Dimensions Somerset Sev Limited

Dimensions Somerset Greengates

Inspection report

Greengates 26 Fore Street
North Petherton
Bridgwater
Somerset
TA6 6PY

Tel: 01278664502

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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

Summary of findings

Overall summary

This inspection took place on 11 and 13 June 2018 and was unannounced. This is the first inspection for the location under this new provider.

Dimensions Somerset Greengates 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.

Dimensions Somerset Greengates accommodates up to seven people with learning disabilities, including autism. At the time of the inspection there were five people living at the home. Most of the people were unable to communicate verbally with us. Their opinions were captured through observations, interactions they had with staff and their reactions. People had their own bedrooms and there were shared bathrooms. Within the home there were communal spaces including two living rooms and a kitchen. There was a garden people were free to access throughout the day.

"The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen". Registering the Right Support CQC policy.

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

Although people and their relatives told us they were safe, we found there could be improvements to keep people safe in the event of a fire. Staff knew how to prevent the spread of infection and people's medicine was managed safely. Health and safety checks such as testing the water for a specific disease were regularly completed to keep people safe.

People told us they were happy and others appeared comfortable in the presence of staff. Those able to tell us and one relative told us they were kept safe. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others.

The management had developed positive relationships with people, their families and other professionals. There were enough staff to keep people safe including using regular agency staff. Staff had received a range of training to meet most of the people's needs. Recruitment systems were in place to reduce the risk of inappropriate staff working at the home.

People were protected from potential abuse because staff understood how to recognise signs of abuse and

knew who to report it to. When there had been accidents or incidents systems were in place to demonstrate lessons learnt and how improvements were made. People had their healthcare needs met and staff supported them to see other health and social care professionals. When changes were identified to manage health needs staff liaised with health professionals.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible. There was clear guidance to inform staff how people would give their consent. When people lacked capacity, decisions had been made on their behalf following current legislation. People were supported to eat a healthy, balanced diet and had choices about what they ate. Specialist diets were understood and staff had enough guidance to support people.

Care and support was personalised to each person which ensured they could make choices about their day to day lives. Care plans contained information about people's needs and wishes and staff were aware of them. These were updated in line with people's changing needs. People were listened to when they were upset and knew how to complain. There was a system in place to manage complaints.

People and relatives told us they liked the staff. We observed staff were kind and patient. People's privacy and dignity was respected by staff. Their cultural or religious needs were valued. People, or their representatives, were involved in decisions about the care and support they received.

The service was well led and most shortfalls identified during the inspection had been identified by the management. There was a proactive approach from the management and provider to driving improvements in the home. The provider had completed statutory notifications in line with legislation to inform external agencies of significant events.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff who knew how to administer their medicine safely.

People were protected from risks because care plans contained guidance for staff and risk assessments were in place.

People had risks of potential abuse or harm minimised because staff understood the correct processes to be followed.

People were kept safe because most health and safety checks were regular and in line with company policies.

Is the service effective?

Good

The service was effective

People were supported by staff who had most of the skills and knowledge to meet their needs.

People had decisions made in line with current national guidance and relevant representatives were consulted.

People had access to healthcare support because there were strong links with them.

People's nutritional needs were assessed to make sure they received a diet that met their needs and wishes.

Is the service caring?

Good

The service was caring.

People could make choices and staff respected their decisions.

People's privacy and dignity was respected by the staff.

People were supported by kind and caring staff who knew them very well.

People were able to exercise their religious and cultural beliefs.

Is the service responsive?

Good

The service was responsive.

People's needs and wishes regarding their care were understood by staff. Care plans contained information to provide guidance for staff.

People participated in a range of activities to meet their hobbies and interests.

People were listened to when they were upset. There was a system in place to manage complaints.

Is the service well-led?

Good

The service was well led.

People were supported by a management who made changes to systems when they identified things could be improved.

People were using a service which had clear scrutiny to ensure they were receiving care and treatment in line with their needs.

People benefitted from using a service which had staff who felt supported and worked as a team.

