







Devon County Council Greenfields

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

This inspection took place on 8 and 10 August 2015 and was unannounced.

Greenfields is registered to provide short breaks for up to five younger adults with physical and learning disabilities. At the time of the inspection there were five people using the service.

There is a registered manager for this service. 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 is well run by the registered manager who is supported by a staff team who understand the needs of people with complex needs. Staff have the right skills, experience and training to provide personalised care to people who require support in all aspects of their daily living.

Summary of findings

Care and support is well planned with support from healthcare professionals where people have complex and intensive needs. This includes ensuring their physical and emotional well-being is fully considered. Records show how this care is delivered in a person centred way.

Staff understand how to protect people from possible abuse and how to ensure their rights are upheld working within the Mental Capacity Act framework. Where people lack capacity the service ensures best interests are considered with all relevant parties and any decisions about care and treatment are recorded.

People are assisted to have a balanced diet whilst staying at Greenfields. Staff know people's likes, dislikes, any risks to choking and how best to support someone to eat ensuring they maintain independence where possible.

Risks are assessed and actions put in place to minimise any identified risks. Where accidents and incidents have occurred, the registered manager reviews and analysis this information to identify any trends.

Medicines were stored securely, administered and recorded accurately. People got their medicines at the

right time and the system for checking was robust. Only staff who had received training were able to administer medicines and their competencies were reviewed on a regular basis.

People's complex communications had been considered. For example signage was in pictorial form and people were able to use assistive technology to make their views known.

Staff were confident their views were listened to and the manager had a clear vision of the service which was to provide short break for people in a relaxed homely environment so people felt safe and had an enjoyable experience.

Complaints were listened to and resolved where possible. Relatives had confidence in the staff and registered manager to listen to their views.

Systems ensured the service monitors and audits the way it delivers care and support as well as ensuring the environment is safe and fit for purpose.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were sufficient staff who had the right skills, training and experience to meet the needs of people in a timely and compassionate way.

Medicines were well managed and audited to ensure people got their medicines on time.

Staff understood the need to protect people from abuse and knew the processes to ensure this happened.

Good



Is the service effective?

The service was effective. Consent to care and support was considered and acted upon. Staff understood the importance of upholding peoples' rights and working within the Mental Capacity Act 2005.

Staff demonstrated skills in understanding people's ways of communicating in order to ensure choice and consent was given where possible.

People were supported to eat and drink in an unrushed and relaxed way. Menus were planned around individual's needs and wishes to support people to enjoy their food and stay hydrated.

Good



Is the service caring?

The service was caring. Relatives described ways in which staff showed a caring and person centred approach to supporting people.

Staff worked with people in a way which showed respect and dignity was upheld.

Staff talked about how they offered care and support in a personalised and caring way

Good



Is the service responsive?

The service was responsive. Care and support was well planned and any changes to people's needs was quickly picked up and acted upon.

People's or their relatives concerns and complaints were dealt with swiftly and comprehensively.

Good



Is the service well-led?

The service was well-led. There were clear lines of accountability in how the service was being managed.

Staff and relatives of people who use the service said their views were listened to and acted upon.

Systems were in place to ensure the records; training, environment and equipment were all monitored on a regular basis. This ensured the service was safe and quality monitoring was an on-going process.

Good



Greenfields

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.

Prior to the inspection we reviewed a range of information to ensure we were addressing potential areas of concern and to identify good practice. We also reviewed previous inspection reports and other information held by CQC, such as notifications. A notification is information about important events which the service is required to tell us about by law.

This inspection took place on 8 and 10 August 2015 and was unannounced. The inspection was completed by one inspector and included a visit to the service on a Saturday.

Time was spent observing how care and support was being delivered and talking with people, their relatives and staff. This included three people using the service and four staff. Following the inspection we contacted three relatives and two health care professionals.

We looked at four care plans and daily records relating to the care and support people received. Care plans are a tool used to inform and direct staff about people's health and social care needs.

We also used pathway tracking, which meant we met with people and then looked at their care records. We looked at three recruitment files, medication administration records, staff rotas and menu plans. We also looked at audit records relating to how the service maintained equipment and building.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Relatives of people who use this service for short breaks confirmed they felt their relative was safe and well cared for. One relative said “I have peace of mind, I know they are safe there, staff know them so well and take care of them to give be a break.”

People who use the service were unable to express their views about whether they felt safe but were observed being at ease with staff and the environment.

Staff had a good understanding of the various forms of abuse and they knew who to report any concerns or suspicions of abuse to. They were confident the registered manager would take action if they reported any concerns to them. The registered manager was aware of their responsibilities to report safeguarding issues to the local authority and CQC. Staff had received training about safeguarding vulnerable adults. There had been an alert made by the registered manager in the past 12 months and this had been investigated.

