



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
Jan Everitt

Unannounced Inspection
26th March 2008 09:30

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
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Reader Information	
Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
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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 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

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SERVICE INFORMATION

Name of service	Green Gables Nursing Home
Address	Church Lane Grayshott Hampshire GU26 6LY
Telephone number	01428 604220
Fax number	01428 604220
Email address	matron@greengablesmatron.wanadoo.co.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	Downing (Green Gables) Limited
Name of registered manager (if applicable)	Mrs Margaret Lydon
Type of registration	Care Home
No. of places registered (if applicable)	38
Category(ies) of registration, with number of places	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 24th October 2006

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. Fees at the home range from £583 to £700 per week and service users are responsible for paying for their own toiletries, hairdressing, chiropody and items of a personal or luxury nature.

SUMMARY

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

The site visit to Green Gables, which was unannounced, took place over a one-day period on the 26th March 2008 and was attended by one inspector. The registered manager, Mrs. Maragaret Lydon and the administrator assisted the inspector throughout the visit and were available to provide records and information when required.

The visit to the home formed part of the process of the inspection of the service to measure the service against the key national minimum standards. The provider had returned the Annual Quality Assurance Assessment (AQAA) to the CSCI and the focus of this visit to the home was to support the information stated in this document and other information received by the CSCI since the last fieldwork visit in October 2006.

Documents and records were examined and staff working practice was observed where this was possible without being intrusive. The inspector toured the home and spoke to residents, visitors and staff in order to obtain their perceptions of the service the home provided. Those spoken to were generally very satisfied with the care and services that were being provided.

Surveys had been distributed to service users, relatives, care managers, GP and other visiting professionals. Ten relative's surveys, two GP surveys and seven staff surveys were returned to the CSCI. No surveys were received from those sent to visiting professionals or care managers. Service users were unable to complete the questionnaire surveys owing to their mental frailty.

The outcome of the surveys indicated that there was a dedicated staffing group working in the home and that generally relatives were very happy with the care given to the residents.

At the time of the inspection the home was accommodating 31 residents, a number of which were unable to communicate effectively with the inspector to gain their views of the service. There were no residents from an ethnic minority group.

What the service does well:

The home provides a homely warm environment for the service users and a dedicated staff group supply the support and care.

Service users said that they were always treated with dignity and respect and nothing was too much trouble for the staff and they also stated that they are able to make their own decisions on how to spend their time.

Care is provided flexibly and there is good interaction between service users and the staff, who are friendly and caring. Comments from service users and relatives spoken with include:

*'The care staff are mostly kind'.
'staff are very kind',
'they are hard working.'
'they look after you well'.
'staff are always around.'
'nothing is too much trouble'.
'Staff are really lovely'.
'cannot do enough for you'.
'They really care for us'.*

The home employs an activities co-ordinator and she provides a wide range of activities for service users. The home was commended for the activities it provides. Relatives and service users say:

*'We are particularly impressed with the range of additional entertainment and activities.
'They have a wonderful activities lady that works wonders'.
'The staff do their best and there are outings and the home provides a friendly atmosphere'.
'They provide good entertainment'.
'The activities are varied and enjoyable'.*

Staff stated that they enjoyed working at the home and that they were provided with training and updates in order for them to do their job effectively. Staff surveys returned say:

*'The level of care we give is good and we get food feedback from relatives saying it is a caring happy home'.
'All the staff care very much for the residents and give them their best quality of life they can'.
'It is a good nursing home overall'.*

Two GPs returned surveys say:

*'Health care needs are met as much as possible but residents have complex needs'.
'Very well run home who are aware of the resident's health problems'.*

*'Good nursing care'.
'A caring home'.*

What has improved since the last inspection?

The home provides a homely warm environment for the service users and a dedicated staff group supply the support and care.

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What they could do better:

The previous inspection report identified two requirements that have not been complied with nor communication received by CSCI from the providers as to the timescale for compliance. These requirements have been made again from this report and an improvement plan will be requested.