Dimensions Somerset Greengates

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.

This inspection took place on 11 and 13 June 2018 and was unannounced.

It was carried out by one adult social care inspector.

The provider had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with other health and social care professionals and looked at other information we held about the service before the inspection visit.

We spoke with one person who used the service and spent time with others carrying out observations. We spoke with the registered manager and three members of staff. Following the inspection, we spoke with two relatives on the telephone.

We looked at two people's care records. We observed care and support in communal areas. We looked at two staff files, information received from the provider, staff rotas, quality assurance audits, staff training records, the complaints and complements system, medication files, environmental files, statement of purpose and a selection of the provider's policies.

Following the inspection, we asked for further information including quality assurance documents and health and safety records. We received most of this information in the time scales given and the registered manager updated us on the other information.

Good

Is the service safe?

Our findings

People and their relatives told us they were safe living at the home. One person said, "Yes" when they were asked if they felt safe living at the home. They told us staff would regularly visit their bedroom to check they were alright. One member of staff said, "[Name of person] asks for help if they need it". One person told us during the recent decoration of the home, safety rails were left by the stairs to prevent them falling.

We found the provider and management took health and safety seriously to reduce the risks of potential harm to people. Records and labels on equipment demonstrated some safety checks had been carried out. However, some of the safety certificates were not available at the time of the inspection. For example, gas safety and legionella check to ensure no bacteria was in the water supply. The registered manager informed us there were new systems and some of these were sent directly to the provider. This meant we were unable to confirm whether all the safety checks were up to date to keep people safe. Following the inspection, the provider and registered manager sent us copies of recent health and safety checks.

There were systems in place to reduce the risk of harm in the event of a fire. Fire extinguishers had been checked annually and there were routine evacuation practices for people and staff. However, not all checks had been completed in line with the provider's policy. For example, emergency lighting was not checked every month. The fire alarm system had not been checked weekly. This meant there was a potential risk of errors not being picked up because checks were not in line with the provider's policies. The registered manager had already identified the systems were not working due to staff changes and had an action plan in place to resolve the issue.

People were protected from the spread of infection. Staff had access to aprons and gloves when they supported people with intimate care. There was colour coded cleaning equipment for different areas of the house. All chemicals used for cleaning were stored securely and staff regularly cleaned all areas of the home. When rooms were not being used regularly, water outlets were being flushed through to reduce the likelihood of legionella bacteria forming.

People were supported by enough staff to meet their needs and keep them safe. Relatives told us they thought there were enough staff when they visited. Staff agreed that, at the moment, the home had enough staff. They worked hard to ensure the quality of people's care was not affected by any changes currently occurring by the provider. There was regular use of agency staff to ensure there were enough staff to support people's needs. Staff told us it was always the same agency staff used to ensure consistency for the people. However, some staff were worried about the future and impact of staff changes by the provider because current staff knew people well and recognised when their health was deteriorating or there was an issue. There was worry amongst current staff any new staff would not recognise the subtle changes. The provider had a department centrally working on recruiting staff.

People who could display behaviours which were challenging to themselves or others were supported by staff to keep them safe and reduce their anxiety levels. One member of staff said, "We pre-empt stressful situations" for a named person. They knew to, "Get him out for a drive" to help them stay calm and defuse

situations. The person's care plan reflected what staff told us. The provider had some behaviour specialists working for them. The registered manager told us how important this option was for one person living at the home. They could provide additional bespoke training for the staff on how to support the person. Additionally, the behaviour team carried out observations and analysis of people's behaviours when they changed. As a result, they could reduce the risks to the person, other people and staff.

Medicines were managed safely. One person told us, with the help of a staff member, how they were supported to take their medicine. The staff member said, "They [meaning the person] usually gets their own water and we put the tablets in the pot". The person confirmed, "I am happy how it is". When people required medicine to be administered in a special way, such as crushing tablets, the pharmacist and doctor had been consulted. This made sure the practice was safe and the medicines remained effective. All 'as required' medicine and topical creams had clear guidance to ensure consistent use by staff. The staff had been working tirelessly over the recent 'heat wave' to ensure medicines were stored at a safe temperature.

