

The Greens

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The Greens is a residential care home for three people with a learning disability and other needs. At the time of our inspection there were three people living at the service who had a range of needs such as Autism Spectrum Disorders, learning disabilities and mental health conditions.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

Safeguarding procedures were in place and staff knew how to report abuse. Relatives said they felt their loved ones were safe. Risk assessments were in place and managed appropriately. Each person had a Personal Emergency Evacuation Plan to help keep them safe. Medicines were stored and administered correctly. As and when medicine (PRN) protocols were in place and there were no gaps in Medicine Administration Records. We identified where guidelines were not being followed and informed the registered manager who told us this would be addressed. The environment was clean and tidy and staff were trained to ensure safe infection control was practised.

Rooms were personalised to meet each person's individual taste. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were aware of the principles of the Mental Capacity Act 2005 and people's rights were protected. Staff had received training relevant to their roles which was up to date and had regular supervision with their line manager to discuss their performance. People had access to healthcare professionals and attended appointments to help maintain good health.

Staff were knowledgeable around people's needs and treated them with dignity, kindness and respect by staff who knew people extremely well.. People's independence and privacy was respected and promoted.

A wide range of meaningful activities were available for people who used the service. Care plans were detailed and accurate and reflected people's needs, when changes occurred they were updated.

There was an open and inclusive culture within the service amongst staff and people. Relatives said that the registered manager and staff were approachable and the service had a family feel which they valued. The service was proactive in assisting people to access health care and managing their anxieties around this. The registered manager was considering ways to adapt the service and its equipment to ensure sustainability for the people living there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained safe.

Good ●

Is the service effective?

The service remained effective.

Good ●

Is the service caring?

The service remained caring.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service remained well-led.

Good ●

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Detailed findings

Background to this inspection

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

We carried out a comprehensive inspection on 19 October 2018 which was announced. We gave the service 24 hours' notice of the inspection visit because the location was a small care home for people who are often out during the day and we needed to be sure that they would be in.

The team was made up of two adult social care inspectors. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We spoke to two staff members including the registered manager. We also carried out general observations throughout the day and referred to a number of records. These included two care plans, records around medicine management, policies around the running of the service, and how the organisation audits the quality of the service. People using the service were unable to talk to us so we observed the care provided to them by staff.

We spoke to three relatives of people who use the service following the inspection by telephone.

Is the service safe?

Our findings

Relatives told us they felt their loved ones were safe. One relative told us, "Yes, [she's] very safe with people who care about her and have done so for nearly 20 years." A second relative said, "Yes I think she is [safe], I don't think she's ever had any accidents over the years." A third relative said, "They're very careful about answering the doors, you have to sign in and out."

Medicine recording and administration procedures were safe but could be improved. One relative told us, "She seems to be calm and steady which suggests to me she's getting her medication. They've never reported she's missed any." There were no gaps in Medicine Administration Records (MARs) for prescribed medicines meaning that people were receiving them consistently, and there was a clear protocol for 'as and when medicine' (PRN). The pharmacy used by the service carried out annual medicine training for staff as well as completing annual audits. However, some medicines practices could be improved. Bottled and creamed medicines did not have opening dates on them, which meant staff would not know how long they had been in use for and if they had gone past their expiry date. Staff had not amended MARs to show the correct amount of each medicines that had been received from the pharmacy. This meant that they would not be able to carry out a thorough stock check of medicines if required, which could highlight if anyone had missed any medicines. Furthermore, additional handwritten information about medicines added to MARs were not signed by two members of staff as per the National Institute for Health and Care Excellence (NICE) guidelines. We raised these points with the manager who said that they would resolve this straight away.

People were safe from the risk of abuse. The registered manager said, "They (staff) know the whistleblowing policy. They know they can ring." A member of staff confirmed this by saying they would report any concerns to the registered manager or to the local authority. They went on to say there had been no safeguarding incidents in the service as people "all got along well with each other." Staff had completed safeguarding training and were aware of safeguarding policies and their responsibilities to report any concerns.

People were protected from avoidable harm. Risk assessments for people living at the service were thorough and managed appropriately by staff. These included risk assessments and care plans around self-harming, autism and positive behaviour plans. The registered manager and staff were knowledgeable about people's needs. One staff member described the risks to one person and what they did to mitigate these. For example, one person had a medical condition which required her legs to be elevated throughout the day, which we observed during our inspection. Individual Personal Emergency Evacuation Plans were also in place, which described how to help people evacuate the service during a fire or other emergency.