At present the home does not provide sufficient bathing facilities for service users, currently there are no assisted bathing facilities available on the top floor of the home and these rooms are used as store rooms. This situation results in the service users having to go down a floor to have a bath

The home has sluice rooms on each floor of the home, however these are in a room which service users and staff have to pass through to get to bathrooms and this is a potential health and safety problem and is not satisfactory. Also on the top and ground floor sluice rooms do not have sluice machines in place, these areas only provide a sluice type sink and these do not provide effective infection control.

Care plans must be developed for identified risks such as moving and handling and tissue viability and wound care. This should inform staff practices and gives information on how to manage any risks.

The manager must be consulted in the planning and development of the home and its environment.

The manager must maintain up to date training records that will allow her to easily recognise what training has taken place by whom and when any mandatory updates are due.

The manager and providers must develop a quality assurance system that will evidence that the home is being monitored to ensure standards are maintained.

The provider must leave in the home a quality assurance report when completing his monthly Regulation 26 visits as evidence that he is visiting the home and monitoring quality standards. These must be made available for inspection.

The manager must review staffing levels regularly which must reflect the numbers and dependency of the service users to ensure their needs are met appropriately.

Staff comments on surveys say:

'Working short staffed at times is very tiring and demanding'.

'Sometimes it is hard if someone is off sick we do not ever have any agency staff to cover'.

'If we are short staffed we can no longer call on agency staff to cover and it is difficult for a whole day being short of staff'.

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 or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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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.

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

3 & 6

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Potential service users have a needs assessment undertaken prior to moving into the home this allows both the home and the service users to see if the home can meet the service users needs. The home does not provide intermediate care.

EVIDENCE:

A sample of four pre-admission assessments was viewed with the care plans and these were comprehensive and covered all aspects of the people's physical, social and emotional needs. The assessment, which is undertaken by the manager in the clinical setting or at a potential service user's home, would enable the manager and the service user to establish if their needs can be met by the home. This together with any care needs assessment received from care managers, which were evidenced in the care plans, and information from service users and their families, form the basis of the decision making and the future care plans.

The AQAA recorded that the home has compiled a new brochure for the home, which was viewed but will need further up dating to reflect the environmental changes that have been made in recent months.

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.

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

7, 8, 9 & 10

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The health, personal and social care needs of service users are set out in an individual plan of care, however there are inconsistencies in what is documented on a care plan, which could lead to service user's needs not being met fully and unsafe care practices.

Service users are protected by the home policies and procedures for dealing with medicines and appropriate records are kept.

Service users at the home are treated with dignity and respect and their right to privacy is upheld.

EVIDENCE:

A sample of four service user's care plans was viewed. Admission assessments are undertaken and risk assessments for nutrition, tissue viability, moving and handling, and the use of bedrails, which had been

consented and signed by the service user/representative for their use, were also evidenced in the care plans.

It was observed that for service users with wounds, specific care plans were not in place and the manager showed us a book where all wounds were recorded and how they were being managed and their progress. This was discussed with the manager as to the fragmentation of information about the service user and that all information appertaining to the management of risk and care must be documented in a care plan and be stored with the person's records, thus making the records and care more person centred and information available for all staff.

The daily notes were recorded in detail, it had been identified and discussed at the previous inspection that daily records could be improved to provide clear evidence that care had been given and that needs were met. This was now being done but must not be at the expense of care plans not being written and evaluated about problems identified on a daily basis and in daily notes. One recording in the daily notes identified a wound on a service user's foot and how this had been dressed that day. There was no care plan written or evaluation of what happened after the first dressing. This was discussed with the manager who reported that this wound had healed without any complications, but this had not been recorded as such.

The information in the care plans should inform the staff of identified risks, and detail of how the risks are to be managed, and how the service user's needs and wishes are to be met. It was observed in one care plan that for one service user, which had been assessed as having moving and handling risks, no care plan had been written to describe how that person was to be moved and handled. This was discussed with the manager who acknowledged the oversight.

The care plans were generally reviewed monthly, it was noted that some were late in being reviewed and the manager was aware of this.

There was evidence in some care plans that service users/relatives are involved with the planning of the care and they had signed to evidence they had been involved and agreed to the plan.

