

## Greengates Care Home Limited

# Greengates

### Inspection report

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### Ratings

#### Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

This inspection took place on 14 and 15 September 2016 and was unannounced. The inspection was undertaken by one inspector.

The service provides accommodation and personal care for up to 54 older people. At the time of our inspection there were 28 people using the service. The service has capacity for up to 35 people in sole occupancy rooms having changed some rooms which were double occupancy. The service has a registered manager supported by a deputy manager. 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 and associated Regulations about how the service is run.

Greengates care home offers care and support to older people and those who have varying levels of dementia. People consistently told us about the excellent care they received. They told us the staff were 'Wonderful'. People mattered, staff were patient, and they demonstrated empathy in their conversations with people and in how they spoke about them. The service had received numerous compliments. Comments from families and professionals ranged from 'Excellent', to 'Absolutely fabulous and ten out of ten' for the quality of care which people received. Staff developed exceptionally positive caring and compassionate relationships with people. The ethos of the home was that of an extended family. People were treated with dignity and respect and staff were caring and compassionate towards them.

People were fully supported in innovative ways to follow their interests and take part in social activities. The home had a wide range of activities suited to the individual needs of people and which brought positive outcomes and pleasure to their lives. Activities were designed to stimulate conversation, promote interaction with others, maintain manual dexterity and mobility and to have fun. People, families and staff had regular meetings to discuss what people would like to have in the home with regards to equipment, activities and daily routines. Everyone was encouraged to take part in fund-raising for the different projects people had chosen, including people, staff and families. The activities co-ordinator told us that most people involved themselves in fund-raising, such as making crafts to sell at the Easter or summer fete, painting and decorating boxes and then filling them with sweets and making and decorating peg holders.

People benefitted from their fund raising projects and to date this had provided an I-pad for people to use and a sensory room. People told us they enjoyed using these. The next project people had chosen was a sensory garden. People told us there was lots going on in the home and they enjoyed the activities and had fun taking part. People's wellbeing had improved because staff engaged with people in ways that prevented them becoming isolated.

People, families and professionals consistently gave us positive feedback about how the service was personalised to meet people's individual needs. Staff knew each person as an individual, their preferences and interests.

People experienced effective care and support that promoted their health and wellbeing from staff that had the knowledge and skills needed to carry out their role. People were supported by enough skilled staff so their care and support could be provided at a time and pace convenient for them. Each person's needs were assessed and care records had personalised information about how to meet them. Care was focused on people's wishes and preferences and people were supported to remain active and independent. Care staff felt the information available to them enable them to offer care in the way each person wanted.

People told us the food was "wonderful" and they really enjoyed meal times. There was a varied diet and choices available according to people's likes and dislikes.

Health and social care professionals gave very positive feedback about the personalised approach of staff towards people and how well people were cared for.

People were cared for by a motivated and well trained staff team. The manager's and the provider offered strong and effective leadership to the service and regular residents meetings ensured people were involved in the running of the home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff understood their responsibility in ensuring people were protected from the risk of harm.

People told us they felt safe living at Greengates care home and with the staff who supported them.

People received their medicines on time and medicines were managed in a safe and competent way.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff to eat and drink and people told us the food was 'excellent'.

People were supported by skilled and experienced staff who knew them well.

People were asked for their consent in all areas of their personal care and in decision making and their wishes were respected.

### Is the service caring?

Outstanding ☆

The service was outstanding in providing caring support.

People and relatives consistently said staff developed extremely positive, caring and compassionate relationships with them.

The ethos of care was person-centred and valued each person as an individual. People were what mattered to each member of staff. People were particularly encouraged to interact with others and this had a very positive impact on people's well being.

People could express their views and make decisions, which staff acted on. People privacy, dignity and independence was respected. People told us they felt valued by staff.

### Is the service responsive?

Outstanding ☆

The service was outstanding in promoting people's well-being.

People were fully supported in innovative ways to follow their interests and take part in social activities. Activities were extremely successful in promoting people's physical, social and emotional independence and this promoted a sense of self-worth and belonging for people.

People's care and support needs were monitored and reviewed and proactive practices were in place which enhanced people's health and wellbeing.

