

# Milestones Trust

# Greengates

## Inspection report

697-699 Southmead Road

Bristol

BS34 7QY

Tel: 0117 923 6067

Website: [www.aspectsandmilestones.org.uk](http://www.aspectsandmilestones.org.uk)

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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?

Outstanding



## Overall summary

Greengates Care Home provides nursing care and support for up to 15 people. People who live at the home have enduring mental health needs. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

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.

People were receiving care that was responsive and effective. Care plans were in place that described how the person would like to be supported. This included the early warning signs that a person's mental health was changing. The care plans provided staff with information to support the person effectively. Other health and social professionals were involved in the care of the people living at Greengates. Safe systems were in place to ensure that people received their medicines as prescribed.

People were protected from the risk of abuse because there were clear procedures in place to recognise and

# Summary of findings

respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the environment and safe recruitment processes.

Staff were caring and supportive and demonstrated a good understanding of their roles in supporting people. Staff received training and support that was relevant to their roles. Systems were in place to ensure open communication including team meetings and daily handovers. A handover is where important information is shared between the staff during shift changeovers. This ensured important information was shared between staff enabling them to provide care that was effective and consistent.

People were involved in structured activities in the home and the local community. These were organised taking into consideration the interests of the people and were organised in small groups or an individual basis.

People's views were sought through care reviews, house meetings and surveys and acted upon. Systems were in place to ensure that complaints were responded to, and learning from these was taken to improve the service provided.

People were provided with a safe, effective, caring and responsive service that was well led. The organisation's values and philosophy were clearly explained to staff and there was a positive culture where people felt included and their views were sought.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People received safe care. The home provided a safe environment for people and risks to their health and safety were being well managed by the staff.

People received their medicine on time. These were stored safely.

People could be assured where an allegation of abuse was raised the staff would do the right thing. Staff had received training in safeguarding adults enabling them to respond and report any allegations of abuse. Staff felt confident that any concerns raised by themselves or the people would be responded to appropriately in respect of an allegation of abuse.

Staff had been through a thorough recruitment process before they started working with people reducing the risks in relation to unsuitable staff supporting them.

People were supported by sufficient staff to keep them safe and meet their needs.

Good



### Is the service effective?

The service was effective. People received an effective service because staff provided support which met their individual needs.

People were involved in making decisions and staff knew how to protect people's rights. People's freedom and rights were respected by staff who acted within the requirements of the law. This included the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported by staff who were knowledgeable about their care needs. Staff were trained and supported in their roles. Other health and social care professionals were involved in supporting people to ensure their needs were met.

People's nutritional needs were being met. They were involved in the planning of the menus and supported to make choices on what they wanted to eat and drink. People could help themselves to tea and coffee whenever they wanted.

Good



### Is the service caring?

The service was caring. People received a service that was caring and recognised them as individuals. Positive interactions between people and staff were observed. People were relaxed around staff.

Staff were knowledgeable about people's daily routines and personal preferences.

People's views were being sought, for example about their meals, activities and the decoration of the home.

Good



### Is the service responsive?

The service was responsive. People were receiving a responsive service. Staff were knowledgeable about people's care needs. Care plans clearly described how people should be supported. People were involved in developing and reviewing these plans.

Good



# Summary of findings

People were supported to take part in regular activities both in the home and the community. This included keeping in contact with friends and family.

There were systems for people or their relatives to raise concerns.

## Is the service well-led?

People benefited from a service that was well led where their views were actively sought to improve the service. Staff were clear on their roles and aims and objectives of the service and supporting people in a personalised way.

Staff described a cohesive team lead by a registered manager who worked alongside them. There was a commitment from the registered manager to develop a learning environment to improve practice of the staff team.

Regular staff meetings took place and staff confirmed they were able to express their views and make suggestions to improve the service. Staff told us they felt supported both by the management of the service and the team.

The quality of the service was regularly reviewed by the registered manager, staff and the provider. Action plans had been developed to enhance and improve the service.

**Outstanding**



# 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 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.

The last inspection was completed December 2013 and there were no concerns. This inspection took place on 11 November 2014 and was unannounced.

The membership of the inspection team included an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of mental health.

Before the inspection, we asked 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 planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted four health care professionals to obtain their views on the service and how it was being managed. This included two community mental health nurse practitioners, a GP and a health care professional.