The AQAA states that the home gives clients choice of their GP and have access to all health care they may need. There was evidence that service users are registered with a local GP surgery although some service users have kept their own GP. The care plans do record when a service user is seen by a visiting health professional and this was demonstrated in the records.

The manager said the GP visits the home weekly to visit or review any service user's the home wishes them to see. Specialist health care support is arranged through GP referrals. GPs who visit the home say that *'The home is*

*aware of the resident's health care need's, which are complex, and the home appropriately request medical input'. Another GP commented:
'A very caring community and warm feeling and residents health care needs are usually met by the care service'.*

The relative surveys returned comment say:

'My mother is looked after well and her needs are met',

'Each person is treated as an individual and the home deals with difficult people with a smile'.

'I find they are treated according to their needs and these differ from person to person'.

'They have treated my uncle with compassion and flexibility since the death of his wife a few weeks ago'.

'My family and myself feel the care is excellent in all things'.

'The home provides a good service such as chiropody, eye care and dental care'.

The AQAA states that the home has now obtained the services of a domiciliary dentist for all clients and will visit when requested.

The manager said that referrals for visiting professionals are via the GP and that they do not have a regular visit from the community psychiatric nurse currently, but one would be available if they needed advise, through the GP.

Chiropody service visit the home 6 weekly and an optician will visit annually.

The home has a policy for the receipt, storage, return and administration of medication and medication is only administered by RGN staff at the home and they have all undertaken training with regard to medication. The manager said all policies are in need of reviewing, which she is anticipating doing imminently.

Medication is delivered to the home by a local pharmacy and the medication records sheets were inspected and found to be up to date and correct.

Covert administration of medication was discussed with the manager who said that if this does occur there is a policy in place to go through the process of whether covert administration is the right decision for the service user and relatives, GP and pharmacist are involved in the discussion and decision making if this should happen. This is documented in the records.

There were no service users able to self-medicate at this time and this was confirmed by the GP on the survey returned. Part of the medicine round was observed and one registered nurse was undertaking this. The medication is stored in a ground floor nurses room and the trolley has to be transported from floor to floor via the lift.

The home was administering controlled drugs (CD) at the time of this visit and these were observed to be stored in an appropriate cabinet inside the medication cabinet fixed to the wall. Unfortunately the door of the CD cabinet was unable to be locked as the key had broken in the lock that morning thus leaving the controlled cupboard unlocked. The urgency of this repair was discussed with the manager who said the maintenance man was dealing with this immediately. The controlled drug register was viewed, and was up to date with dual signatures and balance of drugs matched that in the cupboard. The home has a contract for the disposal of medication and appropriate records were kept.

The manager said that the GP reviews every service user's medication six monthly.

There was evidence that service user's privacy and dignity is respected. Service users spoken to said that they were well cared for and staff were always very polite and kind, commenting that:

*'I am very happy here and it is much better than the place I was before. The staff are wonderful and all my needs are met'.
'they treat me very well'
I'm well looked after''*

Three relatives were spoken with at the time of this visit and they said they are very happy with the care their relative receives and that they are in the home most days and would identify if anything was wrong. Comments on surveys from relatives were:

*'They keep them safe and well and try to ensure they have some dignity'.
'They provide a friendly environment where each person is treated with respect and dignity'.*

Observations showed that staff treated service users with dignity and respect and were attentive, supporting service users to the bathroom and engaging them in conversations. Staff and service users seemed to get on well together and there was a relaxed and friendly atmosphere in the home.

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.

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

12, 13, 14 & 15

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home provides a wide range of activities for service users, which meets their expectations and the religious and recreational interests of service users.

Service users are able to maintain contact with family and friends and visitors are welcome at any time.

Service users are supported to exercise choice and control over their lives and are provided with a wholesome and balanced diet at a time convenient to them.

EVIDENCE:

The AQAA states that the home has a dedicated activities co-ordinator who works 20 hours a week and offers a wide range of daily activities. This was supported by observation and talking to the lady who is employed purely to undertake the organisation of activities for all service users, viewing the records she keeps of what activities have taken place and who has attended them and speaking to relatives and service users. The home also has a

dedicated room for activities for smaller groups and larger gatherings take place in the main lounge.