There was a complaints system in place. People and relatives told us they had no need to make any complaint.

People told us they could receive visitors whenever they wished.

### **Is the service well-led?**

The service was well led.

There was a strong leadership in place and staff were highly motivated to offer the best quality of care.

There were a system of audits in place which identified shortfall which were then address.

People, their families and professionals had nothing but praise for the way the home was managed.

**Good** ●

# Greengates

## 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.

This inspection took place on 14 and 15 September 2016 and was unannounced. The inspection was undertaken by one inspector.

Prior to the inspection we looked at all information available to us. This included looking at any notifications submitted by the service. Notifications are information about specific events that the provider is required to tell us about. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was fully completed and returned to us on time.

During the inspection we spoke with the registered manager who was available throughout the inspection. In addition, we spoke with the activities co-ordinator, the chef, two team leaders and a support worker. A district nurse was visiting the home on the first day of the inspection and spoke to us about their experience of working with the home. We also contacted health and social care professionals to illicit their views. The provider was not available during the period of the inspection and contacted us at a later date to give their view about how they felt the service was managed.

We spoke with seven people who live at Greengates care home and also observed the care and support people received. 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 spoke with six relatives who were visiting during the inspection dates.

As part of the inspection we reviewed the care records for five people living in the home. We looked at staff records and other records relating to the running of the home. This included staff supervision, training and recruitment records, quality auditing processes and policies and procedures.

# Is the service safe?

## Our findings

All of the people we spoke with during the inspection told us they felt safe living in the home and with the staff who supported them. Likewise relatives were positive about people's safety stating "yes very safe, second to none the way staff care and protect people".

The provider had systems in place that safeguarded people from abuse. Staff we spoke with had a good understanding of what safeguarding meant and the processes to follow to report concerns. Staff were aware of their responsibilities in keeping people safe and in whistle blowing to the relevant authority if they felt concerns were not being taken seriously. A member of staff told us "we wouldn't hesitate to blow the whistle but we know any issues we found would be taken seriously by the manager".

Staff received training in safeguarding and from speaking with staff it was clear they also received regular updates to ensure they were up to date with the latest guidance.

Medicines were stored safely and securely so that only those authorised to do so were able to access them. A clear policy was in place and staff received training to ensure they were competent in medicines administration. Medicines were recorded on a Medicine Administration Chart (MAR) chart. We reviewed the MAR charts and found three gaps in the signatories of medicines being administered. The team leader told us they would address this immediately.

Stock levels were checked when new supplies were delivered from the pharmacy and recorded on people's individual MAR charts. Between these times, senior staff checked the stock levels to ensure people received their medicines in line with the GP instructions. When staff gave people their medicine we observed they explained to people what the medicine was for. Staff were mindful of noting any changes in people's health that may be linked to a change in their medicines. There were protocols in place for when people took medicine which was taken 'as and when required' (PRN).

During our inspection sufficient numbers of staff were on duty to safely meet the needs of people living in the home. The staffing levels meant staff were always visible and available to people including being able to sit and chat with people for social interaction. The registered manager told us it was vital to the well-being of people to have staff available where they were not focused just on tasks.

There were structured recruitment practices in place to support the provider in making safe recruitment decisions. This included the completion of a Disclosure and Barring Service (DBS) check. This check gives information about any criminal convictions a person has and whether they are barred from working with vulnerable adults.

Risks to people's safety were assessed before they came into the service. The risks associated with people's care and support were assessed and reviewed regularly. Measures were put in place to guide staff in reducing the risk to the person and ensuring they were safe. This included balancing any potential risk against the person maintaining their level of independence, such as being free to walk around the gardens

or home with some observation from staff. People were involved in reviewing the risk assessments in place for them as part of their care planning process.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents. The registered manager audited all incidents to identify trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

Emergency contingency plans were in place and regular fire alarm tests were carried out to ensure all equipment was fit for its purpose and staff were aware of the procedure in place. Guidance was available for staff that contained information of how each person needed to be supported in the case of a fire.

