

# Greenbanks House Limited

# Greenbanks

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 inspection took place on 14 and 15 September 2016 and was unannounced. At the previous inspection on 23 July 2013 there were no breaches of regulation.

Greenbanks provides accommodation with personal care for up to 20 adults with a learning disability or autistic spectrum disorder. Greenbanks is a limited company and the shareholders and directors are family members or guardians of the people who live there. The directors hold regular meetings to discuss all aspects of the service any surplus monies go back into improvements. There were 19 people living at the service at the time of the inspection. There were two communal lounges, a conservatory, dining room and a garden to the front of the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There were safe systems in place for the storage and disposal of medicines. Staff received training in how to administer medicines and had their competency in this area assessed. However, not all staff had ensured that when a medicines error occurred, immediate action was always taken to minimise any potential risks to the person's health and well-being. We have made a recommendation about medicines.

Staff knew how to identify and report any safeguarding concerns in order to help people keep safe. Checks were carried out on all staff before they supported people, to ensure that they were suitable for their role.

There were enough staff who were sufficiently qualified and competent to support the people at the service. A core team of staff had worked at the service for a number of years and so helped ensure consistency of care.

A schedule of cleaning was in place to ensure the service was clean and practices were in place to minimise the spread of any infection.

Staff felt well supported. They received informal support from the staff team and formal supervision with a senior member of staff. There was a rolling programme of essential training to ensure staff had the skills and knowledge to care for people effectively.

People had their health needs assessed and clear guidance was in place to ensure they were effectively monitored. People had been effectively and appropriately supported when they suffered from periods of ill health and specialist advice had been sought and acted on.

People were offered a choice of food based on their preferences and mealtimes were informal and seen as a

social occasion where people and staff chatted to one another.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The consulted the local authority with regards to making DoLS applications, to ensure that people were only deprived of their liberty, when it had been assessed as lawful to do so.

Staff were kind, caring and compassionate, and treated people with dignity and respect. Staff had positive relationships with people based on equality and understood people's individual and emotional needs. People were actively involved in important making decisions that affected their daily lives such as recruiting new staff and the service's policies.

People's care, treatment and support needs were clearly identified in their plans of care and people had been involved in writing their own care plan which included what was important to them and how they wanted to live their life. Guidance was in place for staff to follow to meet people's needs which included information about people's choices and preferences. Staff knew people well which enabled them to support people in a personalised way.

The service prioritised ensuring people had active fulfilling lives. People undertook a variety of educational, creative and work based activities which reflected their interests and abilities.

People's views were sought in a variety of ways and they felt able to raise any concerns with staff. Information was available about how to follow the complaints process, should they need to use it.

The registered manager was approachable and the atmosphere in the service was relaxed and informal. The registered manager was supported by a staff team who understood the aims of the service and were motivated to support people according to their choices and preferences.

Systems were in place to review the quality of the service. Feedback was sought from people who lived in the home, their relatives and staff. The results of these surveys were that people were highly satisfied with the care provided at the service.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

The management of medicines was not always effective in ensuring people received their medicines as prescribed by their GP. When errors occurred, action had not always been taken to minimise the risks to people.

People were protected by the service's recruitment practices and there were enough staff available to meet people's needs. Staff knew how to recognise any potential abuse and this helped keep people safe.

The home was clean and practices were in place to minimise the spread of any infection.

### Is the service effective?

**Good** ●

The service was effective.

People were provided with care by a staff team that had received the support and training they required to effectively support people.

People's health care needs were assessed and monitored and people had access to healthcare professionals when needed.

The principles of the Mental Capacity Act had been applied to ensure decisions were made in people's best interests and any restrictions on their freedom and liberty were lawful.

### Is the service caring?

**Good** ●

The service was caring.

People were involved in making decisions which affected their care including developing policies and recruiting new staff.

Staff knew people well, were kind and caring and had developed positive relationships with people whose well-being they were genuinely interested in.

The care provided was sensitive and staff understood the importance of meeting people's emotional needs in addition to their physical care needs.

Staff supported people to maintain and develop relationships with family and friends and valued people's individual contributions and abilities.

### Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's individual support needs, interests, likes and dislikes to enable them to provide personalised care.

People were offered a range of interesting and fulfilling activities according to their interests, which enabled them to develop life, education and work skills.

