

Eastbourne & District Mencap Limited

Greensleeves

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 4 January 2017 and was unannounced.

Greensleeves provides accommodation and personal care for up to 11 people living with a learning and/or physical disability. At the time of the inspection there were 11 people living at the service.

There was a registered manager in post who had been registered with the CQC since March 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected in April 2014 and was found to be meeting the standards required.

During the inspection we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Window restrictors on the upper floors were not in place which meant that people were at risk of falling from height. This was in contravention of guidance issued by the health and safety executive (HSE). Following the inspection the registered manager confirmed that window restrictors had been put in place.

Appropriate measures were not always taken to keep people safe. Equipment provided was not used appropriately to monitor a person's safety or health condition. This placed a person at risk of injury or harm.

There were examples where staff entered the kitchen without using the appropriate personal protective equipment (PPE). This presented an infection control risk and placed people at risk of harm.

During the inspection we also identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because quality monitoring audits were not being completed regularly, and had not identified issues relating to the safety of the environment. You can see what action we told the provider to take at the back of the full version of the report.

People were protected from the risk of abuse. Staff had completed training in safeguarding adults and were able to recognise the signs of abuse. The registered provider had a safeguarding adults policy in place which supported staff to take the correct action.

Recruitment practices were safe and helped ensure that people of unsuitable character were not employed. Staff had been subject to a check by the disclosure and barring service (DBS). The DBS inform employers if staff have a criminal history or are barred from working with vulnerable people.

People were supported to take their medicines as prescribed. Staff signed medication administration

records (MARs) to show that this had been done. Medicines were stored securely and room temperatures were monitored to ensure that these did not become too hot or too cold.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff had received training in a number of areas including the Mental Capacity Act 2005 (MCA). Staff were aware of their roles and responsibilities in relation to the Act and worked to promote people's choice and independence. The registered manager had applied for Deprivation of Liberty Safeguards (DoLS) where necessary, to ensure that any restrictions placed upon people were done so within the law.

People had been supported to access input from health and social care professionals such as their GP and social worker. This ensured that people's health and wellbeing was maintained.

Staff were kind and caring towards people. Positive relationships had developed, and people appeared comfortable in the company of staff. People were treated with dignity and respect and their confidentiality was maintained.

People's care records contained relevant and up-to-date information around what staff should do to support them. These included information around people's likes, dislikes and their preferred daily routines. This helped ensure that staff had access to relevant information and were able to support people in the way they wished to be supported.

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.

There were issues around the environment and the safe care of people that had not been identified by the registered manager or registered provider.

Comprehensive risk assessments were in place to address those risks associated with people's needs.

People were supported to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff had received training that enabled them to carry out their roles effectively.

People's rights and liberties were being protected in line with the MCA.

Information around people's dietary needs was available to staff who ensured these needs were met.

Is the service caring?

Good ●

The service was caring.

Staff were kind and respectful towards people. Positive relationships had developed between people and staff.

People's confidentiality was protected. Records containing personal information were stored securely.

Is the service responsive?

Good ●

The service was responsive.

Care records contained accurate and up-to-date information about people's needs and their life histories.

People were protected from the risk of social isolation. Activities were available for people and they told us they enjoyed these.

There was a complaints process in place, Where necessary people had been supported to access independent support to help them express their concerns.

Is the service well-led?

The service was not always well-led.

Audit systems were not always effective and were not being completed on a regular basis.

A survey had been completed which showed that overall people were happy with the service.

Disciplinary processes were in place and being used by the registered provider in an appropriate manner.

Requires Improvement 

Greensleeves

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.

The inspection took place on the 4 January 2017 and was unannounced.

The inspection was carried out an adult social care inspector.

Prior to the inspection we contacted the local authority for feedback and they did not raise any concerns.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked at the care records for three people who used the service. We also had the opportunity to observe the interactions between them and staff who supported them.

We spoke with five members of staff and the registered manager. In addition we also spoke with two visiting health care professionals. We looked at the recruitment records for two members of staff to ensure these were robust. We made observations on the inside and outside of the premises. We also looked at other records pertaining to the day-to-day management of the service including audit systems, and a recent satisfaction survey.

Is the service safe?

Our findings

People told us that they felt safe. Some of their comments included, "Staff are nice" and "I feel safe here". We spoke with two visiting health professionals who spoke positively about the service and did not raise any concerns regarding people's health or wellbeing. People looked comfortable and relaxed in their surroundings. They spoke easily and with confidence to staff which demonstrated they were familiar and at ease in staff company.