Maintenance, electrical and property checks were undertaken to ensure they were safe for people that used the service. In one bathroom, we noted the enamel in the bath had eroded. This may make it difficult to effectively clean the bath in keeping with good infection control practices. The registered manager advised us they would ask their maintenance team to address this immediately by treating the affected area.

The hallways within the home were clutter free and safe for people to walk around. The lighting was appropriate for people to be able to see clearly and the temperature of the home was maintained to a level which people told us they were comfortable with. The style of the home included an interior courtyard and other smaller court yards. The paving was uniformly flat so as to avoid slips and trips. Flowering plants were placed around the edge of the wall to ensure maximise space for people to use safely. A relative commented how much their loved one enjoyed walking around the court yard or if the weather was poor they could walk around the hallways which had lots of big windows looking out into the courtyard.



# Is the service effective?

## Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection 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 were being met. Applications for authorisations of a deprivation of liberty had been made to the supervisory body. The registered manager explained that two applications had been granted, however, they continued to follow up those applications which were still awaiting assessment.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Where decisions were made by someone other than the person, details or a copy of the appropriate documents were held by the provider to validate the decision making process was lawful. People and relatives told us they were involved in every aspect of care such as, during their care review or on a day to day basis especially if care and support needs had changed. Staff were clear around their responsibility in ensuring people had a voice regarding their care and support.

People's needs were met by staff who had access to the training required to support people safely and effectively. Training records confirmed that staff received mandatory training as set by the provider. This included Safeguarding of Vulnerable Adults, Mental Capacity, Moving and Handling practice, the Safe Administration and Management of Medicines and Food Hygiene. More specific training was based around people's individual needs such as Managing Epilepsy, Diabetes care and Dementia awareness. Staff told us they were made aware of when their training was due for an update and the training matrix evidenced staff undertook such training.

The provider used different methods of learning. This was to ensure it met the learning style of the member of staff and to improve the effectiveness of the training delivered. For example, a training company visited the home to carry out face to face training based upon scenarios of care management. Other practical learning sessions were devised around the fundamental standards of care and these were based in the home. Learning from observations was also included as was electronic based training. The registered manager told us they also gained valuable insight into health conditions from the visiting professionals to the home. Staff told us they felt the training undertaken really helped them to develop their skills and abilities.

Staff were supported by regular meetings with their line manager to discuss their progress, training and development. On an annual basis, all staff received an appraisal which looked at their progress and

development for the past year and considered new goals for their on-going development.

People and their relatives spoke positively about staff. Comments included, "I think they [the staff] all know what they are doing, they are very good at using the hoist", "Yes, they are a good team and really experienced at what they do, we have no issues at all" and "We have no concerns about leaving [their loved one] when we visit because we know they are being well cared for by really capable and dedicated staff".

We spoke with the chef and other staff who were knowledgeable about people's preferences and individual nutritional needs. This included a wide range of diets such as, offering finger foods, pureed meals, diabetic controlled diets to any vegetarian preferences and dishes based upon culture and faith beliefs. One person told us "the food is incredible, plenty to eat and all homemade", "there is lots of choice and it's really good, especially the cakes". People told us about the lovely smells which came from the kitchen and they always enjoyed their meals. On both days of the inspection we found this to be the case.

People's needs and preferences were recorded in their care plans and the chef kept a record of people's likes and dislikes. If required, monitoring charts for food and fluids were in place to ensure staff could monitor people's nutrition and hydration. People's weight was monitored and for each record we looked at, the person had remained a stable weight without many fluctuations. We observed that people looked well nourished. Drinks were offered to people throughout the day and they could request a snack if they wished. Fruit was also readily available.

Each day there was a choice of a hot cooked meal at lunch time and a hot meal at tea time. People were also offered supper. Breakfast was either a cooked one or as most people told us, they preferred cereals, porridge, fruit and toast. Snacks were available throughout the day with lots of tea breaks with biscuits or cake. Lunch was served in the dining room and was served to people by the chef at their table. Some people used specialised plates which had a higher rim to stop the food going over the plate, this allowed people to retain their independence with eating. Adaptive cutlery was available, however at this time no-one choose to use them.