During the inspection we observed and spoke with people in the lounge, looked at three people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, three staff recruitment files and training information. We spoke with six people about the care and support they received, six members of staff and the registered manager.

# Is the service safe?

## Our findings

People we spoke with clearly described Greengates as their home, where they could come and go as they wished. Staff confirmed people could go out whenever they wished. There was an expectation that people would let staff know that they had left the building in the case of fire. There was a notice board in the entrance where each person could record whether they were in or out. This ensured staff were aware who was in the home in the case of a fire ensuring people were safe.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent. Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety.

There were arrangements in place to deal with foreseeable emergencies. Each person had a fire evacuation plan in place which linked with the overall plan for the whole home. There were also business continuity plans in place for flooding and utility failure.

The home's policy allowed people to smoke in their bedrooms if their smoking was judged as low risk in terms of risk to the premises and others. Routine checks were completed on the fire equipment. Staff were taking part in regular fire drills and fire training. Risk assessments were in place for people in respect of them being permitted to smoke in their bedrooms to ensure they were safe and not a risk to others. There was a covered smoking shelter in the garden for those people who had been assessed as high risk and were not permitted to smoke in their bedrooms.

Other checks were completed on the environment including moving and handling equipment, checking call bells were working correctly and routine checks on the gas and electrical appliances. Certificates and records were maintained of these checks. An annual audit was completed by the Trust's health and safety team in respect of whether the premises were safe and fit for purpose. Regular maintenance was being completed on the premises. Staff confirmed there was a good response to repairs and this had recently improved as the frequency of the visits had increased. The registered manager said there

was a planned redecoration programme in place. This included two bedrooms, the hallway and the office. The lounge and two bedrooms had already been decorated during this financial year.

The home was clean and free from odour. Cleaning schedules were in place. The registered manager told us that the Trust was developing new systems for auditing infection control. Three staff were planning to complete this new infection control training in November 2014. All staff had received infection control training. There were supplies of gloves and other protective clothing. Domestic staff were employed to assist with the cleaning of the home.

Staff told us they had completed training in safeguarding adults and were aware of what constituted abuse. Staff confirmed they would report concerns to the registered manager or an on call manager and these would be responded to promptly. They told us there was a policy on responding to an allegation of abuse. The registered manager was able to demonstrate how in the past they had reported an allegation of abuse between two people living in the home to the local safeguarding team and how this had been addressed.

Staff were aware of the organisation's whistle blowing policy. Staff described how they supported people to develop positive relationships with each other and staff. This included discussing issues with each other to minimise the feelings of being bullied or harassed. Where people felt bullied or harassed then those involved would be facilitated to talk about the situation agreeing how these feelings could be reduced. Staff told us it was important they were available to reduce people's anxieties as this could be a trigger for their mental health. People told us generally everyone got on really well.

Some people were prescribed medicines they could not manage themselves. Staff told us that at the time of the inspection no one was self administering but this would be considered if it was safe for a person to do so. The arrangements for managing medicines on their behalf were safe. People had signed an agreement that staff would assist them with their medicines. People told us staff regularly explained what their medicines were for and any side effects. Care files included information about what medicines people were taking and any side effects. This included guidelines for the administration of as and when required medicines.

## Is the service safe?

Medicines were kept safely and were stored securely. However, the medicines fridge did not have a lock. This was rectified during the inspection. Clear records were kept of all medicines received into the home and given to people and where these were returned to the pharmacy when no longer required. These records showed people were getting their medicines when they needed them.

Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed by the registered manager. This was confirmed in the training records and from speaking with staff on duty at the time of the visit. The medicines were checked monthly by a designated member of staff.

People participated in the recruitment and interview process. People scored the candidate on their performance and this was included in the assessment of the candidate's suitability. Records confirmed people's involvement detailing their response about new members of staff.

We looked at two staff files to check whether the appropriate checks had been carried out before they

worked with people living in the home. The files contained relevant information showing how the registered manager had come to the decision to employ the member of staff. This included a completed application form, two references and interview notes. New members of staff had undergone a check with the Disclosure and Barring Service (DBS) which was formerly known as a Criminal Records Bureau (CRB) check. This ensured that the provider was aware of any criminal offences which might pose a risk to people who used the service. The registered manager was aware of their responsibilities in ensuring suitable staff were employed. Safe recruitment systems were in place that recognised equal opportunities and protected the people living in the home.

