East Sussex County Council

Greenacres

Inspection report

Mill Lane
South Chailey
Lewes
East Sussex
BN8 4PY

Tel: 01273890863
Website: www.eastsussex.gov.uk

Date of inspection visit:
07 June 2017

Date of publication:
03 August 2017

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

Greenacres is a residential service that provides personal care and support care for up to seven people with a learning disability and behaviours that may challenge. At the time of the inspection there were six people living at the service. The registered provider informed us that they were planning to move the service to another site and had begun the process of informing people and their relatives in preparation of the move.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good and met all relevant fundamental standards.

People were safe. Staff understood the importance of people's safety and knew how to report any concerns they might have. Risks to people's health, safety and wellbeing had been assessed and plans were in place, and there were suitable arrangements in place for the safe storage, receipt and management of people's medicines.

There were sufficient numbers of staff deployed to meet people's needs and staff knew people well and had built up good relationships with people. The registered provider had effective recruitment procedures in place.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff treated people as individuals with dignity and respect. Staff were knowledgeable about people's likes, dislikes, preferences and care needs. Staff were skilled to approach people in different ways to suit the person and communicate in a calm and friendly manner which people responded to positively.

Peoples' health was monitored and referrals were made to health services in an appropriate and timely manner. Any recommendations made by health care professionals were acted upon and incorporated into peoples' care plans. People with complex care needs were given excellent care and the service was used as a first point of call for local health commissioners.

People who wanted to be occupied had busy lifestyles which reflected their lifestyle choices and likes and dislikes. People's privacy and dignity were respected and upheld by staff who valued peoples' unique characters.

Staff were kind and caring and treated people with dignity and respect. Good interactions were seen throughout our inspection, such as staff sitting and talking with people as equals. People could have visitors from family and friends whenever they wanted.

People received a person centred service that enabled them to live active and meaningful lives in the way they wanted. People led full and varied lives and were supported with a variety of activities often with one to

one support.

Complaints were used as a means of improving the service and people felt confident that any concerns would be taken seriously should they make a complaint.

There was an open, transparent culture and good communication within the staff team. Staff spoke highly of the registered manager and their leadership style. The management team had positive relationships with the care staff.

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 remains: Good.	Good
Is the service effective? The service remains: Good.	Good
Is the service caring? The service remains: Good.	Good
Is the service responsive? The service remains: Good.	Good
Is the service well-led? The service remains: Good.	Good

Greenacres

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 carried out 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 was a comprehensive inspection.

The inspection took place on 7 June 2017 and was unannounced. The inspection team included one inspector. Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We spoke with five people living at the service, and one of their relatives. On the day of our inspection the registered manager was on annual leave. We spoke with the deputy manager, a senior manager and three members of staff.

We looked at four sets of records relating to people's support, and a range of assessments of needs and risks. We reviewed documentation that related to staff management and to the monitoring, safety and quality of the service. We looked at four staff recruitment files and sampled the service's policies and procedures.

At our last inspection in May 2015, the service was rated: good.

Good

Is the service safe?

Our findings

People and staff told us that they felt the service was safe. One person told us, "I'm safe because it's nice here." Another person commented, "Yes I am safe. They (staff) help me." One relative commented, "Yes I have been there several times and on occasions I've visited I've been happy with the surroundings and the area where they live. The staff members look after the residents there."

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting any concerns. All of the staff we spoke with were able to identify different forms of abuse and were clear about their responsibility to report suspected abuse, and who they should report suspicions to. One staff member told us, "I have had training and would contact the care manager, registered manager, local authority or eventually CQC." Safeguarding alerts had been raised appropriately by the service when concerns had arisen for people's safety.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. A range of risk assessments were in place, which covered areas of care such as using the bathroom, heatwaves and being out in the community. Each risk assessment considered the potential hazard and the control measures required to minimise the level of risk. Environmental risks were being managed effectively through regular monitoring and checks conducted by the registered manager. There were up to date safety certificates for gas appliances, electrical installations, and portable appliances. The registered manager ensured that general risks such as slips and trips were regularly assessed. Regulatory risk assessments were completed to reduce hazards around manual handling, Control of Substances Hazardous to Health (COSHH) and food safety.

The premises were safe for people and staff because all fire protection equipment was regularly checked and serviced. Staff were trained in fire awareness and staff were appointed as fire marshals with specific responsibilities. Quarterly fire drills were carried out with people's active participation. Each person had a personalised evacuation plan that detailed their ability to respond to the alarm system, their awareness of procedures in case of emergencies, and any equipment they may need during an evacuation. These were reviewed regularly to reflect any changes. The service held an emergency contingency plan that was comprehensive, regularly reviewed and updated.