Risks were being managed appropriately; assessments identified how to reduce risks. Risk of falls, pressure damage, poor nutritional intake and moving and handling were assessed and kept under review on a regular basis and as people's needs changed. Where a risk had been identified, measures had been put in place to reduce risks. For example, where people were assessed as being at risk of pressure damage, their assessment included clear details about the sort of equipment needed to help reduce this risk. This may include pressure relieving cushions and mattresses as well as regular checks from staff to reposition so their vulnerable skin areas were not in constant contact with surfaces. Where people were at risk of choking, clear guidelines were available for staff to help them understand the right diet and food to offer to reduce the risk of choking. This also included ensuring for some people, close monitoring and support during meal times.

There were sufficient numbers of staff with the right skills and experience to meet the needs of people throughout

the day and night. There were two or three care staff on each shift for up to five people. The registered manager was available throughout the week and two waking night care staff for up to five people. They were supported by domestic staff, an administrator and a maintenance person. Staff reported that when there were three staff on shift they were more able to offer people choice and activities outside of the service, such as visits to the shops and cafes.

There was appropriate recruitment procedures that ensured staff were safe and suitable to work in the home. Recruitment files showed all staff had completed an application detailing their employment history. Newer appointed staff had previously worked in other Devon Country Council (DCC) homes which were now closed. Each staff member had two references obtained, and had a Disclosure and Barring Service (DBS) check completed, when they had previously been employed for DCC. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Medicines were stored safely in a locked medicines cabinet within a locked office. They were stored in an orderly and uncluttered fashion. Systems were in place to ensure people had their medicines at the time they needed them and in a safe way. We observed a member of staff administering medicines at lunchtime and they used the correct procedures as detailed within the service policy. Staff confirmed they had received training and updates on administration of medication. Audits were completed monthly on the medication records and stock being held. Competencies for completing medicine administration were reviewed as part of staff supervision and there were no known medicine errors. Staff reported they had tried a new type of recording system used in other DCC homes but as people at this service were only there for short breaks and came in with their medicines, this system did not work well and they had reverted back to their own way of recording medicine administration which had been working well.

Is the service effective?

Our findings

Relatives spoke about staff being skilled and knowledgeable about people's needs. One relative said "I think it is a shame some of the long standing staff have left, but I know they all do a good job. I am never concerned about the care there."

People were supported to have their needs met by a staff team who understood their needs and had received training and support to work effectively. One staff member who had transferred from another service said "We have had some really good training to help us get to know the physical needs of people we support. Some of this was new to me and I am loving learning so many new things." The registered manager said they had a learning development officer providing training in aspects of understanding learning disabilities and complex needs.

New members of staff received an induction process which included covering national guidance on best practice and areas care workers needed to understand such as dignity, respect and safeguarding. The registered manager said any new staff would be working towards the new Care Certificate which has recently been introduced as national training in best practice. Staff who had transferred from other DCC homes had received induction training about how procedures were different in this service and were given opportunity to shadow more experienced staff.

Care records showed that health care needs were closely monitored and where needed healthcare professionals were called for advice and support. Two healthcare professionals were contacted following the inspection and all spoke highly about the service being appropriate in monitoring people's healthcare needs and referring to them appropriately when needed and in particular around people's safety in moving and handling. One professional said they worked closely with the staff group to ensure people had the right support and their complex needs were reviewed on a regular basis.

Where people lacked the mental capacity to make decisions staff were guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests. Mental capacity assessments showed the specific decision the capacity assessment had been completed for. Staff were able to describe how they worked to ensure consent was gained before any support and care given, for example, by checking facial expressions and talking calmly and allowing the person time to understand the information being said.

Staff said they had received some training in Deprivation of Liberty Safeguards (DoLS) and understood they should not deprive people of their liberty. These safeguards protect the rights of people 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. No one was subject to this type of safeguard as people came for short breaks only and did not reside at the service permanently.

People were supported to eat and drink and maintain a balanced diet. Systems were in place to ensure those who were at risk of poor nutritional intake, were monitored and supported to eat and drink at regular intervals. Records were kept of the amounts people ate and drank to ensure their intake was sufficient to keep them healthy. One relative said they had recently met with the registered manager to discuss the menu choices and said they felt there needed to be more choice of fresh and healthy options such as vegetable and salads. This relative also said they felt people may not always be offered snacks between meals. Our observations did not support this. Staff confirmed they offered a range of snacks to people. During one of our inspection days, it was a hot day and people were being offered fruit ice lolly's as well as hot and cold drinks.

Is the service caring?