The social histories of the residents are gained from service users or relatives and the activities person said that these were invaluable when planning specific activities and when talking to service users on a one-to-one basis.

The home must be commended for the activities it provides for service users. Activities are planned monthly in advance and an activities programme is published monthly and details are also displayed on the notice board in the home. There are various displays throughout the home of photographs of the events and activities that have taken place over the past year. At the time of this visit a large number of service users were participating in a game of bingo and those unable to do this independently were being supported by relatives or staff.

That evening the activities co-ordinator had organised taking a group of residents to the theatre and transport had been arranged for this. One service user was eager to tell us that she was going to the theatre and that there are always lots of things to do in the home.

The co-ordinator said that a number of residents enjoy going to the local pub for lunch and relatives usually escort them.

The surveys returned from the relatives were very positive about the activities that happen in the home with comments saying:

'They provide good entertainment as well as outside entertainment and lots of coach trips'.

'I am particularly impressed with the range of additional entertainment activities as well as the health options, chiropodist, hairdressing etc'.

'There are outings on the bus which I always go on and lots of activities which most residents enjoy and join in happily and I take my father to the local pub weekly which he looks forward to and in the summer there is the garden to sit in'.

'The home tries to bring a sense of purpose back into the people who are struggling'.

'The programme of events caters for a number of interests together with enthusiasm of the team and the general good humour, in difficult circumstances, is very good'.

'They have a wonderful activities lady who works wonders in arranging outings and different activities for all the residents which helps to brighten a gloomy day or visit'.

The clergy visit the home monthly to give a service and at particular religious times throughout the year. The manager says that other cultural and religious needs can be accommodated.

Visitors to the home are welcome at any time and the visitor's book at the home showed that the home has regular visitors. Visitors at the home at the time of this visit were spoken to and said they were always made welcome and this was supported in the relatives surveys returned to CSCI.

Service users can have privacy when entertaining their visitors either in their rooms or in the small lounge area near the dining room. Comments on surveys returned say:

'We are made welcome and always offered a cup of tea'.

'The staff are very friendly and always welcome us as visitors'.

'The care staff are mostly very kind and friendly'.

'Staff are always courteous to the residents and visitors a like'.

A number of service users continue to go out into the community with relatives. One lady attends a day centre twice a week and reports that she really enjoys getting ready to go out for the day and meeting new friends.

Staff were observed to consult with service user about how they wish to undertake their activities of daily living to go. One carer was talking to service user about bathing that morning and there appeared to be verbal objection. The manager said that this was the normal behaviour of this client when his personal hygiene was being encouraged and that bath time was the only time he displayed challenging behaviour. A care plan was seen to manage this behaviour and the carer was observed to be managing this well.

Later in the morning this service user was overheard to say to the manager that he had really enjoyed his bath earlier.

The care plans identified the service user's preferences for how and when they would like to undertake their activities of daily living like going to bed and getting up, food preferences etc. Service users were observed to be smartly dressed in well laundered clothes and were able to choose what they wear during the day.

Comments on surveys from relatives confirm that they consider that the service users are treated with respect and have choice over their lives as much as they are capable of choosing. One comment said:

'Few would choose the situation they are in due to age and illness but what I would say is that they encourage people to involve themselves in care as they are capable of such and that it widens the choices they have'.

'My wife is unable to voice her opinions but the staff inform me if everything is alright when I visit'.

'Most people in this care home are unable to choose their lifestyle any more

but they keep the residents clean and tidy and try to engage with them as much as possible to keep them cheerful'.

The service has a four weekly rolling menu. This was viewed and identified the planned meals were varied and nutritious and the type of meals that older people would enjoy. The daily menu was displayed on a notice board and staff also inform service users of the daily menu and alternatives can be provided for those who do not like the main choice of the day. A record is kept of all meals at the home.

The kitchen was visited and found to be clean and well organised. All goods being stored and labelled appropriately. The cook, who has been in post for a number of years, was very familiar with the likes and dislikes of the service users. The cook stated that a number of service users require their meals liquidised and each item is liquidised separately and attractively presented. Diabetic and vegetarian diets are also catered for.