There was a sufficient amount of staff deployed to keep people safe and meet their needs. There was a 'staff level' risk assessment used to determine safe levels of staffing in the service. The risk assessment showed that two staff members were required as a minimum to keep people safe; however, the management team had routinely provided additional staffing above the 'safe' level of two staff. This was to ensure that people could be supported to attend the local community with staff support on a more frequent basis, and to have more one to one support. We reviewed the rota and the overwhelming majority of shifts had three staff on in order to support people in a more personalised way. Where two staff had worked we checked records, such as the incident report file, and did not see any increase in behaviours that may challenge or other indicators that people were not having their needs met. On occasions where two staff had worked people had completed their daily tasks and had been supported with meals and medicines, as well as some activities.

Some staff told us that there were vacancies in the service and the deputy manager explained, "We use the community services [East Sussex County Council] staff trained to the same level as Greenacres' staff. If there's an emergency we can call staff from another [East Sussex County Council] home to cover."

Thorough recruitment and disciplinary procedures were followed to check that staff were of suitable character to carry out their roles. We checked three staff files and all relevant processes were appropriately documented and fully completed. Therefore people and their relatives could be assured that staff were of good character and fit to carry out their duties.

There were safe medicines administration systems in place and people received their medicines when required. The service used a monitored dosage system where tablets arrive from the pharmacy pre-packed and in a separate compartment for each dosage time of the day. We checked the medicines administrations charts for people and found that medicines were being signed in to the service and counted correctly, meaning that it was easy for the registered manager to conduct audits of medicines. Each person had a 'personal medication instruction' sheet with the name, dosage, route and time of each medicine with any special prescribing instructions, such as 'to be taken 30 minutes before food'. Where people were prescribed as required (PRN) medicines there were PRN protocols in place to guide staff on how frequently these medicines could be given, how they should be given and which signs to look out for if a person was ill following taking these medicines.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One person told us, "The staff know how to help me do things." One relative commented. "You need qualified staff to look after an autistic person. It's a learning curve, you can't do it pen to paper and have to know the person and their traits. People can be quite challenging and they [staff] get to know their boundaries."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. One staff member told us, "There is fantastic training: almost too much choice." Another staff member commented, "I've done so much training I'm always up to date with learning. I asked for extra training and got to do a QCF [a nationally recognised qualification] in autism." The training plan confirmed that staff had completed essential training to carry out their role and had their training regularly audited by the registered manager. The plan showed a wide and varied range of courses that a manager could book staff members on to, such as fire safety and first aid. In addition to this there were also specialised courses such as epilepsy and end of life care available. One staff member had been trained in Makaton (Makaton is a language programme using signs and symbols to help people to communicate) and was able to communicate more effectively with one person, when they were making plans, as a result of the training. Competency checks were in place for training such as medicines administration to ensure that people were receiving their medicines from staff who were effectively trained.

People were being supported by staff who were effectively supervised by a line manager. We checked the files for three staff members and each person had been supervised every three months as per the services' guideline. Staff had attended an appraisal meeting with the registered manager, where their performance was assessed and targets were set for the forthcoming year. New staff to the service were supported by the registered manager to complete an induction programme before working 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 people lack mental capacity to make 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had ensured that people's freedom had not been inappropriately restricted and systems were in place to keep people safe. Records showed that the service had made appropriate referrals for DoLS and were using the principles of the MCA to protect people. Where DoLS had been applied for, restrictions such as locked gates and doors were mentioned. Prior to applying for DoLS the registered manager had completed an MCA assessment and held a best interest decision to look at the least restrictive practice.

People had sufficient food and drink to maintain good health. One person had recently had their nutrition

monitored with food charts. They had received fresh fruit and vegetables as part of a balanced diet, with meals at breakfast, lunch, dinner and supper. During our inspection people were verbally encouraged to drink fluids. People chose their menus once a week and were encouraged to make healthier choices. One staff member told us, "There is a lot of food in the freezer for alternatives if people don't want the menu option. In the morning if people want eggs, bacon, or if they want cereal they can have what they like." One person had a healthy eating plan which made suggestions for lower calorie options. For example, on one day lunch was crispbreads with cottage cheese and the main meal was grilled fish with vegetables. We checked food safety records and saw that temperatures of foods and regular cleaning of the kitchen had been recorded. Food was being stored correctly with any opened items labelled and dated, so staff members would know when they would expire.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. One relative told us, "My brother goes to the dentist regularly and it's quite a big thing for him to go: he has to have support as it's a big thing for him. He sees his GP if he's not well. I know as he recently had [a procedure] to check for a genetic condition." Care plans showed that people regularly saw healthcare professionals. One person had nine healthcare appointments recorded in the past six months. This had been with their GP, an occupational therapist, a chiropodist, a nurse to have blood taken for analysis, and an independent mental capacity advocate to discuss their move to the new site. This high level of interaction with healthcare professionals was present in the other care files we reviewed.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. One person told us, "The staff are kind and they help me." One relative commented, "When I phone the staff are always very nice. On visits they seem like very nice people."