People were asked for their choice of mid-day meal during the morning; however we found that when people arrived at the lunch table, not everyone was able to remember what they had chosen. The registered manager advised us they would be looking into producing some pictorial menu's to support people to visualise their choice. Staff did use written prompts for some people as this was a way they were able to make a decision about the dish they wanted.

Approaching lunch time, we saw that people selected where they wished to eat their meal, this was either in the dining room, in their own room or in one of the lounges. Staff supported people to sit where they wished in an unhurried manner and chatting as they did so. A member of staff supported one person to walk to the dining room. The person had been upset and the member of staff encouraged them to have some lunch saying "no more worrying, let's go and have some lunch". Later the person told us they had really enjoyed their meal saying it was "delicious".

During the lunch time we observed staff were considerate to people's wishes, asking what dish they would like, how much and what drink they would like. Staff asked permission to place an apron on the person to protect their clothes before doing so. They also asked people if they would like help with cutting up their meal to bite sized pieces which were more manageable for them. When staff supported people to eat their meal, this was done at the person's level and eye contact was made. Comments from staff included asking "Is that nice. How about some mashed potato and vegetable together?" and "It is a little bit hot, shall we wait a little while?" Following the mid-day meal we asked the chef if they had many leftovers and they

showed us that everyone had eaten their meal. They told us "we rarely have any food left over, people really enjoy their food".

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. Care plans described the support people needed to stay healthy such as monitoring their weight, ensuring treatment plans were in place for diabetes and making sure people were protected against the risk of things such as pressure ulceration. People's health was monitored to ensure they received prompt care and support and timely referral to professionals.

## Is the service caring?

### Our findings

Extremely positive and caring relationships had formed between people and their families with the staff who work at Greengates care home. People, their families and professionals who visit the home had nothing but praise for the caring and compassionate nature of the staff. People told us "the staff are wonderful, so very caring", "they [the staff] can't do enough for me, they are always ready with a hug if I'm feeling a bit low" and "this is a home from home for me because of the staff". A family member told us their relative was loved and well cared for and respected. Other comments included "our [loved one] is very happy here, the staff are so patient and tolerant and the care couldn't be better. I have never heard a cross word from any member of staff". Other written feedback from relatives included "Excellent, cannot fault it, we can't thank them [the staff] enough" and "we are so impressed with the kindness and the caring nature of the staff".

The registered manager and staff received many compliments and thanks from the families of people who had lived at Greengates care home such as "the love and care you gave to all of us was special and so appreciated" and "the care and compassion you gave to me when I was told that my [loved one] was nearing the end was remarkable, not one of you left me alone for long, all popping in to make sure I was coping, endless cups of tea. You are indeed a wonderful team; I was so lucky that my precious [loved one] was sent to your wonderful care home". On a wall in the home was an array of cards with similar sentiments from families. Families applauded the home for the care and support they and their relative received at the end of their loved one's life.

Professionals who visited the home praised the staff and the registered manager for the quality of care people received with comments such as "Absolutely fabulous, really friendly and kind staff, they know people inside out, they get ten out of ten for the quality of care because it's really personalised" and "the quality of care my client receives is at a high level and they always strive to work jointly with me to ensure my client's care needs are met".

The ethos of the home was about caring for the whole person, emotionally, physically and psychologically. The registered manager said "we give people the best quality of life for each stage of their life, we look at ourselves as one big family which includes people's families". People looked well cared for, comfortable and relaxed in the company of staff.

We observed very positive, empathic, supportive and warm interactions between people and staff. One person held a staff member's hand and said "I love you". The staff member knelt down making eye contact, smiled and said "we all love you [name of person]". The person smiled in response and patted the staff member's hand. Another person approached a member of staff and said "I need a hug". The member of staff smiled and hugged the person and they stood for a few moments chatting. Through discussion with staff it was clear they understood how dementia could impact upon people's emotional well-being. The interactions we saw between people and staff evidenced how the staff approach had a positive impact on people. People told us they felt listened to, were happy and felt valued.

Staff told us it was very important to recognise that people may need comfort through holding a person's

hand, a hug or sitting together and talking. Throughout the inspection we observed this was a routine practice for staff. It had a positive impact on people who we observed were relaxed and content. People told us staff treated them with respect and dignity and this was the practice we observed throughout the inspection.