People felt about to raise any concerns or worries they had about the service. Information about how to make a complaint was available to people, in a way they could understand.

### Is the service well-led?

Good ●

The service was well-led

Effective quality assurance and monitoring systems were in place

People benefitted from a service with an open culture, and from staff who understood their roles and responsibilities.

Staff, people and their visitors were regularly asked for their views about the service and they were acted on. Staff had a clear understanding of the service's aims and these were put into practice.

# Greenbanks

## 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 checked 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 carried out by one inspector.

Before the inspection 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. We also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

We spoke to nine people who lived at the service and two relatives. We observed how staff interacted with people and were invited to join people for their evening meal. We spoke to the registered manager, two deputy managers, one senior, two care staff, the cook and the maintenance person. We received feedback from a commissioning officer, care manager, community psychiatric nurse and an occupational therapist.

During the inspection we viewed a number of records including the care notes in relation to four people and tracked how their care was planned and delivered. We also looked at a number of other records including the recruitment records of the last five staff employed at the service; the staff training programme; administration and storage of medicines, complaints and compliments log, residents meetings, staff meetings, fire log, directors reports, quality surveys, menu and the safeguarding, infection control and medicines policies.

## Is the service safe?

### Our findings

People indicated they had confidence and trust in the staff team who supported them. "I held your hand didn't I", one person said to staff, when describing how staff supported them in an unfamiliar situation. Relatives said they had no worries or concerns when leaving their son in the care of the service. "He is happy here which makes us happy". During our inspection there was a calm atmosphere at the service and people's body language demonstrated they were relaxed and at ease in their home and in the staff's presence. People showed us the fire assembly point where they needed to go in the event of a fire. They said they had practiced what to do if there was a fire at the home. Some people told us they had undertaken fire training with members of the staff team. One person told us their bedroom was on the top floor of the service. They said if there was a fire, they would leave the home by the fire escape. This person told us they would walk down the fire escape and not rush as this would be dangerous.

The service's medicines policy stated that if a medication error occurred the person's GP should be contacted and an investigation should take place to record any actions taken as a result to minimise the reoccurrence. After one medicines error medical advice had been sought and staff had reflected on their practice and a new protocol had been put in place to ensure that that staff were not disturbed when administering medicines. This protocol was followed at the inspection. However, when one person had not received two different medicines on two different days to help them pass urine, nothing had been written on the incident form or in the person's daily notes that medical advice had been sought. In addition one person's medicine had been found in their room and therefore had not been administered. It was not clear from the record whether this error had been discovered soon after administration or a few days later and again no medical advice had been sought to ensure the person's health and well-being. There was limited evidence of learning from past mistakes, an increased likelihood that the same error could happen again and people were not protected against these risks.

We recommend that the service consider current guidance on the management of medicines errors.

Medicines storage was well organised with each person's internal and external medicines stored separately to minimise the risk of a medicine being given by the wrong route. Medicines were dated when opened to make sure they were used within the correct time period. The temperature of the room was checked and a fan had been put in place to ensure medicines were kept at a temperature where they would remain effective. Staff that administered medicines had received training in how to do so safely and their competency was checked on a regular basis to ensure they had the necessary level of skills and knowledge. Medication administration records (MAR) were clearly and accurately completed so there was a clear audit trail of all medicines entering and leaving the home. MARs contained relevant information for staff to help in medicines administration such as what each medicine was prescribed for and to which part of a person's body a prescribed creams should be applied. There was clear guidance in place for non-prescription medicines available over the counter in community pharmacies and for people who took medicines prescribed as 'when required' (PRN) so they were safely administered according to people's individual needs.

Any accidents were recorded with details of what had occurred and the immediate action taken in response to the situation. These reports included incidents that had taken place at the service and when people attended day services so there was an accurate record and overview for each person. Senior staff had a detailed knowledge of significant events and how they affected people and all accidents and incidents were reviewed by the registered manager to establish if there were any patterns or trends.

The service had a comprehensive safeguarding policy. It set out the definition of different types of abuse, staff's responsibilities and how to report any concerns. It included the contact details of external organisations so there would be no delay in reporting any serious concerns. Staff received training in safeguarding and understood the need to be vigilant for any changes in a person's behaviour that could indicate that something was not right with a person. They felt confident that they would be listened to by the management team, but if their concerns were not taken seriously, they said they would contact the director of the service or the Care Quality Commission. Staff knew how to "blow the whistle" which is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith.