Our findings

People and their relatives were very complimentary about the care staff provided. One person raised their thumbs up when asked about whether the staff were “ok”. Another person said they liked all the staff and named a few who they really got on with. One relative said “The staff are all brilliant. They are very caring and I have no concerns about them at all.”

Staff understood the importance of giving people respect and dignity at all times and offered support with kindness and consideration at all times. For example when one person appeared agitated they were offered support to go outside for a walk and this appeared to have a calming effect. Another person was very vocal and asked lots of questions. Each time staff answered the same questions in a patient and considerate way as they understood the person needed to check with staff about what would be happening at each part of the day.

Staff described the way they worked with people to ensure they were helped to make decisions and have choices in their activities of daily living. For example asking people about choice of drinks and ensuring people were

comfortable with where they were sitting. One staff member said they were developing a quiet lounge for people who liked a more peaceful atmosphere. They also had a sensory room where people could relax and spend time. We heard staff asking people if they wanted to go and use the sensory room at different times of the day.

Privacy and dignity was respected at all times. Staff spoke about people in a way which showed they knew them as people, what they enjoyed doing and how they liked to be supported. For example one person really enjoyed staying in bed or a lay in as they had disturbed sleep in the night. Staff made sure their known wishes were honoured. When people were supported to have PEG feeds(PEG -percutaneous endoscopic gastrostomy tube directly inserted into the opening allows for food and liquids, as well as medicines, to enter the stomach), this was done discretely.

There was clearly positive caring relationships between people using the service and staff working with them. One person had been into town and seen a member of staff off duty and spent time talking with them. There was a lot of good humoured banter and staff knew people’s sense of humour and types of things they enjoyed talking about.

Is the service responsive?

Our findings

Care records detailed people's personal and healthcare needs and were updated and reviewed regularly by care staff. This meant staff knew how to respond to individual circumstances or situations. Comprehensive assessments were in place which were person centred and were frequently reviewed. Daily routines were based on a person's preference and choice. For example, getting up later and having breakfast later in the morning. There were detailed instructions for how staff should manage and support people's night time routines. For each person there was a one page summary plan which gave staff essential information about how best to support the person, what the key risks were and what their preferences and daily routines were. This helped to ensure staff provided a consistent approach and were responsive to people's needs in a way they preferred.

There was a range of activities offered to people and depending on the staff levels, trips out into the local

community. There were games and puzzles available and we observed two people being engaged in a game of dominoes. Two people went out for walks into the local town and enjoyed a drink in a café. One person was supported to spend time in the garden and another spent time in the sensory room. On the second day of our inspection there was a musician who was engaging people in using percussion instruments to play music. The atmosphere was excitable and it was clear people were really enjoying this activity.

The service had a complaints policy and process which was posted in areas of the home and given to people and their relatives. Complaints were dealt with effectively and records were kept of actions to resolve any concerns. One relative said they had recently met with the registered manager to raise some issues. They felt their views had been listened to and appropriate actions taken. Another relative said they had never needed to make a complaint, but was confident their concerns would be responded to if needed.

Is the service well-led?

Our findings

The service was run by the registered manager who was supported by the staff team and a range of senior staff from with DCC who offered support, guidance and quality assurance monitoring. A senior quality and assurance improvement officer visited the service every four months and produces a report about all aspects of quality improvements. In the last report it was highlighted that a room previously not used by people did not have window restrictors fitted. This has been rectified. They also found that fire drills did not record which staff had taken part and this has now been actioned.

The registered manager also had her own quality audits to check on records, staff training and support as well as the environment to ensure the building was safe and homely. One of the areas the registered manager had been working on was to make the environment less institutional and more homely with the décor and use of different rooms for different activities. Some of the bedrooms have been made to look more homely with wall paper and soft furnishings. The registered manager said she had a clear vision of ensuring the service provided people with short breaks in a homely safe and comfortable environment. She wanted to ensure people had fun and opportunities to experience a range of activities.

Staff said their views were listened to and that they agreed the ethos of the service was to ensure people had short breaks in a homely environment. Some staff said communication between management and the staff team had not always been clear, but felt this was improving.

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of all accident and incidents. Audits were completed on the number and nature of accidents and incidents to see if there were any trends or learning needs for staff. She had been keen for staff to be involved in the quality assurance processes of the home and has been trying to encourage people to take on lead roles to assist the service in developing and meeting the fundamental standards of good quality care.

Staff said they were having more regular staff meetings and some said they were enjoying new responsibilities to help with the running of the service. Staff were confident their suggestions were being listened to and all said how much they enjoyed working in the service.

Healthcare professionals confirmed there was a good partnership working with the service and their recommendations and suggestions were followed up to enhance the experience of people using the service.