The evening meal is normally a snack type meal and service users are able to have a drink or a snack at any time of the day or night. Drinks were observed to be distributed throughout the day.

The lunchtime meal was observed when being served. The home has two sittings as there are a large number of service users that need help and support with their feeding and those who are independent are served at a separate time. The meal of roast chicken and vegetables, was well presented and looked wholesome and service users spoken with reported that they had enjoyed it and that the food was excellent. The cook said that she cooks cakes regularly and always bakes a birthday cake for resident's birthdays.

Nutritional assessments are undertaken on admission and weights are recorded monthly, if this is possible. The manager does refer people with weight loss to the GP and the home is supplied with supplements drinks.

Comments from relative surveys indicate that they consider the food in the to be of a good standard :

'The food is enjoyed by my husband and his likes and dislikes are catered for'.

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.

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

16 & 18

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

There is a simple, clear and accessible complaints procedure, which includes timescales for the process and any complaints are logged and responded to appropriately. The homes policies and procedures and staff training protect service users from any form of abuse.

EVIDENCE:

The home has a policy and procedure for dealing with any complaints and this contained all of the required information and timescales. The procedure is displayed in the front reception area and is also contained in the Service User Guide.

Service users spoken to were not fully aware of the homes complaints procedure due to their dementia, but others said that they would speak to a member of staff and were confident that any issues would be resolved. All relatives are given a copy of the homes complaints procedure. Comments on relatives surveys indicated that they would know how and to whom to go to if they wished to complain and indicated they have confidence in the manager to resolve any issues. One comment being:

'Last year I found it difficult to find the necessary phone numbers to make a complaint, however, this has now been put on public display in the entrance hall'.

Staff spoken to were aware of the complaints procedure and would support service users to make a complaint if required. The surveys received from staff indicate they would listen to any complaints and involve the manager or a senior member of the care team to talk to the person complaining. One commenting *'If we cannot handle the needs of some relatives we just handover it to the manager or nurse on duty'.*

The AQAA records that one complaint has been received since the last inspection and this was confirmed by the manager who recorded that the complaint was in regards to the unreliability of the lift during a period that the home had to wait for spare parts. This was highlighted in a survey returned from on relative who commented that *'The home ought to invest in a new lift because if they have a breakdown people are stuck upstairs in their rooms day and night'.*

This was discussed with the manager who said the lift is now in working order and the problem has been resolved.

The home's manager has completed a "train the trainer" course in adult protection and elder abuse and she provides training to staff at the home. Training on adult protection is part of the induction programme and the home has a whistle blowing policy and also a copy of the Hampshire 'Safeguarding' procedures. Surveys received from staff and staff spoken to know what to do should they suspect any form of abuse or poor practice that has taken place.

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.

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

19, 21 & 26

Quality in this outcome area is **adequate**.

This judgement has been made using available evidence including a visit to this service.

Service users live in a clean environment and have access to comfortable indoor and outdoor facilities. However there are areas of the home where the health and safety of service users is put at risk.

The home is clean and free from offensive odours.

EVIDENCE:

The home has recently been allocated a grant from Surrey County Council that the manager applied for. With the allocated monies, a large conservatory has been constructed overlooking the garden, and the manager awaits the delivery of the furniture to go in it. She said this is to accommodate service users in the summer and to be used as an extension for the activities. Heating, air conditioning and blinds are included in the construction. The manager told us

that she was pleasantly surprised by the size of the grant allocated which has enabled them to have this conservatory together with much needed new dining room furniture.

The tour of the home revealed that the home is clean with no offensive odours but there are areas of the home that need repair and redecoration. The decoration and geography of the home is not wholly conducive to dementia care although the ground floor is big enough to enable those who wish to wander the space to do so. The manager reports that there is no annual maintenance programme and she is not involved with the planning of the maintenance and refurbishment of the home and that she informs the owners if something needs to be done or replaced and she then has to wait for their agreement before she can organise this to be done and this can be a protracted process.

The manager told us that the providers had organised a replacement carpet for the small lounge area and where it had been joined it had presented with a gap and a risk of trips had been identified on this join. This presents a health and safety hazard to service users mobilising with equipment. The manager had placed masking tape across the room to cover the join and to alert service user of this hazard. This has been included in the environmental risk assessment. She is in the process of waiting for the providers to organise a repair.