People were kept safe from potential abuse. Staff recognised signs and knew how to report any concerns. They all knew people very well so could list indications of abuse for people unable to communicate verbally. One member of staff told us people could have behaviour changes and stop eating or sleeping. Other members of staff described personality changes they would look for. All staff agreed the management would act to help keep people safe if they reported issues. One member of staff gave an example of where concerns had been raised about a new member of staff and how this had been managed to keep people safe.

People were supported by staff who had been through a robust recruitment process. The registered manager was still familiarising themselves with the new system and where documents were kept. New staff had checks completed prior to starting work. These included from previous employers and to ensure they were suitable to work with vulnerable people. When new staff were young and there were no previous employers, references were sought from colleges they had attended.

The provider and management took accidents and incidents seriously. They strove to learn from any which had occurred to prevent people or staff being harmed. When any had occurred, they demonstrated how lessons had been learnt and actions taken to reduce the likelihood of a repeat. For example, one member of staff had made a medication error. The member of staff had been observed giving medicines by a senior member of staff and completed a medicine administration assessment.

Some incidents and accidents had been identified by the provider as 'never events'. For example, if a person was injured by a member of staff. If any of these events did occur there was a clear reporting system in place. It would lead to a 'never event panel' which would then identify any improvements which immediately needed to be made. This would lead to working practices changing and communicated through operational meetings. Additionally, there was a team manager's brief which contained important information including outcomes from these meetings to makes sure any learning from such events was shared to improve practice and outcomes for people.

People were kept safe because risks had been assessed and ways to mitigate them found. There was a focus on maintaining people's independence as much as possible. There were a range of risk assessments for pressure care, mobility, eating and drinking and accessing the community. One person had risk assessments where other health and care professionals had been involved in assessing and reducing the risks. This ensured they were in line with a person's needs and up to date with current practice. Another person had recently been assessed as requiring more support with transfers between the floor and a wheelchair following a recent fall. During the inspection further arrangements, including a reassessment from a health

professional, were put in place to assess and mitigate the risks to them.

Good

Is the service effective?

Our findings

People were supported to see other health and social care professionals when required. One relative said, "When [name of person] is poorly I am kept fully briefed and in the picture. I believe it is a good, caring environment". Care plans contained records of appointments with a range of health professionals including physiotherapists, doctors, dentists and speech and language therapists. Two relatives informed us staff always contacted them when there were health issues. They said they were always kept up to date with any developments.

Due to the complex needs for people living at the home, staff had to work closely with other health professionals. One person had a fall which resulted in complications to their health. Staff worked closely with other professionals to ensure their health needs were met. This resulted in their health improving. Each person had a health action plan which contained clear guidance of how to support them. One person had epilepsy and there was a plan and risk assessments about how to support them. Other people had their weight monitored to ensure they maintained a healthy weight.

People living in the home could make some basic choices with the support of staff. They would be offered objects such as an option between which drinks they would like. One person with visual impairments had been offered them, so they could feel the options. When there were significant decisions many people lacked capacity to make them on their own. 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.

We checked whether the service was working within the principles of the MCA and found people who lacked capacity to make important decisions had them made in line with current legislation. People's care plans had clear guidance for staff about how to help them consent. One person's care plan said, "[Name of person] will give consent by taking a member of staff to his room or the bathroom". Another person had visited the hospital for treatment of a health condition. During these visits staff always ensured they used the least restrictive options in the person's best interest when supporting them. Capacity assessments and best interest decisions were in place for any important decisions when the person lacked capacity. These had been regularly reviewed.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). These had been applied for all people living at the home because they were all monitored closely by staff and unable to leave the premises alone. Records demonstrated contact was made with the local authority to find out the progress for applications.

