dementia (38), Dementia - over 65 years of age (38), Old age, not falling within any other category (38)

# **SERVICE INFORMATION**

## **Conditions of registration:**

**Date of last inspection**      6th June 2005

## **Brief Description of the Service:**

Green Gables is situated in the village of Grayshott on the Hampshire/Surrey border. It is accessed via a short drive, which is very uneven. Accommodation to service users is over three floors. Many of the rooms offer an outlook over the village. A lift is provided for access above the ground floor. The home is registered with the Commission for Social Care Inspection to cater for service users with Dementia 65 years of age and over.

# SUMMARY

This is an overview of what the inspector found during the inspection.

The inspection took place over 3 hours and was unannounced. On the day of the inspection the homes manager and the administrator assisted the inspector throughout the visit. The home is registered for 38 residents and on the day of the inspection there were 35 residents living at the home. Evidence for this report was obtained by speaking with 6 residents, 1 visitor to the home, 6 members of staff, the homes administrator and the homes manager. Other evidence was obtained from reading and inspecting records, touring the home and from observing the interaction between staff and residents. The inspector will make 1 requirement and 1 recommendation as a result of this inspection.

## **What the service does well:**

Care is provided in a relaxed and friendly atmosphere and staff and residents get on well together. Residents spoken to were happy at the home and felt that staff were friendly and stated that were treated with dignity and respect.

## **What has improved since the last inspection?**

Since the last inspection the home has had a new fire alarm system fitted and some re-wiring has been completed. The manual handling needs of residents has been re-assessed and these are kept under regular review. Information on the use of bed restraints is now recorded as part of a risk assessment and corridors around the home were clear with wheelchairs stored appropriately. Residents or relatives have signed care plans where appropriate.

## **What they could do better:**

A visiting chiropodist visits the home on a regular basis and provides a service to some residents who are diabetic. It was recommended that the home make those residents aware of the availability of the free foot care on offer through the NHS. The homes gas safety certificate has expired and the home needs to get the service engineers to check the boiler and issue a new safety certificate as soon as possible.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office.

# **DETAILS OF INSPECTOR FINDINGS**

## **CONTENTS**

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## Choice of Home

### The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

**The Commission considers Standards 3 and 6 the key standards to be inspected at least once during a 12 month period.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

**6**

Intermediate care is not provided by the home

### **EVIDENCE:**

After discussion with manager, the inspector was informed that the home does not offer intermediate care.

## Health and Personal Care

### **The intended outcomes for Standards 7 – 11 are:**

- 7.** The service user's health, personal and social care needs are set out in an individual plan of care.
- 8.** Service users' health care needs are fully met.
- 9.** Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
- 10.** Service users feel they are treated with respect and their right to privacy is upheld.
- 11.** Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

**The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected at least once during a 12 month period.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

#### **7 & 10**

All residents have an individual plan of care, which sets out their health, personal and social care needs, however the foot care needs of those residents who are diabetic need to be clearly recorded. Residents are treated with dignity and respect at all times and their right to privacy is upheld.

#### **EVIDENCE:**

Care plans were seen for 2 service users and these were easy to follow, they gave information on personal and social care needs and care plans are reviewed monthly and annual reviews are undertaken. Residents or relatives sign care plans and those not signed have a statement that residents are unable to sign.

There are some service users at the home who are diabetic and it was recommended that those service users who are diabetic be made aware of the free treatment available through the NHS and if they choose to use the visiting chiropodist they should sign to acknowledge that they are aware of the availability of free treatment from the NHS with regard to foot care. Residents

spoken to confirmed that they were treated with dignity and respect and comments such as: "they treat me very well"

"I'm a bit slow but they help me and are very kind" "I'm well looked after" were expressed by residents spoken to. 1 visitor to the home said that he visits regularly and staff are very good and that residents are treated with dignity and respect.

## Daily Life and Social Activities

**The intended outcomes for Standards 12 - 15 are:**

- 12.** Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- 14.** Service users are helped to exercise choice and control over their lives.
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

**The Commission considers all of the above key standards to be inspected at least once during a 12 month period.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

**14**

Residents are able to exercise choice and control over their lives with assistance from staff at the home.

