



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
Michael Gough

Unannounced Inspection
24th October 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

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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	
Email address	
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 11th January 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 inspection took place over 5 hours and was unannounced. The homes registered manager was not available on the day of the inspection, however the inspector did speak with her on the telephone 2 days after the inspection. Throughout the inspection the homes administrator and also the RGN on duty assisted the inspector. The home is registered for up to 38 service users and at the time of the inspection there were 36 service users living at the home. Evidence for this report was obtained by speaking with the homes administrator, from reading and inspecting records, touring the home and from observing the interaction between staff and service users. It was also possible to speak with 8 service users and 6 members of staff.

What the service does well:

The home is run for the benefit of its service users and provides care and support in a pleasant environment. There is a homely atmosphere and the home is well maintained and decoration is of a good standard. 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 included "staff are very kind", " they are hard working" " look after you well" "always around" "nothing too much trouble" "really lovely" and "cant do enough for you". 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. Staff stated that they enjoyed working at the home and that they were provided with regular training and updates in order for them to do their job effectively.

What has improved since the last inspection?

Since the last inspection, the home has acquired a gas safety certificate and new staff have been recruited, the home has also had a new fire panel installed and the homes passenger lift had been updated with new doors fitted.

What they could do better:

Daily recording in care plans could be improved as at present this did not always give clear information to evidence what care has been given to service users.

At present the home does not provide sufficient bathing facilities for service users, currently there are no bathing facilities available on the top floor of the home and this causes problems for service users and staff.

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. 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. It was also recommended that the home contact the public health nurse to give the home guidance with regard to sluice areas and infection control.

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.

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 at least once during a 12 month period.

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 the service.

New 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:

Care plans were seen for 4 service users and these contained needs assessments, which enables both the home and the service user to establish if identified needs can be met. The homes manager using an assessment form carries out initial assessments and this is completed prior to service users moving to the home. The assessment process then continues for the first 2-3 weeks at the home and this forms the basis of the individual care plan. Needs assessments from local authorities that fund service users at the home are also in place.

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, 8, 9 & 10

Quality in this outcome area is "Good". This judgement has been made using available evidence including a visit to the service.

The health, personal and social care needs of service users are set out in an individual plan of care and this enables care to be delivered to meet service users identified needs, however recording could be improved. Service users are able to keep their own GP if possible and have access to all relevant health care professionals and the health care needs of service users are met.

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:

All care plans were clear and gave good information to staff on how service users liked to be supported. Care Plans were reviewed monthly and there was a monthly report written giving details of how the service users had been

during the month. Daily recording could be improved to provide clear evidence that care had been given and that needs were met. On occasions there was information such as " a good morning" or all care given" as the only information, however there was more detailed information recorded when any problems had been identified. This issue was discussed with the homes administrator and she will discuss this with the homes manager to provide more information in daily reports.

Service users are registered with a local GP surgery although some service users have kept their own GP. Specialist health care support is arranged through GP referrals. A domiciliary dentist visited the home last week to carry out dental checks on all service users and a visiting optician calls 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. 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. The home has some controlled drugs and these are stored in a locked box inside the medication cabinet and there was a controlled drug register, which was up to date with dual signatures. The home has a contract for the disposal of medication and appropriate records were kept.

Service users spoken to said that they were well cared for and staff were always very polite and kind. 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. No service users currently require any pressure or wound care.

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):

12, 13, 14 & 15

Quality in this outcome area is "Good". This judgement has been made using available evidence including a visit to the service.

The home provides a range of activities for service users, which meets their expectations and the religious and recreational interests of service users at the home are provided for. 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 in pleasant surroundings at a time convenient to them.

EVIDENCE:

The home employs an activities co-ordinator who works 20 hours per week and the home was 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, activities for October included, balls games, music, visiting entertainers, aromatherapy, manicures, cookery, flower arranging, crafts, films, quiz's, bingo, reminiscence sessions cooking and there is also a visiting PAT dog which service users enjoy. On the day of the inspection there was a cookery class

where service users were helping make a "horn of plenty" for a harvest festival. The activities co-ordinator also arranges trips out to local cafes and afternoon teas at various venues in the community. Service users spoken to were very happy with the activities provided and the cookery session was a great success. The home keeps a record of activities provided and this included the names of service users who took part.

Visitors to the home are welcome at any time and the visitor's book at the home showed that there are regular visitors. During the inspection the inspector did not have the opportunity to speak with any visitors, however there were clear details of the homes visiting policy displayed in the home.

Service users are able to make informed choices and are supported to control their own lives as much as possible, the inspector observed staff consulting service users about day to day living in the home and staff respected their views. There was evidence in care files of service users preferences for when they would like to go to bed and get up and the home ensured that service users wishes were acted upon. A number of service users had bought some of their own possessions into the home and rooms had been personalised.