Greengates care home was homely and very welcoming. People were free to walk about as they wished and when they wished. A health care professional commented "Whenever I visit, the lounge is full of activity, music playing, the television or radio on. People are free to walk around their home and garden safely". The home was furnished with pictures, ornaments and soft furnishings which people told us gave it a homely feel. In the alcove next to the lounge was a hat stand with different hats, bags and scarfs. Staff told us people would pick up an item to use or just to hold and that for some it would comfort them. There was a basket with a feather duster, dust pan and brush and other cleaning items which people could use to do some housework. The items were also used to encourage discussion around cleaning hints and tips. People were encouraged to maintain their independence skills by dusting their room or making their bed.

Staff told us "it's about people, it's their home and it's important we do things the way they want" and "we really are like one big family, I really love working here because of the people". People and staff shared jokes and banter between themselves and talked about different topics, from places people had visited, their families, the news and television programming. When people asked for support or for a cup of tea, staff responded promptly and with a smile. One person told us "I didn't want to move out of my own home but I know I couldn't manage. I am happy here and the staff really do know me, we have such a time taking fun out of each other". We noted that some people referred to their room as their flat, for example, telling the staff "I'm just off to my flat, see you later". The registered manager told us people were free to call their own space what they wanted to and for some it maybe a way of 'feeling' independent. We observed that if a person referred to their flat that staff would respond in kind.

The registered manager and staff recognised the importance of spending time with people to socialise, comfort and 'just be there' for them. Staff told us they had time to sit and chat and socialise with people and we saw this was the case throughout the inspection. Many of the staff had worked at the home for several years and had developed positive and caring relationships with people. A member of staff said "the fact that hardly anyone [the staff] leaves says it all really, I wouldn't want to work anywhere else".

People were treated equally and recognised as individual's in their own right because there were no distinctions made between people. Where this may be around the person's sexual orientation this was fully supported by the home, for example staff supported people to live their life as they wished with the people they cared for. Where people or staff held customs relating to their faith, then arrangements were made to support them with this.

The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. This information correlated to what people told us and their care records. A member of staff told us "we know who people are, where they used to live, what's important to them and their values. Each person has a different personality; we know the little things that may irritate them and what can bring a smile to their face".

When new people moved into Greengates, the registered manager ensured they were they were given the opportunity to meet everyone and to make friends. At meal times people were sat together to socialise and find out about one another. One person told us "X and I were sat together at my first lunch, we got on like a house on fire and have been firm friends ever since, we do lots together and have the same sense of humour". Another person told us they 'buddied' up with another gentleman and they got on really well and

had lots of common interests.

Staff were mindful of people becoming socially isolated. A member of staff told us "people like to close their doors, they decide if they spend time with other people during the day, but we always check now and again to make sure they are ok and to have a natter". During the second day of the inspection we heard staff knocking on people's doors and being invited in and staff spent time with people.

The activities co-ordinator explained when they carried out a group activity such as baking a cake, everyone had a turn at stirring the cake mixture, with or without support. One person did not like to leave their room but did like baking, so the activities co-ordinator would take the cake mixture to the person's room. This way could the person could have their turn at stirring the cake. The activities co-ordinator told us it relaxed the person and gave them both an opportunity to talk together. Other activities were taken to people to do in their room if they did not wish to join in as a group.

The service supported people to express their views and be actively involved in making decisions about their care and support. People, families and staff had regular meetings to discuss what people would like to have in the home with regards to equipment, activities and daily routines. Everyone was encouraged to take part in fund-raising for the different projects people had chosen, including people, staff and families. The activities co-ordinator told us that most people involved themselves in fund-raising, such as making crafts to sell at the Easter or summer fete, painting and decorating boxes and then filling them with sweets and making and decorating peg holders.

Different fund raising events were organised throughout the year. Staff told us it gave people a sense of achievement when the money raised was spent on the items people had agreed to, such as a greenhouse, this had increased the variety of plants people could grow, including vegetables for the kitchen, the smell of the vegetables and the taste of home grown vegetables. It also had a positive outcome because people talked about the things they used to grow in their gardens. One person was watering the plants and told us they loved to potter around their garden.