We found that aspects of the environment were not safe. Two bedrooms on the first floor did not have window restrictors in place. This was not in line with the requirements set by the Health and Safety Executive. This meant that people were at risk from falling from the window. One window had no handles so it could not be fully closed and secured. Following the inspection the registered manager confirmed that window restrictors had been put in place.

On occasion, door sensors were fitted to alert staff if a person attempted to leave their room unassisted. This was required for one person as their room was situated close to steep stairs and they were at risk of falling if unsupervised. Monitors were also used to alert staff if a person had had a seizure so that appropriate support could be provided quickly. During the inspection we found that a door sensor and seizure monitor were not plugged in. This meant that the person was placed at risk of harm as staff would not be alerted to any concern. We raised this with the registered manager who confirmed that these should be in use, as on the inspection, the person was alone in their bedroom. These were turned on after we raised our concerns. The registered manager told us that this issue would be discussed with staff.

Staff had received training in infection control; however no disposable aprons were readily available for accessing the kitchen area. On two occasions we saw staff entering the kitchen without personal protective equipment (PPE). This increased the risk of cross contamination and placed people at risk of infection. We raised this with the registered manager and kitchen staff who told us that PPE would be placed close to the kitchen entrance for staff to use.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because systems had failed to protect people from the potential risk of harm.

People were protected from the risk of abuse. Staff had received training in safeguarding vulnerable adults and were aware of how to report any concerns they may have. Staff had a good understanding of the different types of abuse that may occur. The registered provider had a safeguarding policy and procedure in place, and staff knew where this was located. There was also a whistle blowing policy available to staff which staff were familiar with. Whistleblowing is where staff are able to report any concerns they may have in either inside or outside the organisation without fear of reprisals.

The registered provider's recruitment processes were robust and helped ensure that staff were of suitable character. We looked at the recruitment records for two members of staff and found that they had been required to provide two references, one of which had been from a previous employer. Staff had also been

subject to a check by the disclosure and barring service (DBS). The DBS informs employers if staff have a criminal record or are barred from working with vulnerable people and therefore helps employers make decisions about their suitability for the role.

People were supported to take their medicines as required by staff who had been trained to do so. Medication administration records (MARs) were signed by staff to show that medicines had been administered as required. Medication was stored securely and the temperature of the room was monitored to ensure that it did not become too warm. The efficacy of some medicines can be affected if they are not stored at the correct temperature.

A record of accidents and incidents was maintained which showed that appropriate action had been taken to ensure people's safety. For example, where people had fallen they were placed under observation to ensure that no signs of injury manifested after the incident. Incident records recorded the time, date and location of any incidents which meant that any patterns or trends could be identified and addressed.

Risk assessments were in place regarding people's physical and mental health needs to ensure their safety. For example one person had been identified as being at risk of choking. Input had been received from the relevant health professional and clear guidance was available to staff around how to support this person during meal times. In another example, where a person was at risk of having a seizure, clear information was available to staff, around what action they should take to manage this and keep the person safe.

Checks had been completed on utilities and equipment to ensure that they were safe. Legionella samples had been taken from the water supply to ensure that people were not at risk from harmful bacteria. A legionella risk assessment had been completed in February 2016 which included a number of recommendations to ensure people's safety was maintained. Action had been taken to address these. Other parts of the environment such as electrical equipment such as the stair lift and nurse call bell system had been inspected and serviced to ensure they were functioning.

Personal emergency evacuation plans (PEEPs) were in place and outlined how staff should support people with getting to a place of safety in the event of a fire or emergency. Fire alarm systems had been tested on a weekly basis and fire drills had been completed.

Is the service effective?

Our findings

People told us that they felt "well looked after" by staff and we observed examples which demonstrated that staff had the necessary skills and knowledge to carry out their role. For example staff used safe and appropriate moving and handling techniques. They also spoke knowledgeably about people's individual needs and best practice associated with these.

People told us that they enjoyed the food that was available. One person gave us the 'thumbs up' to show that they were enjoying their meal, and another person told us, "The food is nice". There was clear information available for staff in care plans records around any dietary requirements a person might have. Diet and fluid charts were completed where required to ensure that people were eating and drinking enough. The chef demonstrated a good knowledge of people who had special dietary needs, however a centralised record was not available in the event that regular kitchen staff were off sick. Following the inspection we received confirmation that this had been put in place. The kitchen was clean and tidy. Fridge and freezer temperatures were monitored to ensure food was kept at the correct temperature.

People's care records showed that they had been supported to access input from health and social care professionals when required, for example their GP. At the time of the inspection one person had injured themselves. The registered manager spent time advocating for this person to ensure they received the support they needed from health services. This ensured that people received the care and support they needed to remain healthy.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were.