People were supported to eat a healthy, balanced diet. One person said, "I make my own pack lunches and

drinks". They made their own sandwich for lunch. Staff supported them cooking more complex meals. Two people with special eating and drinking needs had detailed guidance for staff to follow. All staff were aware of the guidance and prepared food and drink to the appropriate consistency. The registered manager told us they had worked hard to ensure all staff were aware of how to safely support them to eat. One person informed us if they wanted something different to the evening meal choice then they could. They were asked by a member of staff for their choice for the weekly menu that was created. People were encouraged to clear away their own plates after the meals as part of their independence.

All people had been living at the home for a long time. There had been an initial assessment to identify their needs and wishes. Due to the complexity of each person, staff were constantly assessing their needs. When a person's needs were identified as changing staff would contact other health professionals for a reassessment. One person's mobility had recently started declining. During the inspection a health professional came to reassess them. The following day staff had all been made aware of the outcome and a specialist piece of equipment was being sourced.

People had rooms they could personalise to their own tastes. One person had their pet bird living in a cage in their bedroom. Other people had framed photographs of their families, pictures and even mirror butterflies in their bedrooms. All the people were involved in decisions about the communal spaces. Recently, all the corridors had been redecorated. The registered manager explained they had involved everyone in choosing the colour scheme. They had paint tester pots and showed them all of the choices. Each person then had the opportunity to express their preference using their preferred method of communication.

People were supported by staff who had received most training to meet their needs. Since the new provider had started running the service there was now a set of annual mandatory training which needed completing by all staff. This included medicine management and safeguarding. Additionally, there was practical training for basic life support, managing behaviours which challenge and supporting people with mobility issues. However, there were three staff who had not updated their medicine training. The registered manager had set deadlines for these staff and completed detailed observations of their practice. One member of staff had not received managing behaviours which challenge training because they were new and two courses they were due to attend had been cancelled. During the inspection the registered manager rebooked them on a course.

The management completed regular observations of key tasks to ensure staff were doing them safely. Most staff had recently been observed administering medicines to ensure they were working within current national guidelines. When staff were identified as struggling with the new training systems, a senior member of staff sat with them. They talked through the training and how to access it. This helped improve their confidence.

New staff completed the induction set up by the provider and were enrolled on the Care Certificate. The Care Certificate is a nationally recognised standard to make sure all staff working in care has basic skills to look after people. One member of staff shadowed experienced staff and worked through the Care Certificate when they started working. They explained this helped to give them confidence. The other members of staff had shared their knowledge of the people to them, which had been invaluable. The registered manager was clear they would not let a new member of staff work on their own until they were confident.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff who knew them very well. One person said, "Staff are quite good". Throughout the inspection we saw many positive interactions between people and staff. All people were comfortable in staff presence and they laughed with them. Staff spent time socialising with them in communal areas and supported them in their bedrooms when invited. One relative said, "They [meaning the staff] are very caring and understanding" and continued, "They are really nice and welcoming" when they visited.

Staff had a very close, caring relationship with the people they supported. One staff member said, "We are really caring people". All staff spoke affectionately about the people they were supporting. One person was talking about their love for doing the laundry. One member of staff said, "She is our little laundry fairy". The person grinned and enjoyed the rest of the conversation about this. Another member of staff said, "A big part of care is knowing the people" and told us how important this was for people living in the home.

Compliments received by the home reflected what we were told. One read, "Many thanks to everyone for all the good work you provide to ensure that everyone at Greengates have the best of care". Another one read was from a relative after the staff had worked with them following the death of a family member. It read, "Thank you for coming to Dad's funeral on [name of person's] behalf. It was lovely to see so many of you".

The people living at the home had complex needs. Most had a difficulty communicating their needs. The staff knew them incredibly well and supported any new staff to help understand them. One member of staff was relatively new to the team and expressed how much the other staff had supported them. There was a fear from some staff about the future of people if too many staff changed in a short space of time.

People were encouraged to maintain relationships with their families and friends. One person went to have meals with their friends. Another person had a more difficult relationship with their family member. Staff had worked hard with specific members of the family to help develop their relationship. The person now went to visit them regularly because of the work which had been done. Each person's care plan contained "relationship circles" to highlight the important people in their lives. This was important because most were unable to verbally communicate this.