Another item purchased with fund raising proceeds had been an electronic hand held I-pad. People and staff told us people used this to find favourite songs on 'You Tube', look at virtual tours of local gardens and looking up places that people remembered and finding photographs they recognised. Another item had been the installation of a sensory room. One person invited us in to see the room, they were smiling and pointed to the lights on the ceiling and told us they liked sitting in the room.

The sensory room had different types of lights, tactile materials, sounds and smells. The activities co-ordinator told us there was "something for everyone, including those with epilepsy as the lights could be adapted accordingly. People could see, smell, touch and listen. The outcome of these sessions for people was that it encouraged communication. People were keen to ask questions about or point to items. It's an excellent place for people to sit with staff on a one to one basis if they become agitated as it is so relaxing; we have had a really positive effect from using the room in this way". People had plans for the next fund raising goal, which was a sensory garden. The activities co-ordinator had involved people in deciding what could go in the sensory garden and came up with the list. One of the court yards would be made into a garden with raised flower beds, a bus shelter, a telephone box, a letter box and painted walls with mosaics and wind chimes.

Staff told us about some of the things they did to improve and enhance the quality of people's lives. Such as shopping for birthday or anniversary cards for people to send. Staff and people sent each other post cards when they went on holiday. Staff visited the home with their own families and children which people

enjoyed. If a wedding anniversary was approaching, staff arranged for the husband and wife to have dinner together, with banners, balloons, cards and a cake. Birthdays are always celebrated especially special birthdays where families are invited to join in. One person told us "we had a really good party when it was my birthday, everyone joined in".

## Is the service responsive?

### Our findings

Greengates care home offers care and support to older people and those who have varying levels of dementia. There was a very pro-active approach by staff to maintaining and boosting people's communication skills, through social interaction and activities which engaged and interested people.

During the two days of the inspection people selected music to put on the CD player, either loud music to tap their foot to or quieter background music. On many occasions and on the spur of the moment we observed people sang along to the music without any prompting. One person was sitting down waiting for their lunch and broke into a spontaneous song, moving along to the music. Their relative told us "he loves to sing and there are no restrictions on singing here". The feedback from people and their families about the activities on offer was very positive with a resounding "excellence for the choice, relevance and appropriateness of the activities".

We met with the activities co-ordinator whose background professionally was speech and language therapy. They used this knowledge and skill to bring out people's personalities, communication, sensory and emotional well-being. Each of the activities were designed to improve the quality of life for people and took a rounded approach to the person, which involved concentrating on the senses, self-esteem, memory, promoting communication, maintaining physical skills and dexterity and also for fun. Activities were evaluated to see if people enjoyed them and what the impact had been for people. This information was then used to plan other activities.

We observed throughout the inspection that for people who were able to verbalise their opinion and for those people who used other forms of communication, each person was relaxed and content, smiled, socialised with others and were positive about their experience of living at Greengates. The activities co-ordinator told us the outcome of the various activities had been a positive impact on people's well-being, their communication levels as people joined in more and in enhancing people's senses of touch, smell, sight and sound. People told us they enjoyed socialising, having fun with interesting things to do and learn, and 'it made them feel better'.

Activities were seasonal to promote orientation to the time of year. Different food and cultural experiences were provided to enhance the sense of smell and taste and to act as a conversation starter. This included listening to a reading of Robbie Burns poems whilst being served haggis. A Saint Patrick's Day celebration with 'Irish Stew' and accompanying music. Films about Ireland and looking at history books. A celebration for Chinese New Year, with homemade red envelopes with gold coins for each person, including a diabetic version, Chinese food and indoor fireworks.

A Commonwealth Day quiz was held where people looked at the atlas and travel books and helped to bake a globe. This encouraged people to talk about where they had travelled to and to reminisce. Often items were used to promote sensory well-being such as the smell of welsh cakes and leeks and the texture and feel of a rugby ball and welsh love spoons.