People had developed meaningful caring relationships with staff and this was evidenced by how people communicated with staff. One member of staff came on shift and a person smiled openly and said, "Hello [name]" and then hugged the staff member and laughed. In response to this spontaneous show of affection the staff member put their arm around the person and asked them about their day and a very natural conversation occurred about what the person had done and their plans for the afternoon. Another person needed to buy new slippers on the day of our inspection. The person came and told us, "I'm going out and I'm happy now. I'm buying new slippers and a bag to put them in." The person proceeded to talk about another item of clothing that was very important to them and how they wanted to buy this instead of the slippers they actually needed. A staff member gently prompted the person to think about the item they needed, and reminded them that they had lots of spares of the other item. As a result of this subtle re-direction the person was able to go shopping with no obvious signs of anxiety and later on returned with new slippers, which they were proud to show to other staff members and their housemates.

Staff and people spoke in an easy and relaxed manner with one another and shared appropriate jokes and humour to create a calm and homely environment. One person approached a member of staff and asked the staff member to guess what item was behind his back. The person had found a lost pen and was returning it to the office, but positive staff interaction ensured that other conversations followed. As the pen was handed over the staff member commented, "There's no flies on you, you're great!" to which the person replied, "I think you're great too." A conversation then developed around food and what the person wanted for dinner. The person was delighted to make the staff member laugh by telling them all they wanted was a beetroot. This interaction was typical of the relaxed and enjoyable conversations we heard during our inspection.

People's independence was encouraged and their involvement in the day to day running of their service was apparent. We spoke to staff about how they encouraged people's independence; one staff member told us, "People are encouraged a lot. Some clients would have you doing everything for them but they're encouraged to make their own drink and, for example, if we make crumpets for breakfast we'll leave butter and jam out so people can put it on themselves." Another staff member commented, "We prompt people with personal care and people are supported to do their own laundry and change their bedding." Documents had been produced by staff to motivate people to take an active role in their lives. One document had pictures of domestic tasks, such as 'vacuumed or cleaned my bedroom', and activities, such as 'attending day centre or horse riding', and people were encouraged to create a chart of the different things they had done each week. People chose what they wanted to wear and what they wanted to do, and were free to arrange their lives as they pleased. Care plans showed that people's independence was promoted and staff members were directed through care planning to prompt and encourage people, and not take over or do things for people. This ensured people maintained their levels of independence as well

as learning new skills.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. The service used visual feedback charts to ask people whether they were happy with different elements of their support. We saw sheets entitled, 'are you happy with your key-worker' with a photo of each person's key worker. A key worker is a member of staff who takes a lead role in a person's care and health and ensures that care plans and appointments are up to date. There were also feedback forms for whether people felt safe at home or not. At each person's care plan and annual reviews, the person was actively involved and their views sought. One staff member told us, "X will whisper if he doesn't want the dinner option so we tell him it's OK to ask for something else, but it takes time." The care worker told us how the person had not been given choice in their previous place of residence so staff allowed them more time to reach decisions. The understanding of the person's history enabled staff to support the person in such a way as to give them a voice.

Staff promoted people's privacy and respected their dignity. Staff had received training in respecting people's privacy, dignity and confidentiality. Staff did not enter people's bedrooms or communal areas unless they were invited to do so. Access to a people's rooms, for e.g. maintenance purposes, was arranged and agreed in advance with people.

Good

Is the service responsive?

Our findings

People were receiving a person centred service. One person told us, "They [staff] know how I like things done." One relative commented, "Staff would have to personalise care because you get to know each person's needs; they're all different and aren't treated the same." One staff member told us, "X has to have his routines met and it's worked really well. If the routines are not followed it would really upset him."

Care plans were personalised and each file contained information about the person's likes, dislikes and people important to them. Each care plans contained a one page profile stating important information unique to the person under headings such as, 'about me', 'important to me' and 'what others like about me.' We read one person's profile and were able to obtain key pieces of information important to the person, such as the need to have windows and blinds closed and their bedroom kept neat and tidy. Interests were recorded such as, 'I like to watch TV and listen to music and dance. I like to be out and about in the local community having meals out, visiting places and keeping busy.' We checked the activities planner for this person for April and saw that they had been kept busy with several horse drawn carriage trips, shopping trips, colouring activities at home, making clay pots and painting them, walks in the community to look for wild flowers and going for a drink in local pubs.