People could make choices and staff respected them. One person chose to go to bed early and get up very early. This resulted in them sometimes requiring a sleep during the day. Staff knew about this and respected this person's preferences. Another person had chosen to have a pet. Staff had helped them choose their pet and helped them look after it. People were able to choose whether they had baths or showers. One person told us how often they had a shower and it was their choice because they did not like baths.

People were supported by staff who understood how to protect their privacy and dignity. One member of staff told us, "I make sure doors are closed and curtains are shut" when supporting a person with intimate care. They explained it was important to give the person privacy where possible. All staff knew to knock on doors prior to entering people's bedrooms. During the inspection when staff wanted to speak about

confidential information they went to a private area of the home.

People were supported to maintain their religious and cultural needs. One member of staff told us two people regularly went to church. One of the people had begun to go to church on their own. Recently the vicar came for a cup of tea with the people less able to attend church. Staff supported people to attend the church fete if they wanted to. Another person had always lived in the village and was encouraged to maintain their friendships in the community. Their relative told us it was lovely they could stay living in a familiar area. One member of staff told us they knew how important the village was for this person.

Good

Is the service responsive?

Our findings

People had care plans that were personalised to their needs and wishes. One person told us they knew their care plan was kept in their cupboard. They had chosen not to access it. They said, "They [meaning staff] look at it for you". Each person's care plan had key details which provided guidance for staff to follow. There were 'communication passports' which listed how the person preferred to express themselves. One person's care plan stated staff should observe their body language and give them physical prompts such as an object to point to. Two people's care plans stated they required staff to use simple sign language to support their speech. This was currently not being used by many staff.

Each person had their wishes and needs reviewed at least annually. One relative told us they had been invited to each review so they could speak on behalf of their family member who had limited verbal communication. During the reviews, discussions were had about achievements and challenges throughout the year. Goals were set and things they would like to do in the future. There were opportunities to review health needs and explore ways to maintain good health.

People were supported to participate in a range of activities to meet their hobbies and interests. One person told us about the variety of activities they attended. This included going to college, accessing the community and visiting friends. They enjoyed learning to play the keyboard and performing arts. Other people were supported by staff to find things which interested them. One person had many picture books they enjoyed looking at with staff whilst others went to have meals in the community. One member of staff joked affectionately that one person was so well known in the village they were greeted by everyone. Another member of staff said, "It is all about the residents being out".

When it was possible, the staff promoted people gaining independence for activities. One person had been working towards becoming more independent. They had gone through various stages of accessing the community including having staff walking behind them at a distance. As a result of this work, not only were they able to go to the shops on their own, they could also attend church independently.

People were supported to have a dignified death. Additionally, people were supported to celebrate the life of close family members and receive support when they died. One person was supported by staff to choose flowers for a family member's funeral. Discussions had been held with relatives and people to identify their preferences for their funeral. One relative said, "I have discussed [name of person's] funeral plans". The registered manger had completed some additional training around end of life care. They told us they were going to liaise with the local hospice to develop links including support and potentially training for staff. The registered manager understood the importance of debriefs for any staff involved in end of life care for people.

People communicated when they were not happy through their behaviour or by speaking with a member of staff. The registered manager had chosen for people not to have one specific named person to act as a key worker on their behalf. This was to prevent unnecessary attachments forming. They explained because it is a small team of staff they all know each other and the people well. One person we spoke with named

members of staff they could speak with if they had a concern or wanted support. Staff knew people well and recognised when they were upset.

Relatives were aware of how to raise a concern. One relative said, "I don't have any complaints". Both relatives informed us they would speak with the registered manager. One relative talked about some minor concerns they had raised about their family member to the registered manager. They confirmed all of them had been resolved immediately. There was a robust complaint system in place to manage formal complaints. There was an electronic system which improved people and relatives receiving a timely response. There had been no formal complaints received since the new provider had taken over.