The registered manager had submitted DoLS applications to the local authority for those people who needed them. These included clear information around why DoLS applications were being made. Where required meetings had been held to ensure that action was being taken in people's best interests where they did not have capacity.

Staff had received training in the MCA and were aware of their roles and responsibilities in relation to the Act. They told us that they would offer people choice, and we observed examples where people were given the opportunity to make decisions for themselves. For example staff tried to encourage one person to go for a walk, however respected their decision not to. In other examples we saw that people were asked if they

would like to attend day centre, and their decision was respected. This demonstrated that the registered provider was acting in accordance with the law.

There was an induction process in place for new members of staff. This included a period of shadowing experienced members of staff, and the completion of the care certificate. The care certificate is a set of national standards that health and social care staff are expected to meet. Staff had also undertaken training in areas that were relevant for their role, such as manual handling, infection control and fire safety. Where staff administered medicines, their competencies to do so were assessed by the registered manager to ensure their skills remained up-to-date. This helped to ensure that staff had the skills and knowledge they needed to carry out their roles effectively.

Staff received supervision and appraisal from the registered manager. These sessions were used to set objectives and identify additional training that may be of benefit to staff. Supervisions also gave staff the opportunity to raise any issues they may have. Where the registered manager had identified any performance related issues these were also discussed and addressed.

Is the service caring?

Our findings

People described staff as "kind" and "nice" and were relaxed and at ease in their company. Staff presented as kind and caring towards people. The registered manager spoke passionately about maintaining the wellbeing of people using the service. We saw an example where she advocated strongly on behalf of one person to ensure they received the right level of support from health professionals.

Staff spoke in a friendly manner towards people, and it was evident that positive relationships had been developed. There was a lot of laughter within the service and people told us they were happy. Staff gave people reassurance where they were at risk of becoming distressed and used distraction techniques to prevent people from becoming anxious. Staff spoke positively about the people they supported and had a good knowledge of those people for whom they were a "key worker". Key working is where staff spend a greater amount of time supporting particular people. This meant that people and staff had developed positive and familiar relationships.

Staff had undertaken training in equality and diversity and demonstrated a good understanding around supporting people with a learning disability. Care records were also written in an easy read format so that they were accessible to people with a learning disability. Parts of the environment were also tailored to meet people's needs. For example, on the stair rails there were raised 'notches' which could be used by people with a visual impairment to determine when they were nearing the top or bottom of the stairs. This helped ensure that people with additional needs received care and support that was appropriate for them.

Staff had a good knowledge of the people they supported. They were familiar with people's dietary, physical and mental health needs. Staff used alternative communication methods such as hand gestures to help aid understanding for those people with communication difficulties. Staff took time to listen to people and offer support where it was needed.

People were supported to maintain social relationships with the community and with family members. During the inspection a number of people chose to attend the local day centre. Staff spent time with those who decided to remain at the service, and offered alternative social opportunities such as visiting family or going for a walk. This ensured that people were protected from the risk of social isolation.

People's privacy and dignity was maintained. Staff spoke respectfully towards people and where they supported people with attending to their personal care needs they ensured that doors were closed. People's bedrooms had blinds in place to ensure their privacy was maintained. Personal information was stored securely which helped to ensure that people's confidentiality was protected. Computer records were accessed using a password which helped to ensure online data was kept secure.

At the time of the inspection there was no one being supported by the local advocacy service. However the registered manager demonstrated a good understanding of when support from an advocate would be necessary. She also gave examples of people who had previously been supported by an advocate. An advocate helps ensure that people's wishes and views are taken into consideration where important

decisions need to be made around their care or support needs. This helped to ensure that people were involved in decision making processes around their care.

Is the service responsive?

Our findings

People commented that staff were "helpful" and we observed staff giving people the support they needed.

Staff demonstrated a good level of knowledge around people's needs whilst supporting them. We observed staff supporting people using the correct manual handling procedures when people were undertaking transfers. Where one person needed a special beaker to drink from, staff had ensured that this was provided. Staff also used alternative methods of communication, such as hand gestures when communicating with people who had communication needs

People each had a personalised care plan which outlined their needs and how staff should support them. These contained important information around people's dietary needs, mobility, physical and mental health. Information was personalised with details around people's likes, dislikes, preferred daily routine and life histories. One care record outlined in detail a routine that the person preferred to follow in the mornings whilst attending to their personal care and getting dressed. Another detailed a person's meal time routine. This meant that information was available to ensure that staff would be able to support a person in the way they wanted.

Each person's care record included a hospital care plan which provided clear details to hospital staff around people's health and social needs in the event that they were admitted into hospital. There was also a section in each person's care record which provided details of support they had received from health professionals, for example the dietician or their GP. This ensured that relevant information and continuity of care around people's health needs was maintained.