People's views were sought at each review of their support plan. People's meetings were held monthly where people expressed their views about the service, the staff and their environment. Additionally, survey questionnaires about activities, such as a night out at a nightclub, were provided to people. Routine reviews of care plans involved people in setting and reviewing key achievements. We saw one person had maintained a task of recycling at a local recycling centre and had told the review meeting that their favourite activity was a regular trip to a drive-through fast food restaurant. We reviewed goals that people had set in their annual reviews, which ranged from visiting attractions such as zoo's, seeing family members, to going banger racing, making Christmas and Halloween decorations and going to a show in London.

People's individual communication needs were met by staff who understood them. Care plans explored people's communication needs and gave staff the guidance they would need to communicate effectively with people. For example, each file had an 'essential support information' section to explain key details of how each person wanted to be supported. One person's essential support information explained how to communicate with the person, 'I have limited communication and respond with yes to most questions. Please give me some verbal prompts so that I can choose and make clear what I want. I can use Makaton so please use this when talking with me.' Makaton is a language programme using signs and symbols designed to support spoken language where the signs and symbols are used with speech. We spoke to the person's key worker about how they ensured communication was effective and tailored to the person's individual needs. The key worker told us, "X's Makaton is limited but they understand verbal language so I use drawings and symbols that they understand well." We reviewed some of the key worker meeting notes and saw that hand drawn symbols, such a as foot for the chiropodist, had been used effectively to help the person understand which appointments and activities they had in the next week. Another meeting, to arrange the person's birthday party, used pictures of a cake, balloons and a stereo playing music. This enabled the person to understand when their party would be and what would happen during the party.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The service recorded all complaints in a complaints log and these had been followed up in line with the registered provider's complaints policy. Although there had been no complaints received in the past 12 months, previous complaints had been logged and sent to a complaints team. The complaints file contained an up to date copy of the complaints policy. There were also documents on how to learn from complaints and guidance on responding to complaints. Records showed that people were given information on how to complain and an easy read leaflet explaining how to complain.

Good

Is the service well-led?

Our findings

People, their relatives and staff told us they appreciated the registered manager's style of management. One person described the manager as, "lovely", another commented, "I like [manager]". One relative commented, "My sister had spoken to her and is happy with the manager." The Greenacres management team included an operations manager, a registered manager, and a deputy manager. The management team operated an open door policy and people and staff were welcome to the office to chat or discuss any concerns they may have. The registered manager and deputy manager stepped in to cover staff when necessary and maintained a 'hands on' approach towards the work. The management team had established a positive rapport with each person.

A system of quality assurance checks was in place and effectively implemented. The service used a quality assessment framework to ensure that internal quality monitoring and external contract monitoring was robust. We reviewed the service development plan which had been reviewed at regular intervals. Outcomes had been generated and actioned, such as support workers covering shifts across three local homes managed by the registered provider. A monthly manager's monitoring tool had been completed and had been reviewed by the operations manager. We saw that comments had been added by the operations manager which showed that there had been effective monitoring of the service at different levels of the management team. The registered provider's quality monitoring team came to the service at periodic intervals and an internal compliance team completed four checks per year to monitor the effective management of different areas like incidents, medicines, training and safeguarding.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. The deputy manager told us, "It is a friendly, positive and enabling service: we ask what do clients want to do and then look at how we can enable it." The deputy manager explained how the service enabled people to accomplish through an open culture whereby people and staff could talk about anything and work together to achieve goals. People were being consulted on the move to a new service and each person had a transition file. Some people had chosen colour schemes for their bedrooms and goals had been set for moving. Where appropriate the service had ensured people had access to an advocate to speak on their behalf. One person had mentioned to their staff that they wanted to go to France for the day so the staff team were enabling it to happen: a passport had been obtained, staffing for the trip had been agreed, risk assessments completed and insurance applied for. One staff member told us, "We want to open up the world and give people choices." Staff were encouraged to take on key champion roles in order to drive up standards in the home: one staff member had recently attended an advanced training course in infection control training to become the lead for reducing the risk of infection.

The management team ensured that people had access to their local community and were involved in community activities. The service maintained close ties with local GP and nursing services. The operations manager told us, "One person attends day centre in the local town and all our clients are known by name in the bank and shops." People attended local fetes and community activities. There had recently been an event at the local football ground attended by people.

All documentation relevant to the running of the service and of people's care was well organised, appropriately completed and updated. Policies were easily accessible to staff, and continually updated by the provider to reflect any changes in legislation. Records were stored confidentially, archived and disposed of when necessary as per legal requirements. The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred.