Care and Support Sunderland Limited

Greenbank

Inspection report

North View Terrace
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DH4 5NW

Tel: 01913857104

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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

We carried out an unannounced inspection of Greenbank on 10 March 2016.

The last inspection of this service was carried out on 26 April 2014. The service met the regulations we inspected against at that time.

Greenbank is a large detached family house set in a residential area near local shops and transport. The service is registered for five places and there were five people living there when we visited. The home does not provide nursing care.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they "liked" their home. They felt comfortable with the staff who supported them. Staff were clear about how to recognise and report any suspicions of abuse. They told us they were confident that any concerns would be listened to and investigated to make sure people were protected.

There were enough staff to assist people in the house in a safe way and to support people to go out to activities in the community. The recruitment of staff included the right checks and clearances so only suitable staff were employed.

Potential risks to people's safety were assessed and managed. People's medicines were managed in a safe way, although it would be better if checks were kept of the temperature of the room where medicines were stored.

Staff had training in the Mental Capacity Act 2005 for people who lacked capacity to make a decision and deprivation of liberty safeguards to make sure they were not restricted unnecessarily. Staff asked for permission before carrying out care tasks. People told us they made their own choices about their daytime routines.

People told us they "liked" staff. We saw people actively sought out staff members to spend time with and chat about their day and plans for the next day. Staff spoke about people in a valuing and positive way, and supported them to play an active part in their local community. For example, people used local shops and pubs. One staff member commented, "I love going with them to the local [social] club. They have such a great time."

People were supported to access healthcare services, such as GPs and physiotherapists when they needed these. People were fully involved in planning their menus and preparing meals. Each person's nutritional

well-being was assessed. They were encouraged to enjoy a healthy diet, but staff understood people could make their own choices about this.

People's care was planned to make sure they got the right support to meet their individual needs. People enjoyed a range of vocational activities outside of the home. Two people did voluntary work and staff also helped people to find activities in the local community that they might be interested in.

People had information about how to make a complaint or comment. During this inspection a complaint about the service was raised. This was shared with the provider who carried out a comprehensive investigation and reported the findings back to the complainant.

People and staff had opportunities to comment on the service at any time as well as at regular meetings. Staff felt the organisation was run in the best interests of the people who lived there. The provider had a quality assurance system to check the quality and safety of the service provided.

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 felt safe and comfortable at the home.

There were enough staff to support each person with their individual activities. The provider made sure only suitable staff were recruited.

People were supported with their medicines in the right way.

Is the service effective?

Good

The service was effective. People felt they got the right support from staff.

Staff had training in care and felt supported in their role.

People were supported to access healthcare service whenever this was necessary.

Is the service caring?

Good

The service was caring. People liked the staff and there was a good relationship between them.

Staff said their colleagues were caring and compassionate. Staff enjoyed their jobs and supporting people to be more independent.

People made choices and decisions about their lifestyle and running the home.

Is the service responsive?

Good

The service was responsive. Care was planned in a personalised and individual way for each person.

People were involved in a range of occupational and vocational activities including, community-based classes and leisure activities.

People had information about how to make a complaint. The

provider dealt with complaints in a thorough way.

Is the service well-led?

Good

The service was well led. People were asked for their views about the service at their regular house meetings.

Staff told us they thought the service was well run by the provider. The home had a registered manager.

The provider had a system for checking the safety and quality of the service.

Greenbank

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 10 March 2016. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with other information about any incidents we held about the home. We contacted the commissioning and safeguarding adults officers of the local authority to gain their views of the service provided at this home. We contacted the local Healthwatch group to obtain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the visit we spent time with each of the five people who lived there. We spoke with the registered manager and three support workers. With people's permission we looked at some bedrooms and communal areas of the premises. We also viewed a range of records about people's care and how the home was managed. These included the care records of two people, the recruitment records of three staff, training records and quality monitoring records.

Good

Is the service safe?

Our findings

People told us they "liked" their home and felt comfortable with the staff who supported them. People spoke fondly of their keyworkers and said they enjoyed spending time with them.

Staff told us, and records confirmed, they received training in safeguarding adults at induction and then as refresher training. Staff were clear about their responsibilities to report any concerns and told us they would have no hesitation in doing so. One staff member commented, "When I reported something it was acted on straight away." Another staff member told us, "We have good safeguarding procedures. It is a safe place for people and for staff."

The provider had clear policies on safeguarding vulnerable adults and whistleblowing (for staff to report any poor practices). The service had made appropriate referrals to the safeguarding team whenever necessary. The service had also notified the Care Quality Commission about these events and including the actions the staff had taken to protect people and the plans to reduce the risk of further occurrences. Commissioners and safeguarding officers did not express any concerns about this service.