Families were invited to join in. One example was a beach party. A relative told us "we all had so much fun and we knew [loved one] enjoyed it from their smile. We made a sandcastle together and all joined in. They [loved one] liked the texture of the sand and it brought back many happy memories for all of us". The person smiled when this was recalled to them.

For a bonfire night, people made their own rockets and then took pleasure in setting them off. There were sessions where people looked up their old school on the internet through a hand held electronic pad. They also looked through a basket of items such as a school uniform, tie, blackboard and chalk. This encouraged people to talk about their school days, again encouraging conversation. Other activities included running the sweet shop, sing along with instruments and feathers, card games, basketball, Velcro darts, relaxation exercises with visualisation and guided relaxation, baking and church services for those who wished to attend. People were encouraged to make things to promote concentration levels, dexterity and imagination, such as making crafts to sell at the Easter fayre. Outside entertainers also performed at the home and people told us they enjoyed this.

The activities co-ordinator was a member of the National Activity Providers Association which supports care homes to enable people to live life the way they choose. They were also a member of a local forum which met quarterly for exchanging idea's for meaningful activities. They told us this resource had been invaluable in giving them innovative and fun ideas for engaging with people and improving the quality of their life.

All of the activities were photographed (with people's permission) and pictures put on the display board for people, relatives and friends to see. When the pictures were taken down, they were put into a memory box so that people could continue to talk about the activity. When people passed away their pictures were given to their next of kin. The registered manager said "the photographs capture some of the person's best moments with us here at Greengates". One relative had used a picture to put on the order of service for the person's funeral. Another relative treasured a picture of their relative holding a snake as it was 'a beautiful picture of them smiling'.

When we spoke with staff it was clear they knew people well and were able to explain the background of the person such as, what work the person had done, where they had lived, the people who were important to them and their personalities and sense of humour. A member of staff told us "X has such a lovely sense of humour and a wonderful smile". One person told us "I like living here and the staff are wonderful. They really understand my sense of humour, when I pull their leg, they pull mine and we have a really good laugh about it".

People were supported by staff who understood their individual needs and preferences. People's support needs were assessed before they came into the service. Assessments were undertaken by people's social workers and wider professional teams were involved as and when required. The service also undertook their own detailed pre admission assessment to ensure the person's needs could be met.

Each person's individual file held comprehensive information around their care and support needs to guide staff. The information included; support plans and risk assessments for all aspects of their daily living needs including health, social and emotional well-being. Clear and detailed monitoring records were in place and these were adhered to by staff. The records also held information about people's likes and dislikes, social contacts and health and other professionals involved in their care.

Care plans were signed by people or their relatives to show their agreement with the support which was given and how the care would be delivered. The documentation we viewed demonstrated reviews took place on a regular basis and people were involved in this process. Staff told us they had access to the care

records and felt the level of information they received supported them to offer safe and effective care which was responsive to people's needs.

People received a level of care and support which was pre-emptive and which enabled people to remain healthy, mobile and pain free. For example, to prevent pressure ulceration and to maintain skin integrity, staff ensured that people were repositioned frequently. This was carried out whether the person was lying down in bed or sitting in a chair or wheelchair. There were no incidents of pressure ulceration and the registered manager told us there had not been any for the last three years. People were encouraged to move around and maintain their level of mobility, either with aids or with the support of a member of staff. During our inspection we observed people moved around regularly, this may be to move to another chair or room in the home.

One area which the registered manager and staff actively promoted was maintaining the person's independence with their continence. People were regularly supported by staff to use the toilet throughout the day. A member of staff told us "just because someone may wear a continence pad, it doesn't mean they can't use the toilet and remain dry. It's also about respecting that person's dignity". There were very few incidents of people not getting on. The registered manager confirmed that some people could be quite vocal but they recognised this was part of the dementia and people were quickly comforted to alleviate their distress.

During the handover of staff from one shift to another, information was passed on about how people had been that day, any concerns or things to look out for. If people had appointments or were expecting certain visitors then this information was also discussed.