There were sufficient staff to meet people's needs. One relative said, "There seem to be plenty (of staff) there when I visit." The registered manager told us that staff had worked at the service for many years, but that "bank staff cover here and there if needed", such as on outings where one to one care is needed. We did not review any recruitment files as no new staff members had been employed since our last inspection. However, the registered manager was in the process of hiring a bank member of staff and informed us that all the required recruitment checks would be completed before they started work in the service.

The service ensured infection control procedures were adhered to. One relative said, "Yes they wear gloves while I've been there." Gloves and aprons were provided to staff and worn when carrying out personal care. The premises were clean, tidy and free from any malodours.

Lessons were learned where things had gone wrong to improve the service. The registered manager said, "We're doing well, but there are always things to improve on." Staff had recently supported people to go on holiday. The registered manager told us that people enjoyed it, but she would prefer to find a quieter location for future holidays. She felt that this would improve the experience for people next time. There had been no accidents or incidents at the service, but the registered manager was aware how to notify the Commission if one occurred.

Is the service effective?

Our findings

Staff had the knowledge and training required to meet people's needs. One relative said, "Staff always seem confident that they know what they're doing." Another relative said, "The staff are very well trained." One staff member said, "I have yearly refresher training on things such as safeguarding, dementia, fire safety, and first aid." All staff were up to date with their training. Staff received regular supervision which alternated between individual and group sessions.

People were given choices around their meals and drinks where possible. One relative told us, "Yes [staff] always make sure she has enough to eat and drink." Menu plans were on a weekly rotation with a variety of food included. Lunch time was calm and inclusive as staff sat with people at a dining table and spoke to them. People were enjoying the food served to them, and had specialist plates to help them eat independently where needed. There was a variety of fresh fruit and drinks available in the lounge and kitchen. People were also supported to go out for dinner together. The registered manager said, "The people here find it difficult to select between two different options, so we say 'shall we go here for dinner?' instead so they can show us a yes or no response."

There was effective communication amongst staff. The registered manager said, "We share information throughout the day and also use a communication book. We always read the book before we start a shift." There was also effective communication between organisations. Care plans included care passports. These documents gave a summary of a person's physical and emotional needs which could be used by health professionals in the event of a person being admitted to hospital. Discharge summaries and other documents from health professionals were stored in people's care plans so staff could refer to them for up to date medical information.

People were supported to maintain their health and wellbeing. A relative told us, "They're very proactive in that regard." People were supported to attend medical appointments. The registered manager said, "We explain why the district nurse, GP or dentist is here for and they're fine with this. They just need a familiar face with them at the time that they trust." There was also input and support from other professionals such as the mental health team and psychiatrists.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff were aware of the principles of the Act. The registered manager told us, "I always involve families with best interest meetings." Another staff member said, "I'd never make someone do something that they wouldn't want to do." People's rights were protected. Mental capacity assessments were decision specific and best interest meetings had included all people involved in a person's care. DoLS applications were thorough and included details of all the restrictions placed on people. Staff completed training regarding the MCA as part of their refresher training.

We did not view any preadmission assessments, but people had been living at the service for 18 years so staff were fully aware of their needs.

Is the service caring?

Our findings

Staff were kind and caring towards people. One relative said, "She trusts them and she doesn't trust many people." Another relative told us, "The staff have been looking after [her] for many years and have cared for her above and beyond their 'duty of care'. When she was in hospital, one of the staff was with her there 24/7." We asked the registered manager about this occasion who said, "I don't leave them on their own in hospital. We all take it in turns to make sure someone is with them through the day and night." The registered manager and staff spoke affectionately about people. The registered manager told us, "There's no 'I am big and you are small' here. This is their home and we are here for them, that's it. I treat them as I would wish to be treated." One staff member told us that they had "Seen the ladies growing old". This created a warm and compassionate environment for people living at the service.

People were encouraged to express their views where possible. One relative said, "Although my [relative] is mute, she always makes her views known to her carers who understand her." The registered manager told us, "They will come and show us if they are not happy. We know them very well so we know if something is wrong." People's rooms also had easy read information on display around how to tell staff if they are upset. Relatives were encouraged to be involved in the care of their loved ones. One relative said, "I do go to the social worker reviews. We all sit round and we all discuss [her] needs." Another relative told us, "If any external agency comes in I'm always invited and I'm encouraged to visit as much as possible." Reviews of people's care needs took place annually and included those who were involved in their care. This included relatives, staff members, and social workers. This meant that a range of relevant people and professionals had been involved in the planning of people's care which gave a holistic view.