Staff completed a six month probationary period where the registered manager checked if they were performing to a suitable standard. This continual process enabled the registered manager to come to a conclusion on whether the member of staff was suitable to work with people at Greengates.

# Is the service effective?

## Our findings

People told us they were happy with the care and support they received from the staff. People told us the staff listened to what they had to say and spent time with them. One person told us, “It’s alright here it’s my home and the staff are very good”. Another person told us, “I really like it here; I would not live anywhere else”.

There was detailed information in care files to inform staff about people's mental health and general well-being. The signs of a person's mental health deteriorating was clearly documented. This included when it was likely to occur, early warning signs and the action staff should take to support the person. The actions for staff to take were clear, person-centred and described how to provide effective support. The plans included who should be contacted for example the person's GP or psychiatrist. Some people had 'as required' medicines that staff could administer if the person became distressed. Records indicated the use of these medicines was minimal. This meant staff only used these as a last resort and for the majority of the time successfully used other interventions. A person told us staff spent time with them, listening when they become anxious as the 'as and required' medicine they had been prescribed had increased their risk of falls. They told us they were happy with the support they received at Greengates.

Care records included information on people's physical health needs, for example people had their weight and nutritional needs assessed. Where people had been assessed as being at risk of weight loss a care plan had been put in place. Staff had liaised with a dietician and the person's GP. Records were kept of healthcare appointments including visits to the doctors, dentist and chiropody.

People where relevant were receiving support from the community mental health team and a psychiatrist. Feedback from healthcare professionals was positive. One visiting professional told us “I am always really impressed with the care they give the patients. They seem to know them well, treat them with respect and are very helpful if I need them to do anything. They also seem to deal well with complex psychiatric and physical needs of their patients”. Another professional told us “They seem prompt to highlight any problems with their patients and request

visits appropriately. When I visit, they always have a key worker or appropriate worker to support the person”. A keyworker is a member of staff who co-ordinates all aspects of a person's care.

Staff told us restraint was rarely used. However, staff described one situation in the last three years, when this was used, detailing the reasons and what actions the staff member had taken. It was evident the team and the registered manager had reviewed the incident to ensure it had been used appropriately involving the person. The staff told us, on this occasion restraint had been used to ensure the safety of the person and others.

Staff told us the least restrictive approach was used to avoid behaviours escalating. They said the priority was to make the environment safe for people, rather than imposing restrictions on people or their movements. Staff spent time talking and listening to people. People's care records included plans which provided guidance for staff about how to respond to changes in people's behaviour. This helped to ensure staff supported people in a safe and consistent way. Staff had received training on managing conflict and how to de-escalate behaviours. Staff described how they used observations and their skills of listening so they could pre-empt when a person was anxious.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting on behalf of people who lack capacity to make their own decisions. Staff told us that everyone presently accommodated at Greengates had the mental capacity to make decisions. Staff described how they supported people to make day to day decisions, for example about how they wanted to spend their time, when to get up and go to bed and what to wear. Staff were aware of those decisions that people could not make for themselves for example when a person's mental health had deteriorated. An example of this was decisions about healthcare when people may not be able to fully understand the relevant information. Meetings were held so that decisions could be made which were in people's best interests. Records were maintained of these decisions and who was involved. It was clear from talking with staff and the information in care records the person would always be involved.

We had not received any notifications from the service during the last year in connection with the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the



## Is the service effective?

rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Each person had information in their care file about deprivation of liberty safeguards and whether there were any areas of concern which would indicate an application should be made. These had been kept under review. The registered manager told us everyone presently had been assessed as having mental capacity so at this point of time no applications for a DoLS were required. The registered manager and staff showed a good level of understanding of the process. Policies and procedures were in place guiding staff about the process of DoLS and the MCA. All staff received annual training updates about the MCA and the DoLS.

People told us they were able to choose what they would like to eat and helped themselves to tea and coffee throughout the day. A person told us they were responsible for putting out the fruit bowl in the dining room on a daily basis and people confirmed they could help themselves whenever. The cook told us people were regularly asked what they would like on the menu and this would be accommodated. The menu showed that people were being offered a varied diet. The cook told us they catered for any specialist diets and the staff kept them informed of any changes to people's dietary needs. Feedback from people about the food was generally positive. People confirmed they could have alternatives to the menu. A menu was displayed in the hallway.