The dining room is awaiting the delivery of new furniture, which has been purchased from part of a grant from Surrey County Council. The manager said that the furniture on order will be more appropriate for moving and handling elderly people with mobility problems and also will be more aesthetically pleasing in appearance as the current furniture is old and in a state of disrepair.

The home has eight single rooms and fifteen shared rooms, one of which was being used as a single room at the request of the service user. The service user's bedrooms that were visited had been made individual by their personal belongings. It was observed that in one double room only one nurse alarm box was fitted. The manager told us that this is in the process of being mended.

The two environmental requirements made from the last inspection report have not been complied with. The home has a total of 5 bathrooms, however the two bathrooms on the top floor are no longer in use and are used as storerooms. Useable/assisted bathrooms are situated on the middle and ground floors. and service users have to go down one or two floors to use a bathroom, this is unacceptable. At present the home does not provide sufficient bathing facilities for service users and it is a requirement that the home provides bathing/shower facilities on the top floor of the home, this will increase the ratio of assisted baths/showers in line with the National Minimum

Standards. . The lift has been unreliable in recent months and this situation could impact on service user's privacy and dignity and takes the choice of if and when they wish to bath, away.

The home has sluice rooms on each floor of the home, however these are in a room which service users and staff have to pass through to get to bathrooms in use and this is a potential health and safety problem and not satisfactory. Also on the top and ground floor sluice rooms do not have sluice machines but a sluice type sink and these do not provide effective infection control and a requirement was made for the home to locate sluices away from service users bathing facilities and also to provide sluice machines in each sluice area of the home.

This was discussed with the manager who was again advised to contact the public health nurse locally and ask advise on this. The situation with the bathrooms and slicing areas was discussed with the manager, who reported that she has no control over the budget to get any structural alterations sanctioned.

There are a large number of service users who are doubly incontinent and the home has infection control policies and procedures and all staff at the home have received training with regard to infection control, but this does not detract from the fact that sluices are in exposed spaces where odours and bacteria can linger.

The AQAA states that the home now has a dedicated infection control nurse to oversee the infection control systems.

Furniture in the home was in a satisfactory state of repair, communal areas were well lit and service users spoken to were happy with the facilities available. Generally service users have access to safe and comfortable indoor and outdoor communal facilities and service users were seen to be using the communal lounge in the home and this was bright and airy.

Relative's surveys received by the CSCI indicate that the environment is satisfactory and that the home is always clean. There were no negative comments received. The AQAA states that the home could do better if there were more domestic hours allocated and that the manager hopes in the coming year that the providers will enable her to employ another full time cleaner to take the lead in maintaining the cleanliness of the environment as there is only one cleaner employed currently to clean the whole home.

Hand washing facilities were observed to be in toilets and bathrooms and gloves and aprons available as protective clothing.

The laundry at the home has an industrial washing machine that can wash clothing at suitable temperatures and also an industrial tumble drier. The home has a contract for the laundry of bedding and the laundry at the home

carries out personal laundry for service users. Dedicated laundry staff carry out laundry duties and suitable protective clothing is provided for staff. Any soiled laundry is brought down in red bags so that it is clearly identified.

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.

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

27, 28, 29 & 30

Quality in this outcome area is **adequate**.

This judgement has been made using available evidence including a visit to this service.

The home has a mix of staff that has a range of skills and there were sufficient numbers of staff on duty to meet the needs of service users currently living in the home. However this needs to be reviewed regularly to reflect the numbers and dependency of the people who use the service.

The homes recruitment policy and practice supports and protects service users and service users benefit from a staff team that has had sufficient training to meet their need.

EVIDENCE:

At the time of this visit the home was accommodating thirty one residents. The staff on duty throughout the day was 1 registered nurse and 5 carers plus the manager, acting as second trained, an administrator, one cleaner, cook, kitchen assistant and laundry lady. The activities organiser was also on duty for part of the day. At night there is one trained staff and three carers on duty.