Risks to people's safety and health were assessed, managed and reviewed. People's records included individual risk assessments which provided staff with information about identified risks and the action they needed to take, for example risks relating to mobility needs. Any accidents were recorded and if necessary were forwarded to the council's health and safety officer.

There were personal evacuation plans that described what support people would need to vacate the house in the event of an emergency. There were contingency plans about the continuity of care of people in the event of an emergency or mass staff absence. There were on-call arrangements for staff to contact senior managers. There were also on-call arrangements with a contractor in the event of building or equipment repairs. At the time of this visit the premises were in a good state of repair.

People said they went out frequently with staff . Staff said they thought there were enough staff to support people. One staff member commented, "There are enough staff to get people out and about." Another staff member told us, "The staffing levels mean we can help people to all their activities."

The usual staffing levels were two support workers and the registered manager on duty throughout the day. Most people were out at activity centres or at voluntary employment through the week. The support workers assisted them to get there. One person had needs which meant they had no community resources so staff supported them with local walks, shopping and activities in the house. All the people were fully involved in their home, including housework, and staff supported them with this.

Night time staffing arrangements had recently changed from one staff sleeping-in, to one staff on waking duty. This was because one person's needs had recently increased so they needed some support through the night. This meant the service responded flexibly to meet people's change in needs and adjusted the staffing arrangements accordingly.

Recruitment practices were thorough and included applications, interviews and references from previous employers. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the home had checks in place to make sure that staff were suitable to work with vulnerable people.

Medicines were securely stored in a locked cabinet. The room was very warm and there were no temperature checks of this to make sure it was at acceptable temperature for storing medicines. The registered manager agreed to make sure the temperature of medicines storage was below 25°C.

The home received people's medicines in blister packs from a pharmacist. The blister packs were colour-coded for the different times of day. This meant staff could see at a glance which medicines had to be given at each dosage time. In discussions staff understood what people's medicines were for and when they should be taken. We noted that the GP had prescribed people paracetamol four times a day, but staff said this should be 'as and when required'. Staff agreed to contact the GP for this to be reviewed.

All the staff who were responsible for administering medicines had completed training in 'safe handling of medicines'. Staff had read the medicines policy and signed to show they understood their responsibilities in this. Staff competency in managing medicines had recently been checked. It was intended that this would be done on at last an annual basis to make sure staff continued to understand how to manage people's medicines in a safe way.

Good

Is the service effective?

Our findings

People commented positively on how their keyworkers supported them to do the things they wanted to do. They did not have a view about staff competency or training but did say they felt staff were "good" at supporting them. Staff felt the service was good at meeting people's diverse needs. One staff member told us, "We support people with all aspects of their needs, psychological as well as physical."

Staff told us, and records confirmed, that they had completed relevant training in care. Eight of the twelve staff members had achieved a national vocational qualification in care and two newer staff members had completed the Care Certificate (a set of national minimum standards of safe care that care workers should cover as part of their induction training).

Staff also received necessary health and safety training such as fire safety, first aid and food safety at induction. We noted that the home's training matrix record did not always specify this but new staff confirmed this necessary training was included in their induction package. One new staff member told us, "It was really good that I got a full two weeks induction before I started, even though I've worked in other care settings." Another new staff member commented "There's plenty of training. I did two weeks induction then you get more in-depth training later. As a complete beginner I felt really supported by the organisation."

One longer-serving staff member told us, "We used to have lots of training but we've had nothing much for a couple of years." The registered manager confirmed that there had been fewer new opportunities for training for long-term staff recently. All staff had previously completed mandatory training and the provider was auditing training needs across the whole organisation in order to arrange updated training for its work force.

We looked at how the provider supported the development of staff through supervisions. Supervisions are regular meetings between a staff member and their supervisor, to discuss how their work is progressing and where both parties can raise any issues to do with their role or about the people they provide care for. It was evident from supervision records that some care staff had had a reduced number of supervisions last year because the registered manager had been away from the home supporting another service. However, since the registered manager returned to Greenbank supervisions and an annual appraisals of each staff member had been carried out.

Staff had completed recent training in the Mental Capacity Act 2005 (MCA) which 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the provider had made applications to

the local authority about four of the people who lived at Greenbank because they needed supervision outside the home. The DoLS applications had been authorised by the local authority. The fifth person had capacity to decide whether to have staff support when they were out. In this way the provider was complying with the requirements of the Mental Capacity Act.

People were able to accept or decline support in the house, for example support with medicines, so were able to show their consent. We observed staff always asked people for their permission before offering any support. We saw that people had signed a 'Residents' Contract' some years ago. However the contracts were in complex language and were difficult concepts for people to understand. The registered manager and provider agreed that people should not be expected to consent to agreements that they did not understand. The provider stated the contracts were no longer applicable and would be removed from their files.