We discussed with the registered manager and staff how they promoted communication and information sharing in line with the Accessible Information Standard. The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand. Recently, one person required medical tests. To help them understand the process staff created a picture book and simulated the process. As a result, the person consented to the procedure. On other occasions staff used objects and pictures to share information. Each person had an easy read copy of the home's 'residents guide'. The registered manager was clear they used communication strategies which reflected the person's understanding.

Good

Is the service well-led?

Our findings

People had a positive relationship with the registered manager. One person kept coming into the office to speak with the registered manager throughout the inspection. Every time they did the registered manager stopped what they were doing and engaged with them. Other people smiled and interacted with the registered manager when they saw them. All the people were comfortable in the registered manager's presence and it was clear they knew them. The registered manager could talk in detail about each person. One relative said, "[Name of registered manager] is very good. She is constantly in touch".

Staff spoke highly of the registered manager. One member of staff said, "[Name of registered manager] is remarkably good" and, "Very approachable". They continued the registered manager was, "Always at the end of the phone" and told us they call them at any time. Another member of staff said, "[Name of registered manager] is a great manager" and continued to explain how they had been supported through an issue by them. The registered manager had been nominated as an "inspiring person" as part of the provider's internal recognition systems.

Staff meetings were held regularly to share important information including any changing needs for the people. One member of staff said, "Everyone is able to make suggestions at team meetings and any other times". All staff agreed they were listened to and when possible, action had been taken to address the suggestions. One staff meeting provided an opportunity to discuss team culture. Decisions were made about staff accountability during the shifts they worked so everyone was clear about their responsibilities. Another topic was an update from a dietician's visit. During these meetings staff were encouraged to make suggestions of improvement for the home and people. One suggestion had been about sourcing a safer type of fan during the hot weather.

The provider was aware the service and staff had been facing a lot of change. Some staff expressed they were concerned about the future because of current changes. One member of staff did not feel the provider put the people at the centre of any work they do. The provider had produced a question and answer form to help staff with common questions. This was to ensure there was a drive to provide high quality care whilst respecting the need for people and staff to adapt. It was clear through the provider audits that paperwork and files were updated to ensure the new provider's systems were in place. Staff told us this had been a lot of work and it was still ongoing. The registered manager informed us they were ensuring all the new policies and procedures were implemented.

People were supported by a provider and management who had a system to monitor the quality of the service and committed to on-going improvement to people's care and support. Quality assurance systems identified areas for improvement. These were then acted upon. For example, changes had been made to some of the care plans. The registered manager told us the provider have an internal compliance team who, "Pick up things and help make improvements". They were very positive about this additional line of quality assurance. Recently, they had received medicines audits from the provider and this had helped them improve their practices in the home. For example, all 'as required' medicines now had protocols to provide guidance for staff. There had been other changes made by the staff in line with other areas of development

the provider picked up.

Occasionally, internal audits completed by staff were not identifying minor elements found during the inspection. For example, there were two days in two people's medicine temperature checks which had not been identified as being missed. A recent audit by one member of staff had not identified the potential risk to the medicines. The registered manager told us they would amend the system in place. This meant they would have oversight of all future audits so they could complete spot checks and ensure all concerns were being identified. The provider's audits had identified some of these concerns which led to action being taken.

People were supported by staff who had a clear line of accountability. One member of staff confirmed they had regular supervisions to discuss training needs, work practices and any concerns with a member of management. Every year they had an annual review to evaluate their year and set targets for next year. Another member of staff said, "All staff were kind and supported me when I need". The home was overseen by a registered manager who was supported by an acting assistant team manager, team leaders and support workers. The registered manager expressed how vital it was the staff worked as a team. They told us, "The whole team works really hard to make a positive impact". One member of staff echoed this ethos of team working. They said, "I am very happy at Greengates. We [meaning the staff] get on as a team".

The registered manager and provider were aware of when notifications should be sent in line with current legislation. There had been notifications received in line with statutory requirements to inform the Care Quality Commission (CQC) when people had been hurt or there was a death. There was a system which was in place to monitor all incidents. This would highlight if appropriate action had been taken including sending notifications to external parties such as CQC.