The manager told us that as well as her managerial role she works as the second trained nurse when she is on duty and that there is only ever one

registered nurse on duty at weekends. This must be kept under review as two registered nurses should be on duty seven days a week.

The AQAA states that the home has the correct number of staff on duty and does not use agency staff.

There appeared to be sufficient staff on duty at this time but the care staff were constantly working and busy bathing and bed bathing those service users who were permanently in bed.

Service users did look clean and well kept and bed linen fresh and clean. The manager said that currently there were sufficient staff on duty but the dependency of some of the service users was extremely high and she could not accommodate this with agency staff as she was not permitted to employ them.

The staff surveys revealed that the staff are very dedicated and passionate about caring for the service users to the best of their ability within time constraints and shortness of staff. Comments on staff surveys say:

'Green Gables is a happy and caring home and does its best to provide all the services with limited means'.

'Green Gables is a very family atmosphere home. All the staff care very much for the residents and do their best to give the best possible quality of life'.

'Sometimes the staff seem overstretched'

'Sometimes I feel we need more staff to give the service users more time to meet their individual needs and some need extra time as people with dementia do'.

'Working short staffed is very demanding and tiring and if staff levels are not kept to the required number then mistakes can happen'.

'We need more staff, more time and more equipment'.

'If someone is off sick we never have agency staff and it can be hard for the carers'.

'We cannot call for agency staff when we are short staffed so we are working short staffed the whole day'.

The AQAA states that at present there are 7 carers who hold NVQ qualifications and above, with 2 members of staff currently working towards NVQ level II, representing nearly 50 %of care staff. The manager encourages all the care staff to undertake this training.

Recruitment records were looked at for 4 of the most recently recruited staff members. These were comprehensive and contained all of the required information and appropriate POVA and CRB checks and references. Some of the recruits are from overseas and these people are obtained from overseas agencies who take up all the necessary references. Staff spoken to said that their recruitment was thorough and that they attended an interview before being offered employment. Surveys from staff received by the CSCI indicate

that staff were satisfied with their recruitment process and thought it to be thorough.

The training matrix displayed on the wall indicated that staff have received training in various subject appertaining to health and safety, infection control, dementia care, continence, first aid, care practices and NVQ. However, there were no dates attached to this matrix and it was difficult to identify when the training had taken place or when refresher courses due. The training received by each member of staff was difficult to identify as there were certificates in files, some of which were old, but there was no analyses of the training to identify what had been done. The staff surveys comment that they consider their training needs are met and they have had the appropriate training to enable them to care for the service users.

The AQAA also states that the home anticipated that in the coming year more training would be provided for staff to cover all aspects of nursing care.

The manager reports that she has no training budget and that she had been able to source free training in infection control and moving and handling as their trainer has now left the home's employ. The staff comments on the surveys say that they are well supported by the manager to undertake appropriate training.

Problems with language was identified in one relatives comment survey returned stating that :

'It is difficult to talk to members of staff who are not fluent in English if we cannot understand them how can they communicate with the residents, most of whom a very confuse, which could make them feel very lonely'.

This was discussed with the manager who said that overseas staff receive training from a local college to improve their English and communication skills. At the time of this visit the staff on duty were able to communicate in English quite well.

Staff have an in house induction around general issues at the home and also have skills for care induction and foundation booklets, which are linked to NVQ. A completed induction programme book was viewed and also one that was in the process of being completed by a staff member who had started recently and is attending an induction course run by the local college.

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.

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

31, 33, 35 & 38

Quality in this outcome area is **adequate**.

This judgement has been made using available evidence including a visit to this service.

Service users benefit from the ethos, leadership and the dedicated management of the home, however, the manager is not able to fulfil all her managerial duties owing to her not being involved with setting budgets.

The quality assurance system needs developing further.

The financial interests of service users are protected by the homes policies and procedures. The health, safety and welfare of service users and staff are promoted and protected.

EVIDENCE:

The manager is an experienced nurse with who has completed the registered managers award. She has been in post at this home for over six years. The AQAA stated that she has twenty years experience in elderly care. She told us that she continues to undertake training courses and ensures her professional portfolio is updated appropriately. She has recently gained the health and safety at work certificate.