Care records included information about any specialist arrangements for meal times and dietary needs. People told us they could choose where to eat their meal in either of the two dining areas or in their bedroom. The majority of the people chose to eat in the dining areas. Staff described how their discreetly observed meal times to ensure people were eating sufficient quantities or where a person may be at risk of choking. Other professionals had been involved in supporting people with their dietary needs. This included speech and language therapists, dieticians and a diabetic nurse. Their advice had been included in the individual's care plan.

Staff received training that enabled them to support people in a safe and effective way. Staff felt they were provided with a good range of training enabling them to fulfil their roles. They told us their training needs were discussed during their individual supervision meetings with their line manager and annual appraisals. Staff told us they had completed a variety of courses relevant to the people they were supporting including mental health awareness, information on specific mental health conditions, Huntingdon's Disease and Parkinson's, end of life care and the management of diabetes. Staff were able to describe how the training had increased their knowledge and had improved the delivery of care of care for people. This was because they had a better understanding of the person's condition and how it could potentially impact on their day to day life.

Some staff had expressed their disappointment at not being able to complete a Diploma in Health and Social Care. They told us this was due to the allocation of funding for this particular qualification. The registered manager said the Trust was reviewing this and hopefully these staff would be able to complete this financial year.

Individual staff training records and an overview of staff training was maintained. The registered manager was able to demonstrate staff had completed health and safety, fire, first aid, moving and handling, safeguarding, MCA and DoLS training. A training plan was in place to ensure staff received regular training updates.

New staff members were subject to a probationary period at the end of which their competence and suitability for the work was assessed. A staff member told us they were well supported through their probationary period and had completed a programme of induction which had prepared them well for the role. Records confirmed staff had completed the Trust's and an in-house induction and these had been signed by the member of staff and their assessor. The induction was based on the Skills for Care common induction standards. Skills for Care common induction standards are the standards people working in adult social care need to meet before they can safely work unsupervised.

# Is the service caring?

## Our findings

People told us they were involved in making day to day decisions on how they wanted to spend their time. People spoke positively about the care and support they were given from the staff. One person told us, “Greengates is my home, I have lived here for quite a while, the staff are all ok, I am very happy here”.

The relationships between people and the staff were friendly and relaxed. People looked comfortable in the presence of staff and chose to be in their company. Staff were sat in the lounges engaging with people. Conversations were inclusive and involved the people living in Greengates. Where people chose to spend time in their bedrooms this was respected.

Staff were prompt in answering call bells during our inspection. Staff told us in the main two people would use their call bells during the day whilst in their bedrooms. Some days staff told us the bells could be continuous but all would be answered before the bell went into an emergency ring. People confirmed the staff would come promptly to assist them. One person told us about how they had recently fallen and staff responded in less than 3 minutes and whilst they were not hurt staff had given them reassurance and had been caring in their approach. Some people had portable call bells enabling them to alert staff when they required assistance throughout the home. One person told us this was positive as they had fallen in the past and it now provided them with additional reassurance that staff would come quickly no matter where they were in the home.

During our inspection, one person complained of feeling unwell. Staff were caring and attentive to the person’s needs listening to what they had to say and offering the person treatment for their condition. Staff were observed monitoring this person throughout the shift and checking out if there had been any improvement. This information was shared with the staff starting on the afternoon shift enabling them to provide a consistent approach.

We observed staff knocking on bedroom doors before entering the room. Staff described how some people did not like staff entering their personal space and this was respected. This demonstrated the person’s right to privacy

was respected. People had keys to their bedroom doors affording them further privacy and security. Lockable storage was available in their bedrooms enabling them to keep their personal possessions safe.

People were supported to develop positive relationships with the people they lived with. Staff told us people generally got on well together. However, there were occasions when a person’s behaviour had an impact on other people. Where people had raised concerns about another person’s behaviour the staff sat with all concerned to enable people to discuss how they were feeling and the impact it was having on them. For example one person liked the television on loud but this had a negative impact on other people, options were discussed including the use of head phones so that relationships could be improved. Some people asked other people for cigarettes, staff described how they tried to positively support people by being observant and monitoring how people reacted with each other. Where people had raised concerns this would be discussed openly with the people concerned with the aim of trying to foster positive relationships. Plans were in place which provided guidance for staff to follow on such occasions. This helped to ensure positive relationships between people were maintained.

Care records included information about important relationships in their life and what support was required to maintain contact. People told us they could receive visitors to the home and were supported to visit friends and family.