Appropriate checks were carried out to ensure that staff recruited to the service were suitable for their role. This included obtaining a person's work references, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Disciplinary procedures were set out in the service's policy and included the expected standards of staff performance and behaviours and what performance and behaviour may lead to disciplinary action. The service had followed these procedures to ensure that staff working at the service were of good character and had the necessary skills and knowledge to carry out their duties.

The service had identified that as people got older their care and support needs were changing. They had responded in a number of ways. Staffing levels at night time had increased to include a sleep-in member of staff. Extra one to one staffing was provided for people so they could continue to attend day services and/or to go out. Staffing levels had been increased from three to four members of staff for certain periods and additional staff were being recruited. Two people required two staff to help them with their mobility needs. At the time of the inspection they chose to get up at a different time from the majority of people so there were enough staff available to support them.

People had a wide range of support needs. Some people were able to travel independently and other people needed varying levels of staff support to assist or prompt them with their personal care. All but one person attended day services four days a week and on the other day they remained at home to undertake their domestic responsibilities or undertake activities. At the weekend the number of people at the service varied, as some people stayed with relatives or were taken out by family members. People received the support and attention when they needed it during the inspection. When people were admitted to hospital or undergoing treatment, the staff rota had been adapted to ensure that people had a member of staff with them at all times to make them feel safe.

Staff or people who lived at the service reported any faults to the fittings and fixtures to the maintenance person. They were employed on a part time basis but could be called in if there was an emergency. Checks were made of the service's equipment and utilities at the appropriate intervals to ensure they were safe and adequately maintained. This included checks of electric and gas supplies and fire alarm and equipment.

The service had sought advice from the fire department who had carried out a site visit and made a number



of recommendations. The service had taken action to address these shortfalls within the set time period to ensure the safety of people who lived and worked at the service. A fire risk assessment was in place and each person had a personal emergency evacuation plan (PEEP). These identified the individual support and/or equipment people needed to be evacuated in the event of a fire. There was a programme in place to make sure staff regularly took part in fire drills to ensure they were competent to evacuate people safely.

A range of environmental assessments were in place to minimise the risk of slips, trips and falls. Each person's care plan contained individual risk assessments in which risks to their safety were identified. This included potential risks when undertaking daily activities such as cooking or using money; when going out; when mobilising; and in relation to specific health care needs. The hazard was identified together with what the service was doing to minimise the risk. Risks undertaken that had been particularly beneficial for people had been highlighted. This included the involvement of an occupational therapist who had visited a family holiday home to ensure it was suitable for a person with specific mobility needs. Staff were knowledgeable about these guidelines and they were reviewed to ensure they contained up to date information.

The service was kept clean by staff and people who lived in the home. Staff understood their roles and responsibilities and followed a schedule of cleaning to ensure the service remained clean in all areas. Staff had received infection control training and personal protective equipment was available and used. One person showed us the laundry room where they washed their clothes. They directed us to a separate area where they stored their clean clothes in a named basket. They told us they ironed their clothes and put them back in their bedroom. These actions undertaken by staff and people helped to avoid cross contamination to minimise the spread of any infection.

## Is the service effective?

### Our findings

Some people told us they had been seriously ill which had resulted in them spending time in hospital. They spoke positively about their experiences and said that staff visited them when they were in hospital which they enjoyed and that staff had also cared for them when they returned home. Health care professionals said staff were keen to learn and develop their knowledge of people's medical and health care needs. They said they asked relevant questions and always followed up on any recommendations they made to help promote people's health. The service had received positive feedback from visiting health care professionals. One professional feedback, "A committed and caring staff team who have engaged well with professionals to help improve client's quality of life"; and another commented on the, "Knowledgeable staff in relation to people".

Guidance for staff about people's health and medical conditions were recorded in people's care plans. This included information about people's foot care, eye care, dental care, allergies, pain management and how people maintained their body temperature. People with specific health care needs had been referred to the relevant health care professionals such as community learning disability nurse, occupational therapist, dietician and speech and language therapist. A record was made of all health care appointments, the reason for the visit, the outcome and any recommendations. For people with limited mobility suitable equipment had been sought to aid them including specialist chairs; beds and mattresses; and hoist and slings. People had an individual plan which set out how people preferred to be supported in relation to their health needs. For example, one person's plan stated that their head needed to be raised slightly when they were in bed because they suffered from reflux, regurgitating their food and drink. People were weighed regularly to monitor any changes and participated in regular health checks by their GP.