People's independence was encouraged where possible. One relative told us, "They let her be as independent as possible." The registered manager said, "We get them to do things. Like we ask them to take their plates to the sink and push their chairs in." She also explained that one person's independence was promoted by giving them one piece of clothing at a time to dress themselves rather than putting all of their outfit in front of them as this stopped the person becoming overwhelmed. This showed that the registered manager and staff knew the people living at the service well and how to support them to be independent.

People's privacy and dignity were respected. One relative said, "They're very conscious of her privacy. Personal care is always behind closed doors." The registered manager told us, "We knock before we go in to their room. It's entirely their home. It's not fair to them if we didn't knock." She also informed us that during personal care "We talk to them throughout for dignity and respect. I wouldn't like my mother to be treated otherwise." This ensured that people were treated with respect during intimate care.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. The registered manager said, "They don't have a specific bed time as it's their home. Sometimes they want a pyjama day. We stay in them all day some days, so why can't they?" A staff member told us that one person "loves to be pampered and have her nails done." This information was available in the person's care plan and we could see that the person's hands had been manicured. Care plans also included information on people's likes, dislikes, interests and family. For example, one person's care plan stated that they liked listening to theme tunes. People's rooms were also personalised to their own individual taste and made to feel homely.

A range of personalised activities were available. People were supported to attend a local day centre where they could do a variety of activities such as art sessions. There were also other outings to local towns, restaurants and pubs. People were supported to maintain their faith. Staff supported one person to attend a place to worship their religion when they requested it. For other people, a local vicar came to the home to carry out a religious service.

Relatives were aware of how to raise a complaint. One relative said, "Yes I know how to make a complaint, but it's never been necessary to complain about her care at the Greens, or about the staff." Another relative told us, "I've never had to raise a complaint". The service had not received any complaints, but had received several compliment letters from relatives. There was a complaints policy available for people and relatives if needed which advised people of the process they could take should they wish to complain, the timescales for response and who they could raise concerns to if they were not happy with the response.

At the time of our inspection, no one was receiving end of life care. However, the manager was aware that this could happen in the future and said, "I want them to be here till the end of their life and will facilitate this." Staff had completed end of life training in preparation of this.

Is the service well-led?

Our findings

Relatives and staff felt the service was well led. One relative said, "I'm very happy to call them if there is anything I need to discuss. They're very good at keeping me informed." Another relative told us "They know they can contact me for help in any way, and I feel the same about them." A staff member said, "The registered manager is very good, they're always available for help and support if needed."

The registered manager and staff promoted an inclusive atmosphere for people and their relatives. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

One relative told us, "They provide her with a sense of family as well a home where she fits in." Another relative said "I can speak to them about anything." Inclusion from relatives was encouraged but the wellbeing of people was the main focus of the registered manager and staff. The registered manager told us, "Relatives can come anytime they want, but it is best they tell us when they plan to. This is because if we're planning to go out we won't cancel things for the ladies. They like having a routine."

Staff and relatives were involved and engaged in the running of the service. One relative told us, "I've had questionnaires which ask if I'm satisfied with everything. I usually get them about once a year." Another relative said, "Yes I fill in a survey annually." The feedback received from these were positive. Where queries had been raised by relatives, the registered manager took steps to resolve these. For example, one relative told us, "I queried the amount of medication she was on. They spoke to the GP and tried to take her off them but they've had to put her back on it. Since then [the registered manager] has gone through all her medication with me so I know what she is on." Regular staff meetings also encouraged their input into the running of the service.

There were auditing systems in place to improve the quality of care provided. Audits regarding the environment, fire safety and infection control were completed regularly. Actions that had been identified within the audits had been resolved. For example, a kitchen inspection audit had identified that a fly catcher should be fitted for infection control and hygiene reasons. This had since been installed.

The service was considering ways to ensure sustainability for the people living there. As the people living at the service had been there for 18 years, their mobility needs were starting to change. The registered manager said, "Because they're getting older we had a new walk in bath put in with lots of different grab rails. We'll have to sort the van out at some point as they're slowly finding it harder to get in and out of it." This allowed people to continue to live at the service where staff knew them well and they were settled.

The service worked in close partnership with a variety of local organisations to achieve good outcomes for people. People attended a local day centre, and went to a local pub for dinner on occasions. The registered manager said, "They recognise us and know us very well now. We also had a local hairdresser that closed

down but she comes here to cut the ladies hair now. They know her very well." Therefore, this allowed people to improve their wellbeing as well as be actively involved in their community.

The registered manager was aware of their responsibility to send notifications to the Care Quality Commission and had done this where they were required to. This meant that we were able to check that the appropriate action had been taken. The service's rating from their last inspection was available to view on the premises.