

Adelaide Care Limited

Greenways

Inspection report

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Ratings

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

Summary of findings

Overall summary

Greenways provides personal care and support for a maximum of six adults with a learning disability or complex emotional and behavioural needs. On the day of our inspection six people were living in the home.

This was an unannounced inspection that took place on 7 January 2016.

The home had a registered manager. 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 and associated Regulations about how the service is run. The registered manager assisted us with our inspection on the day.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable in the procedures for people who did not have capacity to make decisions for themselves and had worked closely with the local authority to ensure they were submitting DoLS applications appropriately.

Staff followed correct and appropriate procedures in the storage and dispensing of medicines. People were cared for in a safe environment and risks identified for people were managed in a way that enabled people to live as independent a life as possible.

Care was provided to people by staff who were trained and received relevant support from the registered manager. This included regular appraisals and supervisions and undertaking training specific to their role. Staff felt supported by the registered manager and told us he was approachable and had an open-door policy.

Information in care plans included detail around people's personal care needs, likes and dislikes and preferred activities. Care plans were individualised and contained information to guide staff on how someone wished to be cared for. Relatives told us they had been involved in developing their family member's care plan.

People were able to make their own decisions about their care and we saw staff respected this. People, relatives and staff were involved in the running of the home and suggestions and ideas were listened to and acted upon. We saw evidence of quality assurance checks carried out by staff to help ensure the environment was a safe place for people to live and people received a good quality of care.

It was evident staff knew people well and there was a feeling of companionship within the home. People treated the home as their own and staff were discreet and unobtrusive in the way they provided care. People were treated with respect and dignity by staff. Relatives were very happy with the care provided and they were made to feel welcome when they visited.

There were a sufficient number of staff deployed to care for people and to enable people to go out to external activities. Staff supported people to take part in various activities and arranged activities that were individualised.

The provider had safe recruitment practices, which meant they tried to ensure they only employed staff suitable to work in the home. Staff knew the procedures to follow should they have any concerns about abuse or someone being harmed. Complaints information was available. Relatives told us they would have no hesitation in speaking with the registered manager if they were unhappy about anything.

People were provided with home cooked meals each day and were involved in choosing what they ate. No one living in the home had any dietary requirements, but guidance was available to staff in the event it was needed.

Staff maintained people's health by providing them with a healthy balanced diet and enabling good access to healthcare professionals when needed. For example, the doctor or community psychiatric team.

There was a contingency plan in place should the home have to be evacuated. Regular fire drills were carried out by staff to ensure they would know what to do in the event of a fire.

There was an upbeat and positive culture within the staff team and it was evident the registered manager was respected by staff. The registered manager had good management oversight and was able to assist us in all aspects of our inspection.

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.

Staff followed safe medicines management procedures.

People's risks were assessed and guidance was in place to manage these risks.

There were enough staff on duty to meet peoples' needs and the provider carried out appropriate checks when employing new staff.

Staff were trained in safeguarding adults and knew how to report any concerns. There was a contingency plan in place in case of an emergency.

Is the service effective?

Good ●

The service was not always effective.

Staff followed the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff were trained to help ensure they delivered the best care. Staff were supported by the registered manager through supervision and appraisal.

People were provided with food and drink which supported them to maintain a healthy diet. People were involved in choosing what they ate.

Staff ensured people had access to external healthcare professionals when they needed it.

Is the service caring?

Good ●

The service was caring

People were treated with kindness and care, respect and dignity.

Staff encouraged people to make their own decisions about their care and staff supported people to lead independent lives.

Relatives were made to feel welcome in the home.

Is the service responsive?

Good ●

The service was responsive.

People were supported to take part in activities that were individualised and meaningful to them.

People were provided with care responsive to their needs and care plans were developed with the involvement of relatives.

Complaint procedures were in place and relatives were confident any complaints they may have would be acted upon.

Is the service well-led?

Good ●

The service was well-led.

Everyone was involved in the running of the home.

The registered manager had good management oversight and encouraged an open and positive work culture within the home.

Quality assurance audits were carried out to ensure the quality and safe running of the home.

Greenways

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 7 January 2016. The inspection team consisted of two inspectors.

Prior to this inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not ask the provider to complete 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 improvements they plan to make. This was because we inspected this service sooner than we had planned to.

As part of our inspection we spoke with one person, the registered manager, four staff, three relatives and one health care professional. As most of the people living in the home were unable to communicate with us we used observation to see how staff cared for people and how people and staff interacted.