A health action plan was in place which included an overview of people's health care needs together with any actions that were required, such as arranging medical appointments. The service had started to transfer people's health information to a "Health Action Plan" which was recommended by the Department of Health as an effective tool to monitor the health of people with learning disabilities. The service had supported people and their families through a significant operation and an on-going medical treatment. They had provided the necessary information about each person to the hospital. Advice had been sought about ensuring each person had a "My Healthcare Passport" which was used if a person was admitted to hospital. This would provide essential information to hospital staff in a single document about each person's communication, personal support, disability, medicines and medical history.

People's needs in relation to food and drinks were assessed and detailed in their plan of care. This included if people needed staff support or any specialist equipment to help them eat independently. Staff followed this guidance when supporting people to eat. They showed patience towards people who took time to eat their meals and enabled people to be as independent as possible. For example, one person was supported by staff to eat their dinner but was given a sandwich at lunchtime which they ate independently. People used adapted plates and cutlery as recorded in their care plans. A cook was employed to provide the main meal from Sunday to Friday and to prepare packed lunches for people who attended day services. On a Saturday care staff cooked a simple meal. The cook had a list of people's likes and dislikes and used these to

develop the menu. There was a main option at dinner time a variations which took into consideration people's choices. For example, if cooking sweet and sour chicken, she also made a pork version for people who did not like chicken. Meal times were not rushed and seen as a social occasion. At mealtimes there was a relaxed and informal atmosphere with people and staff sitting together chatting about things that were important to them and there was a lot of laughter.

New staff completed an in-house induction which included gaining knowledge about the needs of the people who lived at the service, day care facilities, records, medicines and their responsibilities. Staff also shadowed senior staff to gain practice experience and knowledge about their role. In addition, new staff completed the Care Certificate. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. Two thirds of the staff team had completed a Diploma/Qualification and Credit Framework (QCF) and further staff had commenced the award. To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard.

People received care and support from staff that had the skills and knowledge to support them. Staff said they had received the training they needed to enable them to carry out their roles. There was a rolling programme of staff training to ensure staff knowledge was up to date and they had the skills they needed to carry out their role. This included safeguarding, health and safety, fire, infection control and food handling. Most training was provided in-house. It was provided through a DVD, discussion and workbook and facilitated by staff that had completed a 'train the trainer' qualification. Specialist training, such as practical moving and handling was provided by an external trainer. Most staff had received specialist training in supporting people living with dementia, Asperger's and autism, nutrition and stoma care. The service had identified that additional staff would benefit from training in and positive behavioural support (PBS) and this was booked with an external provider. PBS is used to support people who present behaviours that may challenge.

Staff felt well supported by their colleagues and the management team. They said there was good communication in the team which helped to ensure that people were supported effectively. Staff received regular feedback about their performance so they could develop their practice to improve care for people. This was achieved through supervision sessions, an annual appraisal and informal discussions. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

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 the best interests and as least restrictive as possible. Staff had received training in mental capacity and there were policies and procedures in place which gave staff further guidance. Staff understood that it should be assumed people had capacity unless it was assessed they did not have capacity to make a particular decision. They said they always asked for people's consent and their choices when supporting people and they did so during the inspection. When people had been assessed as not having the capacity to make a specific decision a meeting had been held with the relevant people so a decision could be made in their best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The service had sought advice from the local authority to ensure it was acting lawfully in keeping one person safe. It had had submitted two further applications to

ensure it was acting in people's best interests when restricting their liberty, in order to keep them safe.

## Is the service caring?

### Our findings

Everyone spoke extremely highly about the individual and caring support they received from the staff team. One person told us they received the emotional as well as practical support they required. A relative told us, "I cannot praise the home highly enough. They could not have cared for my son more when he was in hospital". Professionals commented on the caring nature of the home and the respect, kindness and compassion of the staff team. One professional told us, "The staff are caring and demonstrate a friendly and appropriate approach with people who seem well settled and supported". Another professional told us, "I have always found this service to be supportive, inclusive and strong advocates on behalf of the person who I work with".