Information contained within people's care records was updated on a regular basis, or as and when any changes occurred. This helped ensure that information was up-to-date so that staff could provide the correct level of support. Staff maintained a daily record which outlined what support had been provided to people and if there had been any issues. Handovers were completed at the beginning and end of each shift. This enabled staff to discuss people's wellbeing throughout the day, and to ensure that other staff were aware of any important issues.

People were supported to engage in activities that they enjoyed. During the inspection a majority of people went to the local day centre. People commented that they enjoyed going to the day centre to spend time with friends. Where people chose not to go, staff spent time chatting with them or trying to encourage them to engage in other activities. One person was supported to visit their family, whilst other people chose to watch television. One person told us that staff sometimes spent time playing games which they found fun. This helped ensure that people were protected from the risk of social isolation.

The registered provider had a complaints policy in place. Details around how to make a complaint were included in the service user guide. This also included contact details for external organisations such as the CQC or the local authority. The registered manager kept a record of complaints that had been made against the service. These showed that appropriate action had been taken in a timely manner to follow up on the

concerns raised. In one example an advocate had also been used to ensure that the person's wishes and feelings were fully included.

Is the service well-led?

Our findings

People reacted warmly towards the registered manager and said that she was helpful and supportive towards them.

The service had a manager in post who had been registered with the CQC since March 2015. During the inspection we observed positive interactions between the registered manager and people using the service.

The registered provider is required to have systems in place to monitor the quality and safety of the service. There was an audit process in place which looked at areas such as the environment, risk assessments, safeguarding concerns and complaints. However this had not been completed since August 2016.

This failed to meet the registered provider's own audit policy which stated that quality monitoring checks would be completed monthly. As a result, the registered provider had failed to identify the concerns raised during this inspection in regards to safety of the environment, infection control and personal safety. In addition, only two care records were audited each month meaning each care record would be audited every five months. This is not sufficient to ensure that issues around recording were identified and addressed in a timely manner. The registered manager informed us that the individual who carried out the audits had been off, and so they had not been completed consistently. This showed that quality monitoring processes were not robust enough to ensure the safety and effectiveness of the service.

Quality monitoring visits were completed by a board of trustees who were involved in the running of the service. However these had not been completed on a regular basis, with records showing that visits had been completed in March 2016 and December 2016. These visits were used to assess people's wellbeing, the environment and staff training. Actions were identified as part of this process but there was no follow up at subsequent monitoring visits to ensure that appropriate action had been taken. For example, in March 2016 it had been identified that staff vacancies needed filling and that paving stones near the back entrance needed sorting. There was no reference made to these issues in the visit completed in December 2016.

This is breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider failed to ensure that there were robust systems in place to monitor the quality and safety of the service.

There were robust processes in place for monitoring people's money when they received support from staff to manage their finances. Where people had been supported to go shopping, receipts were kept to ensure that their money had been spent appropriately, and that the correct amount of change had been given. Audits of the money kept were completed on a monthly basis to ensure that the correct amount of funds were being held. Where discrepancies were identified these were followed up with staff who had supported the person. This process helped to ensure that people were protected from the risk of financial abuse.

A satisfaction survey had been completed by people using the service and their relatives. This information had not been formally analysed by the registered manager, however she was aware of the overall results.

This showed that overall people were happy with the service and included a number of compliments such as, "The environment is well maintained", "I find the manager and the team simply wonderful" and "The care and attention is outstanding". Compliments cards had also been received, one of which stated, "Thank you for all the help you have given. It is very much appreciated".

Staff commented positively on the service and told us that they enjoyed working there. There was a clear management structure in place with clear lines of accountability. This included senior care staff, the deputy manager and the registered manager. Staff received supervision and commented that the management team were accessible. Throughout the inspection we observed that the registered manager had a strong presence within the service and spent time working along staff as well as doing office based work.

Team meetings took place on a regular basis. This enabled staff to raise any issues with the registered manager, and also allowed the registered manager to communicate any important information to staff. This was also used as an opportunity to discuss best practice and deliver training. Staff told us that they felt able to communicate their views on how they felt the service could improve, and also told us that there was a staff comments box available.

The registered provider had disciplinary procedures in place which were being used appropriately. We saw examples where the registered provider had addressed issues with staff in response to concerns that had been raised. This helped to ensure that staff remained accountable and that the quality of care was maintained.

The registered provider is required by law to notify the CQC of certain events that occur within the service. We had not received any recent notifications from the registered provider, however the registered manager demonstrated a good understanding of when these needed to be sent.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider and registered manager had failed to ensure that systems were effective at identifying and responding to risk.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to ensure that quality monitoring systems were effective.