We reviewed a variety of documents which included two people's care plans, three staff files, training information, medicines records and some policies and procedures in relation to the running of the home.

We last inspected Greenways in April 2014 when we identified no concerns.

Is the service safe?

Our findings

People received their medicines appropriately. We saw people receiving their medicines in their preferred way. For example, with a drink. Staff waited until they were sure people had taken their medicines before signing their medication administration record (MAR). People's MAR charts were up to date which meant staff knew when people had received their medicines. Each person's MAR stated what medicines they had been prescribed and when they should be taken. MAR charts included people's photographs and there was a signature list to show which staff were trained to give medicines.

People had a regular medicine review to ensure they were on the most appropriate medicines. In the event a person required 'as needed' medicines or homely remedies (medicines which can be purchased over the counter without a prescription) the registered manager told us they would always seek GP advice. This was to avoid any interactions with prescribed medicines.

Good medicines management processes were followed to help ensure people received medicines in a safe way. For example, staff told us they copied prescriptions before sending them to the pharmacy for dispensing. This enabled staff to monitor the accuracy of prescriptions. Stocks of medicines were counted in and out of the home each month. Each person's MAR chart had instructions for staff on what to do in case of a medicines error or a person refusing their medicine.

Risk assessments had been drawn up to help keep people safe. Risk assessments in people's care plans were individualised. For example, in relation to one person and their risk of harming others or themselves through their behaviours. We read guidance for staff on how to manage these risks and observed staff follow this guidance during our inspection. Another person had been identified as requiring one to one staffing support and we saw this being provided throughout the day. Other risk assessments in place included going out in the home's vehicle or financial risk and we were told how senior staff checked financial balances at the end of each shift to help safeguarding people's money.

Accidents and incidents that occurred were recorded and reviewed by the registered manager. The registered manager did not formally monitor accidents and incidents as he knew people well. But he had a good oversight to ensure that measures would be put in place should trends be identified.

In the event of an emergency the home's contingency procedures would be followed and people's care would continue with as little impact as possible for them. Each person had an individual personal evacuation plan (PEEP) in place and staff carried out regular fire drills and evacuations so they knew what to do in the event of a fire. The registered manager showed us a 'grab' file which contained relevant information should the home have to be evacuated and he told us care plans were stored in an easily transportable container. The registered manager explained people would be accommodated in a neighbouring Adelaide Care Limited home should the need arise.

People were protected from the risks of abuse and harm. Staff had a good understanding of the different types of abuse and described the action they would take if they suspected abuse was taking place. Staff

were able to tell us about the role of the local authority in relation to safeguarding. We noted a safeguarding event had been appropriately notified to the local authority and Care Quality Commission.

People were cared for by a sufficient number of staff to keep them safe and meet their individual needs. We saw people were supported in line with their risk assessments and what was in their care plan. For example, one to one staff within the home and two to one staff when leaving the home. Staff told us the rota was planned in a way that ensured there were sufficient staff deployed which enabled people to take part in their planned activities or attend hospital or healthcare appointments. The registered manager told us they did not use agency staff but had bank staff they could call on in the event of staff shortage.

Safe recruitment procedures were followed. Staff recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work at the home. They included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with adults at risk.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) processes were not always implemented appropriately. 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 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that staff knew of the implications of the MCA and DoLS. Mental capacity assessments had been completed and DoLS applications had been submitted for people when making specific decisions. For example, in relation to not leaving the house unaccompanied.

People were involved in choosing what they ate. The chef told us they sat with people to encourage them to make choices about the food they wished to eat. This was achieved through the use of pictures or people pointing at the foods they liked. From this, the chef developed the menu for the week. We read the menu contained a good range of foods to ensure people received a well-balanced diet. We were told no one living in the home had any specific dietary requirements or were at risk of choking, however we saw information available to staff in respect of this should the need arise.

People could choose where they wished to eat their meal. We saw during lunch time four people sat around the dining table to eat their meal, however one other person took their meal to their room. The lunch looked appetising and it was nicely presented and people clearly enjoyed it.

People were supported by staff who were trained and displayed a good ability to carry out their role, working competently and unsupervised. We read from the training records that staff were up to date with the provider's mandatory training requirements. Staff told us they had an induction when they first started working at the home and they shadowed more experienced staff for a period of time. They said the induction gave them the confidence they needed to work on their own.