The care records about each person included a nutritional assessment about their eating and drinking needs. None of the five people were at nutritional risk and they all enjoyed being involved in designing their menus, shopping and preparing meals. One person was lactose-intolerant and they told us they were supported to buy their own milk and dairy-free products.

Everyone was involved in choosing items for their menus at their monthly 'customer meetings'. People designed a four week menu but could also choose alternatives to this if they changed their minds on the day. One support worker commented, "We just use the menu as a guide for the shopping list, but they have whatever they fancy." People showed us that they put a picture menu up in the kitchen each week so they could see what they were planning to have. Three people enjoyed going to do the weekly grocery shopping at large supermarkets. Two people chose not to do this, and their choice was respected, but they were able to do local shopping at smaller shops.

Staff supported people to understand nutritional health but also promoted people's independent decision-making. One staff member commented, "We try to help people with healthy eating, but it's their choice and we can only guide them."

It was clear from health care records that people were supported to access community health services whenever this was required. These included their own GPs, dentists and opticians.

The care records showed example of other specialist health services that people were supported to access such as physiotherapy and psychology services. Staff acted quickly on any change in people's health needs. For example one person had recently experienced a few falls. As a result the staff had made referrals to the falls clinic, arranged physiotherapy services to provide exercises to support the person's balance, and requested a review of their special footwear.

Good

Is the service caring?

Our findings

People made positive comments when talking about the care they received from staff. People told us they "liked" staff. We saw people actively sought out staff members to spend time with and chat about their day and plans for the next day. There were friendly conversations during meal times and a good rapport between the people and staff.

Staff told us their colleagues were caring about the people who lived there. One new staff member commented, "I think the staff are genuinely caring and compassionate. There are really good relationships between the people and the staff." Another staff member told us, "All the staff are caring – we try to give the best service we can."

Staff spoke about people in a valuing and positive way, and supported them to play an active part in their local community. For example, people used local shops and pubs. One staff member commented, "I love going with them to the local [social] club. They have such a great time and they get on so well with everyone else there."

Another staff member told us, "No day is the same and everyone is pretty busy all the time – which is good because it means it's a fulfilled life for people."

People told us they made their own choices about their daily lifestyles, including what to have for meals, where to go shopping, what vocational activities they wanted to take part in and how to spend their day. The registered manager told us, "They have input into everything – it's their lives. It's about whatever they want to do."

Staff promoted and encouraged people's independent living skills. Everyone was involved in household tasks such as cleaning, cooking and laundry. The house had a large garden and two people had previously been interested in growing vegetables. One staff member commented, "They take part in everything, of course, it's their home."

The home was a family-style house and had a friendly feel. During the evening of this visit people spent time sitting with staff in the lounge watching television and chatting. There were lots of photographs around the home of people at various holidays and social events. The home had a small office for keeping most records but some records were also kept in the dining room. This looked out of place compared to the rest of the homely environment, although wooden cabinets were used to store these.

People also spent time in the privacy of their own bedrooms whenever they wanted. Each bedroom was highly personalised and people told us their rooms had been decorated to their own colour schemes and tastes. Two people had recently chosen new carpets for their bedrooms and were pleased with these. People showed us how their bedrooms contained lots of their own items of hobbies and interests.

People had thumb-turn locks on the inside of their bedroom doors so they could be fully private if they

wished. Staff spoke about people in a respectful way and treated them with dignity. However we did notice that a ground floor shower room, which contained a toilet, did not have a lockable door. Staff told us they always supported people if they were having a shower in this room. The sliding door opened out onto the ground floor hallway so this did not protect people's privacy if they were using this room alone. The staff agreed but said because the door was a sliding type they had not been able to fit a conventional lock to it and could not use a bolt because they would not be able to open it in an emergency. The registered manager agreed to contact the contracted maintenance team to ask for advice about any suitable locks for this door.

At the time of this visit no-one used advocacy services, although they had done so in the past. Arrangements were being made for people to have access to advocacy services in the future as there were plans to change the provider and the landlord of the building. This would not necessarily mean a change in their day to day assistance, but people would need independent and impartial support about these plans.

Good

Is the service responsive?

Our findings

People who were able to told us they felt involved in talking about their own plans for the future and how they might achieve these. Staff felt that, wherever possible, people should be the decision-makers about their care. One staff member told us, "Staff understand that people's needs change all the time. And their choices and wishes can change too and the staff respect this."

