

Eastbourne & District Mencap Limited

Greensleeves

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

About this service

Greensleeves is a residential care home that accommodates people with learning disabilities and some associated physical, sensory disabilities and/or dementia.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People made choices about all aspects of their daily living, this included where they spent their time, what they ate and the clothes they wore. There were opportunities to use local facilities and amenities, such as the local shopping centre, the hairdresser and the provider's day centre and people used these when they wanted to.

People said they were comfortable, they liked their rooms and told us the staff looked after them very well. Relatives were equally positive and said Greensleeves was people's 'home' and they had the support they needed to live independent lives as much as possible.

Ongoing training and supervision ensured staff had a good understanding of people's individual needs and support focused on people having as many opportunities as possible to gain new skills and become more independent.

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 supported this.

People and relatives said there had been improvements in the last year. Due in part to the changes in management and the introduction of an effective quality assurance and monitoring system.

Regular residents and staff meetings enabled the registered manager to obtain feedback about the care and support provided as well as pass on information about changes to the service. To ensure people's involvement in discussion about all aspects of the service pictorial format was used for the surveys, complaint procedure, menus and activities.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

At the last inspection the rating was Requires Improvement (published on 14 May 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up: We will review the service in line with our methodology for 'Good' services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Greensleeves

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care

provided. We spoke with six members of staff including the registered manager, deputy manager, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and all the medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We requested additional information, this was sent promptly and included duty rotas, staff training and minutes of meetings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- At our last inspection we found the provider had not completed all the necessary health and safety checks. For example, window restrictors had not been fitted to all the windows; legionella tests had not been completed to ensure the safety of water and three radiators did not have covers to protect people from the hot surface.
- We found at this inspection that all these areas had been addressed. Certificates were available to show that relevant checks had been completed. These included legionella, gas safety and electrical equipment used by staff and portable appliance testing (PAT). For people's personal equipment, such as TV's, DVD's and I-pads.
- Window restrictors had been fitted. The registered manager said restrictors would also be put on the lounge windows and covers had been attached to the radiators to reduce risk.
- The fire alarm system was regularly checked and personal emergency evacuation plans (PEEPS) provided guidance for staff so assist people to leave the building in case of emergency. A full practice evacuation of people and staff ensured the PEEPS were appropriate and effectively assisted people to leave the home safely.
- There had been some subsidence at the side of the building, repairs had been completed to ensure the building was safe and the lounge was being redecorated during the inspection. People had been invited to choose the colours and/or wallpaper to be used and they said people would be able to use the lounge within a few days.
- Where risks were identified, there were appropriate risk assessments and risk management plans. These helped people to stay safe while their independence was promoted as much as possible. For example, one person's ability to walk varied; staff assessed how much support they needed each time the person wanted to move around the home. Staff enabled the person to be as independent as possible and offered assistance only when needed.

- At our last inspection we found people may not have received their prescribed medicines when they needed them. The guidance for 'as required' (PRN) medicines was not clear and the records for topical creams had not been consistently completed.
- At this inspection improvements had been made. The guidance for PRN medicines was clear, with information about the medicine. What it was used for and if needed how staff could assess if a person was in pain; through body language and expressions. Staff explained how they followed the guidance and where they recorded on the medicine administration record (MAR); why they had given PRN medicines and signed after they had been taken.
- Records for the use of topical creams had been reviewed and these were now kept in the 'This is me' folders in each person's room, so that staff could sign these to confirm when these were applied.
- People said they had the medicines they needed. When asked if staff gave them their medicines one person told us, "Yes they do."
- There were safe systems in place for the ordering, checking, storage and disposal of medicines. One member of staff was responsible for ordering the medicines monthly and they were checked in by two staff, to ensure all prescribed medicines had been received.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt comfortable and the staff looked after them. One person said, "Yes I like it here." A relative told us their family member was relaxed living at the home.
- The provider had effective safeguarding systems and staff had a good understanding of how to make sure people were protected from abuse or harm.
- Staff had completed training and explained clearly what action they would take if they had any concerns. One member of staff said, "Yes we have done the training and I would tell the senior or manager straight away. I might even stop what was happening depending on what I saw and then report it."
- The registered manager had made appropriate referrals to the local authority safeguarding team as needed.

Staffing and recruitment

- People said the staff were very good and there was enough staff to look after them. One person told us, "Yes there is always enough staff."
- There were sufficient staff to provide the support and care people needed. This included spending time with people in the home and taking them to the providers day centre and or shopping.
- Robust recruitment procedures were used to protect people by ensuring only suitable staff were employed at the home. Records showed references had been requested and relevant checks completed to ensure staff were able to work with vulnerable people. For example, Disclosure and Barring (DBS) checks.