Staff had the opportunity to meet with the registered manager on a regular basis. This was either through supervisions which meant the registered manager could ensure staff were putting their training into practice. Or through appraisal when staff had the opportunity to discuss any aspects of their job or development needs. Staff were supported to progress professionally. One member of staff told us how they had asked if they could undertake a health and social care qualification and this had been arranged for them.

People received effective care and lived in an environment which was suitable for their needs. The home was free from obstructions which may cause people harm. This enabled people to move freely around the

home without restriction. One person, who lived in a separate annex, had been provided with a kitchen area and although not functional had been retained to give a sense of them having their own 'flat'. Another person had guidance from the Speech and Language Therapy team (SaLT) in relation to their communication. This required staff to use pictures and we saw this had been put into practice. For example, we saw a picture board which displayed the day, date, weather and which staff were supporting the person that day. A further person had been supported by staff to start making their own tea in a china cup as opposed to a plastic one.

The health needs of people were met. Care plans evidenced the involvement from external health professionals to provide guidance to staff on a person's changing needs. Records showed us staff were aware of people's routine health needs and preferences and kept them under review. For example, we read one person required a dentist appointment and saw this had been arranged by staff. Staff engaged proactively with health and social care professionals. One health care professional told us staff were very good at communicating with them.

Each person had a hospital passport which contained important information about the person should they have to go to hospital. Health risk assessments were in place which assessed each person's hearing, sight, teeth or eating and drinking. Health assessments linked with people's individual needs. For example, in respect of one person who had an epilepsy management protocol.

Is the service caring?

Our findings

One person told us they liked living at Greenways and staff were kind to them. One relative said staff knew their family member well and always treated them with respect and care. They said staff had, "Enthusiasm. It's not just a job to them."

People's rooms were personalised to individual preferences. For example, one person liked superheroes and we saw posters displayed on the walls of their room. People's rooms were decorated differently from each other which showed us people's preferences were respected.

People were allowed their privacy and were able to make their own decisions. We observed one person who preferred to spend their time in a certain part of the home for the majority of the day. Staff remained close by to ensure they were providing consistent one to one support, but respected this person's privacy by being unobtrusive in their care. We saw this person interact with staff as and when they wished.

People received care and support from staff who knew and understood their history, likes and preferences. The relationships between staff and people consistently demonstrated this. For example, we saw how one person who preferred their own space had been provided with an annexe in which they had their own lounge area. Staff were able to tell us about people, their family members' and information about their past.

Staff were skilled at giving people information and explanations when required and staff communicated effectively with people using a mixture of signs, language or by showing people so that people could make their own choices. When people indicated they wished something we saw staff immediately understood and responded to the person.

People reacted in a positive way to the care being provided to them. A relative told us their family member's temperament and general demeanour had greatly improved since they had lived at Greenways. They told us, "Nothing could improve. Staff are doing everything humanly possible to make his life good." Another person had moved rooms as staff recognised their need for peace and quiet and this had resulted in a positive change for this person.

Staff provided good, caring support to people. There was a good atmosphere in the home and we heard staff chat to people and each other and including people as much as possible. We heard staff laughing and saw people responding to this by smiling.

Staff treated people in a kind and observant way. We saw people were appropriately dressed and a relative told us, "He always looks clean and nicely turned out." People's rooms had been tidied by staff and the beds made nicely so they would look welcoming when they returned to them later. People were able to have privacy when we wanted it. We saw one person go into another room to have quiet time, away from others.

Relatives and friends were welcomed into the home and people were encouraged to maintain relationships with people close to them. Relatives told us they always felt welcomed when they arrived at the home.

Is the service responsive?

Our findings

People received care that was responsive to their needs, for example, one person did not wish curtains at their bedroom windows and staff had respected this. Another person had a tendency to become over excited when meeting new people. We watched how staff handled this person meeting us in a friendly but effective way, responding to the person's enthusiasm whilst at the same time distracting them to help them remain calm. Positive behaviour support plans were in place for people. For example, we saw in relation to one person information on the reasons they may display a particular behaviour and what measures staff could take to de-escalate it. This included playing music, giving them space and using positive wording such as, 'nice one, thank you'.

