

Autism Unlimited limited

Greenways

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people receive 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.

About the service

Greenways is a residential care home registered to provide personal care for up to four people with a learning disability and/or autism. At the time of the inspection four people were living at the service

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

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

People had a choice about their living environment and were able to personalise their rooms.

Staff supported people to take part in activities and pursue their interests in their local area.

Right Care

The service had not always effectively assessed risks to people to keep them safe from harm. This was a breach of the safe care and treatment of people using the service.

People's care, treatment and support plans had not always been updated and did not show how people had been involved. The service had identified care plans were not up to date and were in the process of updating them as they transferred them to a new electronic system.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. One staff member said, "The four people I work with are amazing, kind and it is a blessing to be their support worker."

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture

The quality of the care people received had not always been monitored and reviewed to ensure people's needs were met. This was a breach of the good governance on the service. The registered manager put plans in place to improve this before the inspection ended.

People did not always have the right tools in place to support their communication. This meant their views had not always been sought. The service had already identified this, had organised communication aids and were waiting for staff to receive training.

Staff placed people's wishes, needs and rights at the heart of everything they did. One relative said, "Staff are kind, compassionate and caring."

People and those important to them, including advocates, were involved in planning their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 12 July 2018).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to the management of the service, risk management, poor nutrition, staffing and record keeping. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led relevant sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and the good governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

Greenways

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

Two inspectors carried out the inspection.

Service and service type

Greenways is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 25 April 2022 and ended on 20 May 2022. We visited the home location on 25 April 2022 and 29 April 2022.

What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. We sought feedback from the local authority who commissions care from the service. We used all of this information to plan our inspection.

During the inspection

We communicated with three people who used the service and five relatives about their experience of the care provided. People who used the service who were unable to talk with us used different ways of communicating including using pictures, photos, symbols, objects and their body language.

We spoke with 11 members of staff including the nominated individual, registered manager, deputy manager senior and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and two medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who regularly visit the service.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments had not always identified risks of harm to people. Risk assessments had not been updated and reviewed to monitor people for weight changes. This led to relatives raising concerns and asking Greenways to arrange a doctor. We found people had experienced significant weight loss and had required healthcare professional's input.
- One person's risk assessment recorded them as low risk of malnutrition, however, they were receiving input from a dietician due to significant weight loss. The person's care plan did not contain instructions to tell staff how to mitigate risk of malnutrition and healthcare professionals told us they were concerned their instructions were not always being followed.

People's risk of poor nutrition had not been effectively assessed or mitigated. This had placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these concerns with the registered manager who showed us that people are now being weighed weekly and these are reviewed by the management to address any concerns and speak with healthcare professionals if further support was required.

- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. For example, monthly checks of the building were completed to identify any areas of improvement such as fire, electrical and water safety.

Learning lessons when things go wrong

- Greenways had not always taken action to investigate and provide outcomes following incidents. This meant learning from incidents had not been identified and shared with the team to mitigate further occurrences. We discussed this with the registered manager who responded immediately by creating a system to identify any themes and trends from accidents and incidents and ensure lessons were learned and shared.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- A reflective account to learn lessons when things go wrong was in place. The learning was shared with all staff to prevent it from happening again.
- The service recorded any use of restrictions on people's freedom, and managers reviewed use of

restrictions to look for ways to reduce them.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Greenways had made referrals to the local safeguarding team who told us appropriate actions had been put in place by Greenways to protect people from abuse.

Staffing and recruitment

- People had enough staff to support them one to one, and to take part in activities and visits how and when they wanted.
- Staff recruitment and induction training processes promoted safety, including those for agency staff.
- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them. Staff knew how to take into account people's individual needs, wishes and goals.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People could take their medicines in private when appropriate and safe.
- Staff made sure people received information about medicines in a way they could understand.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- When medicine errors had occurred a robust plan had been put in place to mitigate the risk of future occurrences including additional training.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The services' infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- People were not always supported with a diet suited to their needs. Comments from relatives included: "[person] has been given inappropriate food." and, "[Person] has a poor diet with little fibre which leads to health complications" We discussed this with the registered manager. A crib sheet had been created following the feedback from relatives to include people's likes and dislikes, allergies and dietary needs. This was put confidentially in the kitchen to ensure all staff had quick access to the information.
- Some staff told us they had not received training in nutrition and hydration and did not know how to fortify foods to boost people's weight where required. We spoke with the registered manager who told us, training was available for staff but this had not been mandatory. Following our feedback Greenways has now added this training to be completed annually by all staff.
- People were involved in choosing their food, shopping, and planning their meals.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after however, these had not been reviewed at regular intervals and had led to care plans not reflecting people's current care needs.
- People had care and support plans that were personalised; however, these were not always up to date and did not show people had been included to create them. One staff member said, "The documents need up dating for the people we support."
- We spoke with the registered manager who said care plans were being reviewed and updated as they were being transferred to a new computer system. By the end of the inspection the registered manager had implemented a new easy read tool to gather people's views.
- Staff completed functional assessments for people who needed them and took the time to understand people's behaviours.