If people travelled between services such as being admitted to hospital detailed information was given to inform the hospital staff or ambulance team of important information about the person. This included information about their medicines, how the person communicated and what would upset them. There was also information about the person's likes and dislikes. A relative told us that the staff would go with the person to hospital appointments if the family were not able to do this. They told us it had taken the worry away because they knew their loved one would get the health care they needed if they were not able to make the appointment themselves.

Relatives told us they could visit at any time, day or night and they would always be given a very warm welcome. People confirmed there were no restrictions on visitors to the home. One person told us "it can get quite busy, what with people dropping in all the time, but it is nice to see the visitors".

Adaptations and fixtures had been made to the home to enable people to orientate themselves and to move safely around the home. Hallways had sturdy hand rails at waist height. There were large pictorial signs telling people where the bathroom, toilets and the lounge and dining room were and the signs were at a height which people could easily see. Ramps were fitted between areas leading from the home to the court yards and there was a covered area in the garden where people could sit in the shade.

Information was available to people and their families about how to make a complaint. This information was displayed in the foyer of the home and in the information given to people when they moved in. We reviewed the complaints log and no complaints had been made during 2016. People and their relatives told us they had no complaints. One relative explained this was because the staff are "so good at picking up anything which isn't right and it is put right immediately".

## Is the service well-led?

### Our findings

The service had a registered manager and they were available throughout the inspection. The registered manager and staff had strong values about the way care and support should be provided and people should be involved. These values were based on providing a person centred service that supported people to maximise their independence. All staff were highly motivated to provide the best possible care for people. One member of staff commented "We do what we do for the residents, if you don't give your all it's not worth doing it, we do it well because we really care about each and every person".

One person told us "I am very happy and content, I love living here and there is nothing they need to improve". A relative said "the manager and the deputy and all the staff are excellent". Another relative told us "it's a home from home and so well run".

The minutes of staff meetings demonstrated the caring nature of the home as one of many comments from the management team towards the staff included, "I feel truly honoured to have such a team, thank you". The staff told us "We have the best manager we have ever had. Always ready to listen with an open door", "The morale in the team is excellent, the sense of belonging is one of the things I like about working here" and "This is a brilliant team, I love my job and the people we care for".

Staff felt the management team supported them to have a really good work life balance with one member of staff commenting "it has to be ten out of ten for the support we are given from both the manager and the deputy. That's why all of us have stayed working here for so long".

The registered manager told us it had been a really positive year and the home has gone from 'strength to strength'. They told us "The team are a hundred percent behind me, they class me as part of the team and I love that I can be so hands on". The provider was not available during this inspection and provided us with a statement about how well they felt the home was managed, saying "the registered manager is an excellent care home manager. She cares about our residents and is passionate about her job. She gets on well with all her staff, fellow professionals, our residents and their relatives and is able to generate enthusiasm in her staff".

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. Staff valued the people they supported and were motivated to provide people with a high quality service.

The registered manager completed regular audits of the service. These reviews included assessments of incidents, accidents, support plans, complaints, training, staff supervision and the environment. The audits were used to address any shortfalls and plan improvements to the service.

The provider carried out monthly visits to audit the service and as part of this, spoke with people who live at Greengates care home. This demonstrated that people's views and feedback was considered important in ensuring the service met people's needs. A satisfaction survey had been given to people, their families and

professionals involved in the home and the registered manager was collating the responses. We looked at some of the survey returns which were all positive. The registered manager told us any suggestions for improvements would be discussed at the 'residents' meetings.

There was a development plan in place and at the time of the inspection the home was being redecorated. People had chosen different pastel colours for the hallways and other areas of the home. For 2017, there were plans in place to replace the easy chairs and people would be asked for their opinion on the colours. People and their relatives and staff met regularly to talk about how they wished the service to be run. Minutes of meetings evidenced that activities, menu choices and people's level of satisfaction with the service were discussed and ideas incorporated into future planning.

At the time of the inspection, the registered manager was seeking to recruit another activities co-ordinator to be able to support with the larger group events. In addition, they were looking to recruit more bank staff to ensure suitable cover was always readily available.

The registered manager sought information about best practice and new innovations from different sources such as, the Alzheimer's website, NAPA, NICE and through health professionals and other registered managers. This had helped the home to incorporate best practice and new ways of working into their own staff practice.