

# Condover College Limited

# Greenfields

## Inspection report

Bings Heath  
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Tel: 01743872250

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29 November 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Greenfields is a care home providing accommodation and personal care to a maximum of 6 older and younger people who have a physical, sensory or learning disability or autistic spectrum disorder. Greenfields specialises in providing a short term respite service. Accommodation is provided in one adapted building. At the time of this inspection there were 5 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Risks were assessed, monitored and managed with the involvement of people and their relatives so they were protected, and their wishes respected. There were enough staff to support people and to help keep them safe. People received their medicines when they needed them.

### Right Care:

People received support which was tailored to meet their needs and preferences. People were supported to be as independent as they could be. Staff treated people with respect and ensured their protected characteristics were understood and respected. People were supported by staff who knew them well and who were trained and competent in their role. Staff had been trained in safeguarding adults from abuse and understood when and how to report concerns.

### Right Culture:

Staff had the knowledge, skills and attitude to provide responsive and compassionate care tailored to people's needs and aspirations. The provider's systems to monitor the quality and safety of the service provided were effective in driving improvements. The views of people, their relatives and staff were valued. The registered manager worked with other agencies to achieve good outcomes for people. There was an open and honest culture and learning from when things went wrong.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 11 August 2018).

### Why we inspected

We inspected this service due to the length of time since the previous inspection.

This was a focused inspection, and the report only covers our findings in relation to the key questions safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenfields on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# Greenfields

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

Greenfields is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Greenfields is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service short notice of this inspection. This was because the service is small and people are often out and we wanted to be sure there would be people and staff at home to speak with us.

Inspection activity started on 29 November 2023 and ended on 8 December 2023. We visited the service on 29 November 2023.

#### What we did before the inspection

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

#### During the inspection

We spoke with 2 people who used the service and 7 members of staff which included the registered manager, home manager, deputy manager, the provider's area manager, housekeeper, a support worker and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at 2 care plans and medication administration records. We looked at 2 staff recruitment files and training records, records relating to health and safety and the management of the service.

Following the inspection visit we contacted 3 relatives, a healthcare professional and the provider's speech and language therapist and lead physiotherapist to seek their views on the service provided.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People looked relaxed and comfortable with the staff who supported them. A relative told us, "[Name of person] can become withdrawn and emotional but soon as we say they are going to Greenfields their face lights up and they have a big smile."
- The provider ensured staff knew when and how to report any concerns. Staff had received training and safeguarding procedures were regularly discussed during staff meetings and supervisions.
- The provider had made a video where relatives and staff had shared their experiences and stressed the importance of speaking up about any wrongdoing. The video was shared with staff at the provider's annual conference and was also shown to new members of staff when they started working at the home.
- Staff felt confident about reporting concerns. One staff member said, "I have never seen anything of concern, but if I did, I would definitely report it. I would also contact the local authority and CQC."

Assessing risk, safety monitoring and management

- People's needs, and any associated risks were assessed, monitored, and regularly reviewed. People were supported to retain and develop their independence whilst managing their own risks. These included accessing the community, exploring new activities and managing personal care needs.
- Care and risk management plans provided staff with the information they needed to support people in a safe way. For example, detailed care plans had been developed with the support of the provider's positive behaviour support manager to manage people's periods of heightened anxiety or distress in a positive way.
- People's care records provided additional information about their health needs and how these should be managed and met. This helped staff to have a clear understanding of the impact of people's conditions.
- There were effective systems in place to ensure risks associated with the environment and equipment used by people were minimised.

Staffing and recruitment

- People were supported by staff who knew them well. Staff told us there were enough staff to meet people's needs. A staff member said, "I would say we have more than enough staff and we have time to do fun stuff with people."
- People were protected from harm because the provider followed safe procedures for the recruitment of staff.
- References and a Disclosure and Barring Service (DBS) check were obtained before staff started working at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- People's medicines were managed and administered by staff who received regular training and assessments of their competency.
- There were protocols in place for medicines prescribed on an 'as required' basis which helped to ensure people received them when needed and to ensure staff followed a consistent approach.
- There was a clear audit trail of medicines held at the home. Records of medicines received, administered and returned to people's relatives were maintained.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff had been trained in the principles of the MCA and understood the importance of ensuring people's rights were respected. Staff enabled people to make informed decisions about how they wanted to be supported and how they spent their day.
- Each person had a care plan which detailed how the person communicated and how they made decisions. Staff used objects of reference, photographs and signing which assisted people to make choices and decisions.
- Assessments of people's capacity to consent to their care and treatment and make certain decisions had been completed. Where required discussions had taken place to ensure any decisions were made in the person's best interests.