Preventing and controlling infection

- People said the home was 'tidy' and 'very nice'.
- The home was clean and well maintained. There had been an ongoing programme of repair, replacement and re-decoration and when people's rooms had been painted they had chosen the colour.
- Staff said they had completed infection control training and food hygiene and, the training plan showed this training had been provided. Gloves and aprons were available; we saw staff used these when needed and hand gels were strategically placed throughout the home.
- Staff followed a cleaning schedule, which showed the daily, weekly and monthly cleaning required and audits checked that these had been done.

Learning lessons when things go wrong

- There were good systems in place to ensure accidents and incidents were recorded, which included the

action taken to reduce the risk to the individual or people and prevent a re-occurrence as much as possible.

- Incidents and accidents were audited to identify any trends, advice was sought from health and social care professionals when needed and lessons were learnt and changes made to support people safely. For example, one person had a history of falls and staff observed how they moved around the home using and holding on to furniture or a member of staff's arm. The falls team and GP had been contacted for advice. The person's medicines had been reviewed to ensure they did not affect the person's balance and the falls team checked the staff were reducing the risk as much as possible without restricting the person.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before they moved into Greensleeves. The registered manager said they visited people and discussed their needs with them and their relatives. They told us, "We need to know that we can provide the support they need and that we can support them to develop skills, if they need to and be independent and do what they want to do."
- Relatives of a new admission said they were very pleased with the service. Although concerned about their family member transferring to the home they were told, "Don't worry I am going to get her and bring her home." The relative said the thought of how they stated that they would bring her home, "Bought tears to my eyes."
- The information from the assessment was used to write the care plans and 'This is Me folders', which had clear information about people's needs and preferences and guidance for staff.

Staff support: induction, training, skills and experience

- People told us the staff provided the support they needed. One person said, "Yes they know what I need."
- The training plan showed that staff received training and updates to ensure they were up to date with current good practice. This included safeguarding, moving and handling, medicines, infection control and fire safety. Training was also provided that reflected the complex needs of people who lived at Greensleeves. Such as epilepsy; Makaton, which uses signs and signals to communicate; autism awareness and positive behaviour support, to identify triggers and assist people whose behaviour may change.
- Staff said they had regular supervision and were supported to develop their skills and knowledge. Staff told us, "The supervision is very good, we can talk about anything, but the manager is always available any way to talk to" and "Its improved a lot."
- All new staff were required to complete induction and work with permanent staff until they are confident supporting people on their own. If agency staff were used they were required to complete two days training.
- Agency staff working at the home during the inspection said they had been given time to read the 'This is Me' folder in people's rooms. They told us, "Yes, I have read through their folders and this has helped me to know about them better, I found these folders really helpful."

Supporting people to eat and drink enough to maintain a balanced diet

- People said the food was very good and a relative told us the food was, 'Fantastic.'
- The weather at the time of the inspection was warm and sunny and staff asked people if they wanted to have their meals outside, perhaps a picnic for lunch. People said yes and they sat outside in the garden

enjoying sandwiches and cold drinks of their choice.

- One person told us, "We are having a barbeque later." The chef was responsible for the barbeque and people sat outside with staff enjoying their meal. One person said, "Very good."
- The chef had a clear understanding of each person's nutritional needs and preferences. Specific diets were catered for, one person had pureed meals and staff assisted them to ensure they had enough to eat and drink, another person enjoyed eating a Mediterranean diet that was provided.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People said they saw their GP when they needed to and visited other facilities in the community. One person told us, "Yes we see them, I go to the hairdresser too."
- Where appropriate referrals had been made for specialist advice and support. Staff had contacted the falls team for advice to support people to move around the home safely and the speech and language team (SaLT) for guidance about another person's swallowing difficulties.
- Any changes in support needs and guidance for staff, was recorded in people's care plan by the health professional and by staff in the 'This is Me' folders, so that staff could clearly see how to support people safely.

Adapting service, design, decoration to meet people's needs

- People said they liked their rooms and they were comfortable using a spare bedroom on the ground floor while repairs were being made in the lounge. They were relaxed sitting with staff and one person told us, "Yes I am happy here."
- The layout and arrangement of furniture was appropriate to meet each person's needs and enable them to move around their room and the home using walking aids and wheelchairs if needed. A relative said staff had kept the furniture in the same place so that their family member, "Knows where he is."
- People's rooms had been personalised with pictures and ornaments chosen by each person and they clearly reflected their preferences and colour choices.
- There was a range of pictorial information on boards in the home to inform people of the menus and food choices and the activities that were planned, although these changed depending on what people wanted to do. Another board had details of who chose to remain in the home and who had gone to the day centre or shopping.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People said staff asked them if they wanted to get up or go to bed and how they spent their time. One person who chose to remain in the home told us, "I like to sit here."
- People were consistently asked for their consent before staff provided support and were offered choices

about all aspects of their daily life. This included where they wanted to sit, if they wanted a drink or snack and if they had everything they needed.