### **EVIDENCE:**

Residents at the home stated that they were able to exercise their own choice and have control over their own lives as much as possible and staff were observed offering choice. There are no restrictions on getting up or going to bed and residents choose what to wear each day. They exercise choice on what activities to participate in, and also choose whether to have their hair done or not. Resident are encouraged to bring in their own personal possessions into the home and it was also possible to observe items in service users rooms

## **Complaints and Protection**

**The intended outcomes for Standards 16 - 18 are:**

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be inspected at least once during a 12 month period.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

None of these standards were inspected on this occasion

**EVIDENCE:**

# Environment

## The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

**The Commission considers Standards 19 and 26 the key standards to be inspected at least once during a 12 month period.**

## **JUDGEMENT – we looked at outcomes for the following standard(s):**

### **22**

Residents who require specialist equipment have been assessed and are provided with the equipment needed to maximise their independence.

## **EVIDENCE:**

All residents have regular manual handling updates and assessments. There is clear information for staff regarding these assessment and some residents require assessment on a day to day basis depending on their mood and condition. The home has its own manual handling trainer who trains staff and keeps them up to date. The trainer is due to have her own manual handling update next week and is booked on the course to keep her in date.

## **Staffing**

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected at least once during a 12 month period.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

### **27 & 28**

Staffing numbers and mix of staff both qualified nurse and unqualified care staff generally meet the current needs of residents. Permanent care staff at the home are provided with training to enable them to carry out their jobs effectively and staff are obtaining relevant qualifications

### **EVIDENCE:**

The home employs 2 trained staff and 7 carers each morning, 2 trained staff and 6 carers each afternoon and 1 trained staff and 3 carers at night. The home has carried out a staffing review and at present feels that these numbers meet the current needs of residents. The home employs a number of overseas staff as carers and provide training from Godalming College to improve their communication skills. At present there are 12 members of staff undertaking NVQ level II.

## **Management and Administration**

**The intended outcomes for Standards 31 – 38 are:**

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

**The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected at least once during a 12 month period.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

### **33, 35 & 38**

The home is run in the best interests of residents and the views of residents and relatives are sought on how the home is performing. The financial interests of residents are protected and they control their own money wherever possible. The health, safety and welfare of service users and staff are generally promoted and protected, however the home does not currently have a gas safety certificate and a requirement was made for this to be obtained as soon as possible.

### **EVIDENCE:**

The home has a quality assurance system in place and questionnaires are sent out to relatives each year. Residents also have questionnaires and also have their own meetings, which are minuted. The home keeps small amounts of money on behalf of residents to enable them to purchase treats, chocolate ect. This money is kept separately and full records are kept. All monies for hairdressing and chiropody are billed individually to relatives who look after the

resident's financial affairs. The homes manager is appointee for 1 resident and all transactions are fully recorded. The fire log was inspected and all relevant training and testing is carried out within the specified timescales. Annual testing was carried out on the fire alarms system in November 2005. Private electrical equipment at the home was in date for test. The home was having great difficulty in getting the contractors to come out to service the boiler and to issue a gas safety certificate. The home had booked the contractors but they had failed to attend. It is a requirement that the home arranges for the contractors to visit and to obtain a gas safety certificate as soon as possible

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	X
4	X
5	X
6	3

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	X
9	X
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	X
13	X
14	3
15	X

COMPLAINTS AND PROTECTION	
Standard No	Score
16	X
17	X
18	X

ENVIRONMENT	
Standard No	Score
19	X
20	X
21	X
22	3
23	X
24	X
25	X
26	X

STAFFING	
Standard No	Score
27	3
28	3
29	X
30	X

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	X
32	X
33	3
34	X
35	3
36	X
37	X
38	2

Are there any outstanding requirements from the last inspection? No

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP38	13	It is a requirement that the home arranges for the contractors to visit and to obtain a gas safety certificate as soon as possible	01/03/06

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP7	It is recommended that the home make those residents who are diabetic aware of the availability of the free foot care treatment on offer through the NHS.

## **Commission for Social Care Inspection**

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