### Preventing and controlling infection

- The home was clean and smelt fresh. There were regular audits and checks to ensure staff followed infection, prevention and control procedures.
- Staff confirmed they had access to sufficient stock of personal protective equipment (PPE) to help keep them and the people they supported safe.
- Staff had completed training in infection, prevention and control and their competencies were regularly assessed to ensure practices remained in line with current guidance.

### Learning lessons when things go wrong

- Where accidents and incidents had occurred, these were regularly reviewed to help identify any trends and consider action to reduce the risk of reoccurrence.
- Where required, care plans were updated following an incident to help reduce the risk of repeat incidents. Changes to people's care and risk management plans were communicated to staff in a timely manner.



# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff were committed to supporting people to have fulfilling lives and maintain or improve their independence during their stay at the home, whatever their disability. For example, one person with severe physical disabilities was supported to achieve their wish to go trampolining.
- Staff supported another person to attend a relative's wedding which meant a great deal to the person and their family. A relative said, "It was just perfect. They [staff] were just amazing."
- Many of the people who stayed at the home were supported to attend their daycare and educational placements as they did when they were at home. The provider had built a new day centre with a hydro pool next to the home which people were seen to enjoy during our inspection.
- People's relatives spoke highly of the registered manager and staff team. One relative said, "We cannot thank them enough for everything they do for [name of person] and us. Without their kind and caring help we would not be able to cope. They are truly our heroes. [Name of registered manager] and staff have a lot of requests from us, and they are the only people we can turn to for help and they always take the time to listen and help us out so much." They also told us, "[Name of registered manager] organises everything and always comes up with a plan without her dedication to her job and caring for us I can honestly say the family would be a mess."
- Another relative told us, "Staff and management are very approachable, attentive and professional. I feel reassured and totally rejuvenated from these breaks and we all benefit from this wonderful service. It is a great break for [name of person] who benefits socially from their time there. When talking about Greenfields, [name of person] agreed 'I like to see my friends.' 'It's relaxing and my helpers are kind', and 'it's a nice place to chill with lots of smiles.'
- People and where appropriate, their representatives were involved in planning and reviewing the support they received. Care plans showed people's protected characteristics such as religion were discussed and incorporated into their plan of care.
- Staff felt engaged, supported and valued by the registered manager. One staff member said, "[Name of registered manager] is very supportive and is always available when you need them."
- The provider valued staff and offered several benefit schemes. These included financial, health and fitness and flexible working.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager had informed professionals when concerns about people had been identified. They had also communicated with people's relatives where things had gone wrong. This was in accordance with the Duty of Candour.

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

- There were effective systems in place to monitor and improve the quality and safety of the service provided. These included internal audits and audits by the provider.
- Action plans were developed to address any shortfalls, and these were addressed in a timely manner. Learning was shared with staff to help drive improvements.
- Staff received the training needed to meet the needs of the people they supported and there were regular checks and observations to ensure staff remained knowledgeable and competent. A healthcare professional told us, "Training needs of staff are clearly addressed by the [provider] so that staff possess the necessary skills to support individuals safely."
- The registered manager was aware of their legal requirements to inform relevant agencies and CQC of any concerns in a timely manner.
- Staff understood the whistleblowing policy and were confident to raise any concerns where needed.

Working in partnership with others

- The service worked in partnership with health and social care professionals to achieve good outcomes for people. These included the local authority, GP's, and specialist health professionals.
- A healthcare professional told us, "Communication is very good, both from management tier and staff. They are responsive to change in health care needs and recognise the importance of reporting and seeking advice. Attendance at clinic appointments is always consistent, and staff that accompany individuals, come prepared with all the necessary information to hand, that is required as part of the assessment. This is so vital and important when assessing individuals with learning disabilities in clinic. Staff that attend clearly know the individual."
- The registered manager and staff worked closely with the provider's physiotherapist and speech and language team which provided positive outcomes for people. A physiotherapist told us, "Staff noticed a person's mobility was deteriorating. They were seen by a physiotherapist to carry out exercises and staff were given training on how to best support the person when walking. Their mobility significantly improved making it easier for staff to support them to walk daily and family also fed back that they had noticed a difference at home."