The service had been consistently complimented for its homely atmosphere and the skills of the staff team to care for people. One relative commented, "The staff go way past what they need to put into the job"; another relative feedback, "I cannot speak highly enough of Greenbanks. The staff are so well chosen. Very patient and caring making Greenbanks a wonderful home from home". A professional commented the service was, "Relaxed, open and sociable. You have a service to be proud of".

People proudly told us how they were involved in all aspects of their care and support. Seven people had been supported by staff to develop a range of different policies for the service. The remit for the group was not people's ability but their interest in being involved and having a say in what should be included. The policies were clear, simple sentences about the responsibilities of people and staff in relation to key areas such as their medicines, monies, equality, fire safety, sexuality and abuse. The policies were laminated and kept in a folder in the lounge so people had access to them and they were reviewed yearly. People had also jointly developed a 'Service User Guide' and contract with the service.

Some people told us that on a number of occasions they had been involved in recruiting new staff. They said that when the applicant arrived they were shown around the home by people living at the service. Another person told us they interviewed potential new staff who would help support them. One person explained how they had discussed with staff what questions they wanted to ask the applicant and then asked them at the interview, although they were a bit nervous in doing so. They were very excited that the applicant had passed the interview and that they had been involved in this decision. The successful applicant was then invited to join people for an evening meal so that everyone could see if they were a suitable person to support them on a daily basis.

Staff valued and respected people. Some people told us they had attended training sessions with staff in key areas related to life in their home. This included dignity and respect, equality and diversity, fire and safeguarding. Therefore, people were given the opportunity to have a greater understanding of staff's roles and responsibilities and their rights. In addition a staff member ran a regular group for people about safeguarding. One person told us that in the group they learnt more about how to keep themselves safe.

Staff were sensitive to people's emotional needs and were skilled in meeting these. One person was about to attend their day activities, but they were distracted and upset as they had lost a possession that was

important to them. A staff member reassured them with appropriate touch and another staff member helped them look for the item. As the item could not be found the person was given the choice of attending day services or having a further look for the item. Another person described a situation when they had been very emotional. They said that staff had listened to them and given them advice and support which had helped them to deal with the situation.

The service had a strong, visible person-centred culture, which focused on family values. People understood how to care for, respect and help one another. At meal times people waited until everyone had been served before starting their meal. When one person wanted to leave the table, another person got them their walking frame and walked beside them as they wanted to make sure they were safe. People, who were less able to communicate verbally, were helped by staff and other people to join in conversations so that visitors could understand what they wanted to say. Care plans contained detailed information about people's communication needs to recognise people's emotions, such as when they were happy or sad. Staff knew people extremely well and used people's body language as visual clues to understand what people were trying to say. Staff used pictures as an aid for communication with people who had limited verbal communication. For example, one person had pictures of different drinks, a bath and a shower which they could point to ensure that staff understood the choices they were making.

The staff team understood how to provide kind and compassionate care and went the 'extra mile' when people had been unwell. When one person had been admitted to hospital, the staff rota had been rearranged to ensure that staff were with them during visiting hours. Whilst the registered manager and another member of staff were visiting this person they became anxious and distressed. The two staff members remained with the person overnight and until early morning until the person had settled. This ensured the person had a familiar face and felt cared for by the staff team. Another person was supported to attend the funeral of a family member. Everyone who attended was then invited back to Greenbanks to celebrate the life of the family member together. Staff supported and enabled this event to take place at the person's home, as this was important to them.

Staff prioritised developing positive relationships with people and people valued these relationships. Staff chatted with people in an informal and relaxed manner about past experiences that they had enjoyed and were genuinely interested in what people had to say. Mealtimes and break times were used as opportunities for these discussions as staff and people sat together. Staff described the service as a "Family home" because it was friendly and relaxed. They said they found their role rewarding and enjoyable as each person had their own unique character and personality. Staff described people's individual characteristics and likes and dislikes in a positive way and had an in-depth knowledge of each person's individual needs. They highlighted people's strengths, rather than focusing on the things that they could not do.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. People had friends who they went out for meals with or invited over for dinner. Important events such as birthdays were celebrated. One person told us, "I am going to the pub with my friends to celebrate my big birthday". In the summer a joint garden party had been arranged with a singer and food to celebrate people's birthdays.