On discussion with the manager about her role she describes not having a line manager herself and that the registered providers (proprietors) visit the home monthly but she has no supervision or appraisal from them and does not get involved with budget setting for staffing, training and refurbishment of the home.

The AQAA was sent to us completed and gave a reasonable account of the current situation within the service. There were some sections where more supporting evidence would have been useful to illustrate how the service has improved over the past year.

The AQAA stated that over the past twelve months the manager had delegated more day-to-day responsibility to the trained nurses and this includes supervision of staff. The AQAA states that supervision and appraisal is one area that needs to be improved.

The staff say in the surveys returned that they consider:

'the manager and administrator are very supportive and they provide invaluable advice in helping to provide the best service to the resident'

The manager was observed to have good relationships with the service users and staff and was obviously very familiar with each resident as we walked around the home. Relatives spoken with and comments received on the survey were complimentary about the manager some saying:

'The manager is very good and we can always talk to her quite easily about any concerns'

'The care home is run very well by the matron, she has high standards and this filters down to the staff'

'I have been impressed with the management of the home and their openness to talk about issues ranging from health and welfare to complicated issues around funding and form filling'

A visiting GP commented on the survey that *'The home is very well run'*

There was no evidence of a formal quality assurance system in place. Questionnaires are sent out to relatives to obtain their views on how the home is performing and these were seen but the results have not been analysed and conclusions documented.

The proprietors visit monthly but do not consistently write a Reg. 26 report for the home. The last one viewed on this occasion was written in January 08 and was very scant in content, and did not record any detail of what had been looked at, audited or stated outcomes for those living in the home.

The manager holds staff meetings two monthly and records of the meetings were evidenced.

The AQAA identifies a number of policies in need of reviewing and this was discussed with the manager who is aware of this and reported that she has started the reviewing process and all policies will be reviewed in the next twelve months.

Although the manager reports that she does audit care plans, MAR sheets and other systems in the home in her daily work there was no documentation to support this and she was advised to develop her own quality assurance systems within her role to ensure the home is meeting the aims and objectives as stated in the statement of purpose.

The financial interests of residents are protected and the manager is appointee for one service user and the administrator supports a service user to maintain her financial affairs. All transactions are fully recorded and were seen by us. The home keeps small amounts of money on behalf of service users to enable them to purchase small personal items and treats. This money is kept separately and full records are kept. All monies are stored in a secure environment.

The fire log was inspected and all relevant training and testing is carried out within the specified timescales and a fire equipment service certificate was seen. A sample of servicing certificates for a sample of other equipment was observed to be current.

The cleaning materials and other hazardous substances were being stored in a locked environment.

The manager and the administrator have undertaken a risk assessment of the environment and are in the process of reviewing this.

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	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	3
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	4
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	2
20	X
21	2
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	2
28	3
29	3
30	2

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

Are there any outstanding requirements from the last inspection? Yes

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.	OP21	23(2)(j)	It is a requirement that the home provides suitable bathing/shower facilities on the top floor of the home, this will increase the ratio of assisted baths/showers in line with the National Minimum Standards This was a requirement from the inspection of October 06 and has not been complied with nor plans received with timescales for compliance.	30/06/08
2.	OP21	12(4)(a)1 3(4)(a)(c) 23(2)(k)	It is a requirement that the home locate sluices away from service users bathing facilities and also to provide sluice machines in each sluice area of the home. This was a requirement from the inspection of October 06 and has not been complied with or plans received with timescales for compliance.	30/06/08
3.	OP7	12, 15	The registered person must ensure that care plans are written for staff to follow and be informed of how to deal with identified risks and problems.	31/05/08

4.	OP19	23	The registered person must ensure that all parts of the home are in a good state of repair and that a programme of renewal of the fabric and decoration of the premises is created.	30/06/08
5.	OP30	18	The registered manager, as part of her management role, must ensure that all staff receive appropriate training and that all records of training are up to date and maintained.	30/06/08
6.	OP33	24, 12	The registered persons must ensure that the home has records of the outcomes of the quality monitoring systems that are undertaken by the manager and provider. Records of the monthly visits by the provider/representative must be made available for inspection..	30/06/08

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

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