Care plans were comprehensive and included a family contact book. This book contained guidelines for people in relation to their behaviours and potential impact behaviours may have on others. It was clear from the records in these booklets that staff and relatives worked closely together to ensure people received the most appropriate care. One relative said, "The staff and us use consistent strategies in the way we provide care which has worked really well." We noted the care plans were developed with the person themselves and saw that brief language accompanied by photographs of the person participating in each task was used. This helped people and staff understand which aspects of care a person needed support in. It also meant people received personalised care.

People were at the centre of their support and care plan and relatives told us they were fully and continually involved in their family member's care plan and any reviews. We saw care plans detailed people's likes and dislikes, dreams and aspirations. For example, one person liked DVDs and information included the specific DVDs they liked. We read this person's dreams were to have a new bed and a computer tablet. Staff told us both of these dreams had been achieved.

Daily records were kept for people which meant staff recorded how people were, what sort of mood they were in and what activities they had participated in. Staff told us they used a communication book to record updates or changes to people's care. Staff looked in the communications book at the start of their shift to ensure they were up to date.

People could participate in activities when it suited them. One person chose to take part in activities at different intervals throughout the day. We saw staff interact with this person when they indicated they wished support for example, to help them get paper and pens for colouring and drawing or putting on music if they wished to dance. At other times the person entertained themselves with staff keeping a watchful eye.

People had access to a good range of activities which were individualised and meaningful to them and staff encouraged people to maintain their own interests. For example, one person loved swimming and we saw them go out to the swimming baths with a member of staff in the afternoon. Another person liked horse riding and others attended a local college. We saw staff recorded which activities people had participated in and observed how people spent their leisure time in the home when they were not going out. For example, by listening to music, sitting with staff or watching television.

People were protected from the risk of social isolation and staff recognised the importance of social contact and maintaining relationships that meant something to them. For example, one relative told us how staff support them to see their family member by arranging transport for them. Another relative told us how they worked out a monthly schedule which they gave to staff which ensured their family member could participate in their activities as well as spend as much time as they could with their family.

The registered manager told us how they enabled people to take holidays, either with their family or with staff. He said they ensured they only went to suitable locations which could offer privacy and space for people and in turn accommodate a sufficient number of staff in accordance with people's care plans.

People were provided with information on how to make a complaint or comment on any issue they were not happy about. Relatives told us they had never felt the need to complain but knew they could always speak with the registered manager or any of the staff. They told us when they requested minor changes to their family member's care plan or had small grumbles these were always addressed immediately. The registered manager told us they had received no formal complaints.

Is the service well-led?

Our findings

Relatives were happy with the care provided by staff and they felt the home was well managed. One relative said the registered manager did not, "Ration his time with us. He is always extremely available." A member of staff told us, "The (registered) manager is fantastic – very approachable."

Staff were involved in the running of the home. Staff told us regular staff meetings were held and they felt they could make suggestions and that these were listened to. One staff member told us how they had suggested introducing baking sessions for one person living in the home and this had now become a regular feature in their weekly activities.

Staff had a clear vision and set of values and these were discussed with people when they moved into the home. For example, people were given information on what they could expect from staff at Greenways. This included photographs of staff demonstrating how they would assist a person to remain independent, have choice and control in their own care.

Staff understood their roles and were motivated and showed confidence throughout the inspection. The registered manager was consistent in his approach to staff and people and led by example in the way he interacted with people throughout the day. We found the registered manager was readily available for people, visitors and staff.

People were involved in the running of the home. We heard how people could choose the foods they ate. There was evidence in people's care plans that feedback in relation to their care was sought by staff during care plan reviews or communication diaries which were used between staff and relatives. People were encouraged to join the staff meetings when they were held. We read a comment from the last survey of how happy people were and noted it said, 'since moving into Greenways I now attend college once a week. I thought I would never achieve. Thank you to my staff'.□□□□□

Relatives input was sought by staff. We read 'three-way' notes were maintained which gave relatives, staff and health care professionals an opportunity to record their views and opinions on any aspect of the care provided to people.

The registered manager was aware of their responsibilities and had a good management oversight of the home. Registered bodies are required to notify us of specific incidents relating to the home. We found when relevant, notifications had been sent to us appropriately.

Quality assurance checks took place to help ensure a good quality of care was provided and the environment was a safe place for people to live. Actions identified were addressed by staff. For example, we read regular health and safety audits, fire assessments and environmental audits were completed. We read in the last external medicines audit a recommendation had been made to purchase a more suitable cabinet for certain medicines. We saw this had been done.