A monthly house meeting was held and the agenda set by staff and people. At each meeting a different person acted as chair, so everyone was equally involved and able to have their voice heard. Each person was asked in turn about what they wanted to say. At the last meeting people talked about events they had enjoyed and one person talked about a visit to a wildlife park they had particularly enjoyed. Discussion also took place around the difficulties of living together with other people and who wanted to visit some friends

for a cream tea.

People were given the opportunity to talk about any problems or concerns they may have which they did not want to choose to discuss with staff or a family member. An independent advocate visited the service every three months to facilitate this.

Information about what was important to each person, such as family relationships, was recorded in each person's care file. People were supported to keep in regular contact with family members who were able to visit at any time. During the inspection two people 'popped in' to see their relative. People were supported to use the phone and some people had their own phones and/or internet access to remain in contact. People often stayed with their relatives and a BBQ was arranged each year for friends and family members.

## Is the service responsive?

### Our findings

People proudly told us about their busy lives, how they spent their time and about their achievements. They said they attended a work centre where they took part in photography, computer skills and education. Some people told us they undertook gardening skills or worked in a café. People enthusiastically talked about where they had been on holiday in the summer. They said they had discussed where they wanted to go with staff. Some people told us they had been to a holiday camp and enjoyed the evening entertainment and other people that they had gone abroad. Other people told us of a new experience they had enjoyed whilst away. "We had champagne for breakfast on holiday. "We want to have champagne for breakfast again!" A professional told us the service had undertaken joint working in order to respond to the needs of a person at the service. They said the service had gained specialist knowledge and advice on how to support a person when there had been a significant change in their behaviour and put this learning into practice.

People were supported to follow their interests and take part in social activities, including education and work opportunities. Each person had a timetable of activities from Monday to Friday, which took into consideration their abilities and preferences. People attended a day centre four days a week. The day service was set up by the provider who operates four residential homes. The centre, based at two locations, offered a variety of opportunities including horticulture, arts and crafts, pottery, woodwork, media skills, cooking and working in the café. The café and garden centre are open to the public which provided people with work experience.

One person had taken a variety of beautiful photographs based on different themes and topics as part of a photography course. It was clear that the person had a genuine passion and skill for photography which was being developed and encouraged. Another person told us they and another person played basketball as part of the Special Olympics team. They told us this had given them the opportunity to travel to a number of different cities around the country and that they would soon be going to Sheffield.

There were opportunities for people to develop and progress. One person told us they were doing a national vocational qualification (NVQ) in childcare. They showed us their workbooks and explained how they spend their time studying. People who achieved a level of ability in the cooking club were given the opportunity to working in the café. People who worked in the café and gardening service who had the potential were able to undertake NVQ's. One person told us they had achieved NVQ level 1 in cooking. They said they had learnt how to deal with sharp knives and which coloured chopping board to use for different types of food. They made cakes and scones in the café and used these skills to make puddings and cakes for people at their home. At dinner time a member of staff announced that the pudding had been made by this person. Everyone complimented the person on how tasty the pudding was and one person, with limited verbal communication said, "Make it again!"

One day a week people spent time in their home so they could be responsible for undertaking household activities. Two people proudly showed us their bedrooms and explained how they kept them clean and tidy. People told us they washed and ironed their clothes and shared the responsibility of general household tasks such as laying the table for dinning and stacking the dishes in the dishwasher. A rota was in place so



these tasks were divided fairly and each person understood what was expected of them. People also understood that some people, due to their ill-health, were not able to fully participate in these tasks.

Before people moved to the service the registered manager visited the person and their family to undertake an assessment of their needs. The person was then invited to 'test out' the service by day visits, progressing to an overnight and short stay visits. This gave the person and the service the opportunity to assess if the service was suitable for their needs. This assessment was used to develop a plan of care, which gave a detailed description of a person's health, social and personal care needs. Care plans contained information about people's health, social and personal care needs including people's life history, daily routines, likes, dislikes and preferences. The information was detailed and descriptive to fully guide staff about each person's individual needs. For example, for one person it was recorded that the person had limited vision and therefore required their drinks in a green mug with a spout so they could see the cup clearly. They also required a little water to be added to hot drinks so they did not scold themselves.