- Staff had completed MCA training and demonstrated a good understanding of people making decisions and choices about their lives. Staff told us, "They all decide how we support them, some can tell us others we know their body language and we respect their choices" and "We don't make decisions for residents, they decide everything we do, which is as it should be."

- Applications for DoLS authorisations had been sent and the staff were awaiting final decisions. The applications included detailed information about why restrictions were needed. In addition, written assessments had been carried out to demonstrate why the applications had been made and were specific for each person.

- Best interest meetings had been held when needed to ensure decisions taken were in people's best interests. For example, one had been held with the person and their representatives, staff, social care professionals to assess the suitability of Greensleeves as their home. It was agreed the person would remain at the home as they met their needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said the staff were kind and looked after them very well. One person said, "Yes my favourite is my keyworker." Relatives were equally positive and told us, "I am finding the care excellent, the staff are brilliant, she loves them, I can't fault it" and "I am always made welcome, and he is always happy."
- People were supported by staff who knew them well. We saw they were caring in their approach and checked regularly with people that they were comfortable and had everything they needed.
- Staff talked about people's individual needs, preferences, personal histories and interests and clearly knew what people liked to do and supported them to do what they wanted to do. For example, one person liked to go shopping and when staff went shopping for the picnic and barbeque items they went with them.
- Staff communicated well with people in a way they could understand and people responded warmly to them. People and staff chatted and laughed together. When people returned from the day centre they talked to people and staff about what they had done, they heard about the picnic and the barbeque they were having for supper. It was clear they were all looking forward to this.
- Staff had attended training in equality and diversity and said they provided care in a holistic basis, which meant that support and care was based on each person's individual needs and choices. Staff told us, "We don't really plan what we are doing, I mean it is very flexible and depends on what residents want to do at the time and we have enough staff to do this" and "Each resident is different, like us they have their own preferences and we respect this and support them to decide how we do our job. I think it is great."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives or representatives were involved in planning and discussing the care and support provided. Relatives said they were involved in discussing their family members support needs, they were kept informed of any changes. One relative told us, "Staff are amazing they knew what to do and supported us all the way through."
- People knew about the 'This is Me' folders and told us these were kept in their rooms. They contained a pictorial consent page, a photo, their preferred name and likes and dislikes about all aspects of their day. This included food, activities, their music preference and hobbies.

Respecting and promoting people's privacy, dignity and independence

- The service promoted people's independence and supported them to do activities of their choice. One person liked to draw and put the drawing in another room when completed. Staff supported them to do

this; a particular place had been allocated for the person to keep their drawings and staff assisted them to walk to and from the room safely.

- When asked people said staff respected them and helped them to wash and dress privately. We saw staff spoke quietly to people as they asked them if they needed to return to their room to use their bathroom and they respected people's decision if they refused. Staff said they would ask the person again later, but also that they would respect the person's choice.

- Staff said it was part of the ethos and culture of the service to respect people's privacy and dignity. They told us, "I think we treat residents the same way we would like to be treated, with respect" and "Greensleeves is their home and we respect that, we are here to make sure each resident is as independent as possible."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection we found that additional work was needed to ensure people continued to make choices about how and where they spent their time. At this inspection it was clear that staff supported people to spend their time doing activities of their choice that they enjoyed.
- People told us they chose what they wanted to do and staff said this varied depending on what each person wanted that day. One member of staff told us, "It is up to them, they decide and we support them."
- People who remained at the home sat in the small lounge chatting to staff. One was drawing and another knitting; they said they were comfortable and preferred to remain in the home rather than going to the day centre. One person said, "I can go out if I want to."
- A massage and beauty therapist visited the home during the inspection. Two people had private therapies, they said it was, "Nice and relaxing". The therapist then joined people in the lounge for a group session, with relaxing music and offered foot and hand massage.
- People were supported to continue with interests they had. One person enjoyed Country File and staff assisted them to write to one of the presenters. They had received a letter and picture back, which they were very proud of.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We saw staff supporting people in a person-centred way and they adapted their approach from person to person. For example, when staff assisted one person to go into the garden for the barbeque they were calm and slowly provided assistance to reduce behaviour that may challenge as much as possible.
- Relatives were positive about how the staff supported people, they said staff understood each person's individual needs and involve people in decision about the support they received. One relative told us, "Staff make him feel comfortable, they engage with him, just like I am doing with you." A relative said they had not visited the home for a while but had regular conversations with staff and were kept up to date.
- Care plans were reviewed regularly and when people's needs changed. They were up to date and contained detailed information about each person's needs and clear guidance for staff to ensure they could be met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood the Accessible Information Standard and people's communication needs were recorded in 'This is Me' folder and care plan.
- A hospital passport had been developed for each person and these were shared with health and social care professionals if people had to attend appointments, or if visits were arranged at the home.
- The AIS guidance included how people communicated their needs and how staff should engage with them through verbal communication or body language. Picture prompts were used to inform people of what was happening in the home and to enable them to say how they were feeling. Using pictures of sad, angry and happy faces people could tell staff how they felt, and staff could respond appropriately.