Staff on duty were knowledgeable about the abilities as well as the needs of each of the five people who lived there. We saw staff adapted their support to meet each person's individual requirements. For example, one person was quite repetitive and needed lots of reassurance from staff. One person needed support at mealtimes so they did not eat too quickly. Other people simply needed verbal guidance with some household or personal care tasks. Staff adjusted the assistance they offered to meet each person's abilities.

People had care records that set out their individual abilities, preferences and goals, as well as their care needs. It was good practice that support plans included pictures and photographs to help people's understanding of their own care records. The records stated that the support plans had been drawn up with the involvement of the person and their staff team. The care records we looked at were detailed and personalised. The support plans included areas of assistance such as communication, general health, mobility, emotions, personal care, behaviour and managing money.

Care records were written a way that valued the individuality of each person and their strengths. For example, one person's support plan about decision-making stated, "[Name] is very independent and can make most decision themselves. However sometimes [name] needs some support to understand how their decisions can impact on others." Another person's support plan was a book about how they communicated and what this meant. The book stated, 'This book is about me…please read. This book will help you to get to know me and how I communicate eg Makaton and my own signs, taking and pointing, and talking about family members.' The book then included a detailed account for staff of how the person communicated.

The support plans were evaluated every month to see if there had been any changes or progress in people's needs. Where there was no change there was a brief record stating 'no change to care plan'. Where there was a change there was a detailed account of this and how it impacted the person. People also had a general monthly review that included a report of their health, activities, family contact, goals, hopes for the future and any Greenbank news.

Each person had a range of daily vocational and social activities that were relevant to them. For example, two people did voluntary work at charity shops. Another person said they enjoyed attending an activity resource centre throughout the week, and one person liked their gym and football sessions. The service was actively looking at more vocational activities that would suit one of the younger people who lived at Greenbank and staff spoke enthusiastically about this area of care. One staff member commented, "The service is very person-centred, including activities. We try to tailor the activities for each person because they all have different interests."

All the people who lived at the home were also supported by staff to broaden their involvement in the local community and to learn new practical and social skills. All of the people who lived here also enjoyed social occasions such as meals out and visits to the local social clubs. People were supported to keep in touch with friends and family. Some people often stayed with relatives at weekends and other relatives visited people at the house with their permission.

There was information available for people in pictures and easy-read format about how to make a complaint. People were also been reminded of how to make a complaint at monthly house meetings.

There had been no complaints over the past year. During this inspection a complaint about the service was raised by one person and their relative. We shared this with the provider for their investigation. The provider acted quickly to look at the complaint, investigated the concern and reported on the findings. The person who raised the complaint was provided with detailed information about how the concerns were looked into and what the outcomes were. This meant the provider took the complaint seriously and acted on it in a timely way.

Good

Is the service well-led?

Our findings

People did not express a specific view about the organisational management of the service. They told us they liked the home and felt involved in the running of the household. Staff told us they thought the service was well run by the provider. One staff member told us, "I think the organisation aims to provide a good service, and people get a good service."

People had monthly 'customer meeting' where they discussed the house and any suggestions for improvement. It was good practice that the minutes were in pictures and there were plans for each person to be given a copy. Staff had to sign the 'customer meeting' minutes to show they had read what people had discussed.

The provider had designed new leaflets called 'Tell Us What You Think' to encourage comments from people and relatives, and these were displayed in the hallway. The leaflets asked 'is there anything particularly good' and 'is there anything you think could be improved'. At this time the leaflet was not yet in easy-read format to support people's communication skills, but it had been discussed with people at their 'customer meeting'.

The three staff members we spoke with said the registered manager was approachable and supportive. One staff member commented, "We have a good manager. We can put ideas forward and she listens."

Staff meetings were held monthly and were an opportunity for staff as a team to discuss the running of the service. Staff told us the meetings were open conversations about improvements and changes. We saw from the meeting minutes that staff talked about the forthcoming changes and how these might impact on the customers' well-being. A 'decision sheet' was recorded at each meeting for any actions to be taken forward by staff.

The provider sent a monthly newsletter to every member of staff which provided lots of information about the future challenges of the organisation, proposed plans and the potential impact on the services it operated. Staff told us they felt informed and involved in the organisation. One staff member commented, "There is good involvement of senior managers. The managing director seems highly involved and even visited to check the carpets were ok."

The registered manager and staff carried out regular safety checks of the service. These included twice-daily counts of medicines and a weekly audit. Designated staff carried out monthly audits of infection control, medicines management and health and safety. The registered manager carried out a monthly house audits that included the views of people and staff, any premises issues (for example the progress of any equipment awaiting repair), a check of two care files and finance records. Any actions required were recorded with timescales for completion and these were checked and signed off at the next monthly audit.

Senior managers also carried out monthly 'home audit of compliance' visits and reported on what they found. Shortfalls and expected actions were recorded and checked at the next visit.