The home operates a four-week rolling menu and on the day of the inspection lunch was gammon with cabbage, carrots and potatoes followed by chocolate sponge. The evening meal was normally a snack type meal and service users were able to have a drink or a snack at any time of the day or night. The cook stated that a number of service users require their meals liquidised and each item is liquidised separately and attractively presented. The daily menu is displayed on a notice board and staff also informs 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 meals at the home.

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):

16 & 18

Quality in this outcome area is "Good". This judgement has been made using available evidence including a visit to the 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 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 gave details of how to contact the CSCI. Service users spoken to were not fully aware of the homes complaints procedure due to their dementia, but 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 and a copy of this procedure is available in the home. Staff spoken to were aware of the complaints procedure and would support service users to make a complaint if required. There have been no complaints since the last inspection.

The homes 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 their induction and the home has a whistle blowing policy and also a copy of the Hampshire Adult Protection procedure. Staff spoken to know what to do should they suspect any form of abuse or poor practice had 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 at least once during a 12 month period.

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 the service.

Generally service users live in a safe and well-maintained environment and have access to comfortable indoor and outdoor facilities, however the home does not provide sufficient bathrooms for the number of service users accommodated at the home and sluices provided are adjacent to service users bathrooms, also not all sluice rooms have appropriate equipment provided and this is not in service users best interests.

The home was clean and free from offensive odours.

EVIDENCE:

A tour of the building was undertaken and the home was clean throughout with no unpleasant odours. 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. Routine maintenance is carried out and the home is decorated on a needs led basis.

The home has a total of 5 bathrooms, however 2 of these are no longer in use and are used as storerooms. Useable bathrooms are situated on the middle and ground floors. The top floor of the home has no useable bathroom and service users have to go down one or two floors to use a bathroom and 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. 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. 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 this is 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. It was also recommended that the home contact the public health nurse to give the home guidance with regard to sluice areas and infection control.

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 at least once during a 12 month period.

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

27, 28, 29 & 30

Quality in this outcome area is "Good". This judgement has been made using available evidence including a visit to the 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.

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 needs.

EVIDENCE:

The home employs a total of 10 trained staff and 18 carers, these are backed up by dedicated cleaning, laundry and catering staff and these are in addition to the homes manager and administrator. The homes rota was examined and this showed that each morning there were 2 trained staff and 7 carers on duty, each afternoon there are 2 training staff and 6 carers and at night there is 1 trained staff member and 3 carers on duty. The home was confident that these numbers meet the current needs of residents.

At present there are 5 carers who hold NVQ qualifications with 6 members of staff currently undertaking NVQ level II. Service users spoken to said that staff were "hard working" "look after you well" "always around" "nothing too much trouble" "really lovely" and "cant do enough for you".

Recruitment records were looked at for 3 staff members and these were comprehensive and contained all of the required information. Staff spoken to said that their recruitment was thorough and that they attended an interview before being offered employment.

Staff has received training in health and safety, infection control, dementia care, continence, first aid, care practices and NVQ. The home has a qualified moving and handling trainer who ensures staff are kept in date. Overseas staff that need it receive training at the home from a local college to improve their English and communication skills and staff spoken to felt well supported with training. Staff have an in house induction around issues at the home and also have skills for care induction and foundation booklets, which are linked to NVQ. 2 staff members who have started recently are attending an induction course run by the local college and if this proves successful will be continued for any new staff employed.

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):

31, 33, 35 & 38

Quality in this outcome area is "Good". This judgement has been made using available evidence including a visit to the service.

Service users benefit from the ethos, leadership and management approach of the home and the home is run in the best interests of service users.

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. It was not possible to speak with the manager on this occasion but staff spoken to were confident in her ability.

Questionnaires are sent out to relatives to obtain their views on how the home is performing and 15 were received back by the home this year, these were all positive about the home and all felt that their relatives were well looked after. 1 relative raised a concern about the time it had taken to repair the lift but this was outside the control of the home.

The financial interests of residents are protected and the manager is appointee for one service user and the administrator supports one service user to maintain her financial affairs. All transactions are fully recorded. The home keeps small amounts of money on behalf of service users to enable them to purchase treats, chocolate ect and 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 fire log was inspected and all relevant training and testing is carried out within the specified timescales. Fire equipment was last checked in May 06, EHO visited on 7/2/06, Gas installation 28/2/06, Electrical wiring Jan 06, Lifts and hoists Sept 06.

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	3
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	3
20	X
21	2
22	X
23	X
24	X
25	X
26	2

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

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

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.	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	28/02/07
2	OP21 & OP38	12(4)(a) 13(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.	28/02/07

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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