Improving care quality in response to complaints or concerns

- People were encouraged to talk to staff about any concerns they might have and as staff knew people very well they understood how each person would express their emotions. Staff said they knew if a person was not well or something was worrying them by their body language and they would try and find out what the cause was and, "We deal with it straight away."
- People said they did not have any complaints or concerns and the feedback from relatives was positive. They had no issues with the support and care provided at the home.
- The registered manager said there had been no complaints since the last inspection and staff told us if there were any concerns it was usually about the food and this could be resolved straight away by offering other choices.
- The complaints procedure was displayed in the entrance and was also available in an easy read pictorial format and a copy was kept in 'This is Me' folders.

End of life care and support

- The registered manager said as far as possible people would be able to remain at Greensleeves if their health needs changed and this included end of life care.
- Staff said there had been discussions with relatives and representatives about end of life care and funeral plans. These had been included in the individual care plans if they had been agreed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

At our last inspection the provider had failed to ensure that an effective quality assurance and monitoring system was in place to drive improvements. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The registered manager had introduced a range of audits to monitor the service, to drive improvement and provide high quality person-centred care. These included weekly audits for medicines, MAR and PRN check, duty rota and kitchen and monthly audits looked at infection control, care plans, first aid and falls.
- Staff were aware that these audits and/or checks had become an essential part of the management of the service and were clear about those they were responsible for. One member of staff was the health and safety lead and carried out the weekly fire checks. They looked at the emergency lighting, checked that the fire extinguishers were within date and safe to use and tested the fire alarms.
- Where audits had identified that improvements were needed action had been taken to address these. For example, there was no evidence that staff had read the providers policies and procedures and were up to date with current guidance. The registered manager introduced a 'policy of the month' with a form for staff to sign stating they had read and understood the policy and any concerns would be discussed during supervision. Staff said this was a good reminder for them to keep up to date and they had time to read these when they were at work.
- Staff were aware of their roles and responsibilities and had worked as a team to develop a community atmosphere in the home. Areas where this may not be as clear as it could be were discussed during the inspection. For example, although a picnic and barbeque had been arranged staff were unable to join people to eat their meal with them. To promote conversation and a social time, as well as encouraging people to eat. Staff said they had already raised this with the provider and would continue to do so.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal

responsibility to be open and honest with people when something goes wrong

- People said the staff provided the care they wanted and always asked them if they wanted support before they supported them to move around the home, attend the day centre or join in an activity. Relatives said the staff were excellent and supported their family member to make choices and decisions about the services provided and which ones they participated in.
- Feedback was consistently positive, we saw that there were good outcomes for people throughout the inspection and how people were included and empowered to make decisions.
- The registered manager understood their responsibility under duty of candour and relatives said they were informed of any changes in people's needs or to the service. The registered manager sent in notifications about issues at the service that might impact on people or staff, as part of their regulatory responsibility.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a very positive culture at the home. Staff said they had regular meetings to discuss and keep up to date with practise; to discuss people's changing needs and update on any changes. Minutes were available for staff to read if they had been unable to attend. Although staff also said they could talk to the registered manager at any time and would do so if people's needs had changed.
- Staff said the management was very supportive and they felt involved in developing the services provided. One member of staff said they all worked well together as a team, the people living in the home, relatives and staff and they were encouraged to think about how the service could improve.
- Surveys and satisfaction questionnaires were used to obtain feedback from people, relatives and visiting professionals. Pictorial surveys enable people to respond and quarterly resident's meetings supported people to sit together and be involved in the service provided.

Working in partnership with others

- The registered manager and staff worked closely with health and social care professionals. Including GP's, physiotherapist, falls team, chiropodists and dentists. Staff were aware that visits to dentists was difficult for some people and they had discussed this with the dentist and had support in place to assist people to keep their mouths clean.
- Eastbourne and District Mencap is a charity that support three residential care homes in Eastbourne. Greensleeves is one of these and the registered manager said they have recently developed a system to review each of the services and see if they can learn form each other. This has been regarded as a positive development and ensures the quality monitoring of each service is carried out at the same level and has similar outcomes.