Staff support: induction, training, skills and experience

- Staff did not always receive support in the form of continual supervision, appraisal and recognition of good practice. One staff member said, "I don't always feel that we are given the praise deserved." This was discussed with the registered manager who said plans were in place to improve supervisions.
- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have.

- The service checked staff's competency to ensure they understood and applied training and best practice.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access community health care professionals such as their GP and specialist nurses when needed. However, we received feedback from some healthcare professionals that communication could be improved.
- Multi- disciplinary team professionals were involved in support plans to improve a person's care. For example Greenways worked with nurses specialising in epilepsy to provide personalised support.
- People were registered on their GP's quality and outcomes framework, so that any reasonable adjustments were made to meet their individual needs.

Adapting service, design, decoration to meet people's needs.

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical care and support needs.
- People were able to move around easily because there were visual aids in their home and staff had arranged the furniture to support this.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- The environment was homely and stimulating.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.
- Greenways had made applications for people who were being deprived of their liberty where they needed this level of protection to keep them safe. Staff were knowledgeable about any DoLS conditions in place for people and how these were being monitored.
- One staff member said, "It is extremely important to make sure people we support consent to their care. As I support vulnerable adults, I need to make sure that I respect their human rights. As I support adults who are nonverbal, I always ask before providing care. The communication may be through Pecs book, gestures,

writing boards, showing possible choices and tapping the choice, using new technologies Internet, sign language, verbal confirmation 'yes' or 'no'.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance processes had not always been effective leading to a lack of management oversight, failure to identify areas for improvement found in our inspection and inconsistencies in the quality of care people received.
- Families told us they were concerned people were not receiving care according to their needs. We checked daily records and found some days were missing entries and one person's records had been recorded in the wrong person's file. This had not been identified by any governance audits and meant people were at risk of not having their needs met.
- There was not a robust system in place to monitor complaints or concerns coming into the service. This had meant the registered manager was unable to ensure learning, reflective practice and adopt service improvements which had led to families of people reporting their concerns to CQC. Comments received from families included, "I feel like I am having to micromanage the service. They should be able to support my [family member] on an ongoing basis like I wasn't here.", "There is no point in making more formal "official" complaints, you get nowhere." and, "I contacted CQC because I was concerned and I didn't know what else to do."

Systems were either not in place or robust enough to demonstrate the quality and safety of services was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the registered manager who immediately took action and implemented a governance management oversight system. This included an auditing system and daily checks to ensure daily notes had been completed. A new keyworker system is being introduced to ensure one member of staff is the central contact point for the person, family and other agencies providing support to the person.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider did not seek feedback from family and services supporting people living at the service. This meant they could not use the feedback to develop the service. We discussed this with the provider who told us they had identified this and had plans in place to seek feedback from relatives and healthcare professionals.

- Communication tools were not always in place to seek feedback from people. The registered manager told us staff were due to attend specialist training in picture exchange communication system (PECS) to enable communication with all people using the service.

Systems were not in place to seek and act on feedback from relevant persons. This meant the service could not evaluate the quality of care provided to people using the service and had placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager implemented an easy read review template to capture people's views at three monthly reviews.

- Peoples equality characteristics were considered during initial assessment and throughout the care planning process. People were made to feel comfortable and their wishes were respected.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives and staff told us Greenways was not always well-led. Greenways had experienced a period of change with new staff including a new registered manager and challenges with the recent COVID-19 pandemic. This had impacted on the consistency of the service leading to shortfalls identified during this inspection.
- Relatives told us communication from the management could be improved. One relative said, "Care home management is struggling. Senior manager is trying to support but has a lot of work to do."
- Staff did not always feel supported by management and changes were taking time to embed. We received comments including, "I started to raise concerns about the care home issues and management stopped talking to me" , "managers do work really hard to try and improve the service, there does seem to be a divide between the staff team and management and I don't really know why" and, "the management is friendly, approachable, supportive, is very empathetic and always has the time to listen to us."
- The registered manager was open and honest about the challenges they had faced and spoke of plans they had to improve the service including the setting up a keyworker system. This meant allocating one staff member to each person using the service who would be the central point of contact for the person, their family members and the services involved in their care.

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; Working in partnership with others

- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The registered manager told us the service had good working partnerships with health and social care professionals. One social worker told us, "Certainly have no concerns about the safety of people I have been involved with. The manager is new and has been acclimatising to the role. All my suggestions are listened to and communication is improving."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People's risk of poor nutrition had not been effectively assessed or mitigated. This had placed people at risk of harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were either not in place or robust enough to demonstrate the quality and safety of services was effectively managed. This placed people at risk of harm. Systems were not in place to seek and act on feedback from relevant persons. This meant the service could not evaluate the quality of care provided to people using the service and had placed people at risk of harm.</p>