Each person also had a care plan that they had been involved in writing which was laminated and kept in their bedroom so it was available to them. These plans included information about what was important to the person such as their strengths, goals, what made them happy or sad and how they wanted to be supported with their care. For example, one person's plan stated that playing games made them happy and that their family was important to them. When reading the plan with a person, they confirmed that content was an accurate reflection of their needs and wants. Pictures were used with each section of the plan to help people understand the content and people had also added their own drawings so they were fully involved.

Staff made a daily record of how each person was feeling, how they spent their time, and details of any health care appointments. Staff read this information when they came on shift and there was also a handover. This was to ensure important information was shared and that people received consistency in how they were supported. This consistency of care had ensured that the staff team responded appropriately to people's needs. One person was fearful of healthcare professionals. Through the support of the staff team, they had overcome their anxieties and received the health care support they needed.

There was a clear procedure in place if a complaint was raised detailing how the concern would be investigated and the findings fed back to the complainant. The registered manager was aware that as the service had not received any complaints, this did not necessarily mean that people did not have concerns as they may be reluctant to express their views. Therefore, regular feedback was sought from people's family members and visitors through an annual survey. People spoke to staff about their worries and concerns during the inspection and staff listened and responded appropriately through explanations or reassurance. People were asked if they had any concerns or issues they wished to raise at monthly house meetings. Details about how a person could make a complaint was written in an easy-read format and displayed on the resident's noticeboard.

## Is the service well-led?

### Our findings

People knew the members of the management team and said they were available so they could speak to them when they wanted to. People came in and out of the registered manager's office during the inspection and the registered manager and deputy manager welcomed them and listened attentively to what they wished to say. The registered manager knew people well as they had worked as the deputy manager for fourteen years and managed the service for a year and a half. Professionals said the service was well led. They described the service as "Committed" to the people who used it and the staff team as "Professional". One professional said, "Staff are professional, approachable and flexible in their work".

There were systems in place to oversee the quality of the service and these had ensured that aspects such as care plans, staff training, the environment and health and safety were maintained to a satisfactory level. A director of the service visited each month to monitor the quality of the service including the safety of the environment, staffing levels and training, records, the range of activities available and medicines management. Their assessment included gaining the views of people who used the service. Any shortfalls identified were actioned by the registered manager and checked by the provider.

The views of people who used the service were gained via daily conversations, monthly residents meetings and monthly visits by the provider. Survey questionnaires were sent to people's family members annually and were also gained from visitors to the service. One visitor commented, "The residents are always happy, smiling and pleased to see you". Another commented on the "Relaxed and informal atmosphere created". The registered manager had reviewed and summarised the responses which were positive. They were that the service was warm and welcoming due to kind and caring staff who created a family atmosphere. Also that people were treated with respect and were involved in the running of the service. One family member commented, "My relative is really happy and has a fulfilled life and extended their abilities and experiences far further than if they had lived at the family home". Another commented, "Staff make an extraordinary effort to deal with my relative's needs". If people had made negative comments about specific aspects of a person's care, these were discussed and addressed by the service. For example, one person commented that the communication between the service and day services could be improved so a communication book had been put in place.

The registered manager was accessible and had an open door policy where people and staff were able to talk to and have access to her throughout the day. She was supported by a two deputy managers who undertook care and administrative roles, and a deputy night manager. The management team were supported by a board of directors. Deputy managers and senior care staff had specific assigned roles and responsibilities which were rotated yearly to ensure staff gained a wide experience and knowledge of the service. Senior staff held regular meetings to share and discuss information in relation to the daily running of the service and people's welfare. Staff understood the aims of the service to offer people opportunities to develop and lead their life to the full. They were enthusiastic about their roles and responsibilities. They said that the service was a good place to work as they all worked as a team and supported one another and that people received a good quality of life.

The registered manager was a member of the board and attended meetings where issues were discussed which affected the running of the service, such as safeguarding, finance and health and safety. The managers' report for the July 2016 commented on the commitment, dedication and enthusiasm of staff team, which was essential in the effective running of the service. Board members were made up of family members of people who lived at the service and therefore had a strong commitment to ensuring the service operated to the benefit of the people who used it. The local authority contracts department had undertaken a quality review in May 2016. They assessed varied aspects of the service including people's health, access to the community, choices, staffing skills and levels. They found that some improvements needed to be made included verbally following up written employment references, reviewing fire safety documentation and reviewing people's needs with respect to any deprivation of liberty. Action had been taken to address these issues before this inspection.