Each person had a named key worker (a registered nurse or an assistant team leader) and two co-workers. This enabled staff to get to know the person well and plan the care with the person. People confirmed they spent time with their key worker or co-worker in planning their care. Staff were knowledgeable about the people they were supporting, their personalities, their likes, dislikes and histories. Staff spoke positively about the people they were supporting demonstrating they treated people in a respectful manner.

Care documentation included information about people’s history, personal routines, likes and dislikes. These had been kept under review. Staff told us often people’s preferences or daily routines will change and this was shared with the team to enable them to monitor a person’s wellbeing.

Information was available to people about the service provided at Greengates. This included copies of the

## Is the service caring?

statement of purpose which described the aims and objectives of the service and the expectations. Other information included leaflets about different health conditions, advice on stopping smoking, advocacy services and the duty rota. The registered manager told us the duty rota had been important for one person in reducing their anxieties as they now know what staff were working each day.

People had been consulted about the decoration of the home and the colour schemes of their own rooms. People were supported to personalise their bedrooms with ornaments and pictures. One person showed us their bedroom it was evident they were very proud of their personal space.

Records about people were held securely in a locked cupboard in the office. Staff told us that people could view their records at any time they requested. People had signed their plans of care and confirmed they had been involved in discussions in how they would like to be supported. Annual reviews had been organised for people to discuss long term goals and progress. Where people wanted family involved this had been recorded in the plan of care. Some people had told staff they did not want family involved and this was respected.

# Is the service responsive?

## Our findings

People told us about a variety of activities that were being organised in the home and in the community. Activities included flower arranging, knitting clubs, poetry and art groups, trips to the cinema and theatre. Art work was displayed throughout the home that people had made. Activity staff were employed to support people with activities. Either in group sessions or on a one to one basis. The activity co-ordinator told us there were formal activities arranged five days a week. Weekends were less formal with more one to one activities being organised by the care staff.

People told us about trips that had been organised to the docks and regular entertainment from external entertainers. We were told external entertainers visited regularly on a Friday. Care records included information about people's interests, hobbies and activities they liked to take part in. Records described the activities people had taken part in. People's views were sought through fortnightly house meetings on what they would like to do including trips out and about and annual holidays.

Health professionals provided us with positive feedback about the activities that were organised. One professional commended the "fantastic art work which is outstanding". Another health professional confirmed the staff were supporting people to "learn new skills".

People had their needs assessed before they moved to the home either by the registered manager or a registered nurse. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. People had a care plan covering all areas of daily living. This included personal care, eating and drinking, sleep, hobbies and interests and any risks associated with their care or medical conditions. The care documentation included how the individual wanted to be supported for example, when they wanted to get up, their likes and dislikes and important people in their life. These were reviewed on a monthly basis.

Care plans were tailored to the person and included information to enable the staff to monitor the well-being of the person. Where a person's mental or physical health presentation had changed it was evident staff worked with other professionals including the community mental health

team and psychiatrist. One visiting professional told us "Some of the individuals I have placed at Greengates, have been quite challenging. The staff have tried their best to accommodate these people". Another health professional told us "The tolerance to hold complex people at Greengates is very high". The professional told us additional staff had been rostered to enable them to respond to one person's care needs to prevent a hospital admission. The registered manager confirmed staffing numbers were kept under review to ensure they were able to respond to people's changing individual needs.

Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. All staff were involved in the handover taking it in turns to discuss the person they had supported on that shift. The handover was comprehensive and subtle changes had been discussed about people. This showed staff were knowledgeable about the people they were supporting enabling them to respond to their changing needs. In addition to the daily handovers, staff completed daily records of the care that was delivered. These were positively written. Daily records enabled the staff to review people's care and their general well-being over a period of time.

People were encouraged to be as independent as possible. Where people required support with personal care clear plans of care were in place. Care plans were in place in respect of any specialist equipment that was to be used for people such as hoists. Staff confirmed they had received training on moving and handling to enable them to support people and respond to medical emergencies such as falls.

Care plans included information on how they supported people with their religious or cultural needs. People were supported to go to church if they wished. One person was exploring with staff how their burial arrangements could be supported specifically around their religious beliefs. A member of staff told us there was a real emphasis on treating people with respect for people as individuals.

A copy of the complaints procedure was displayed in the entrance hall of the home. Regular meetings were held with people and minutes confirmed that they were reminded about how to raise concerns. Care documentation included a profile on how the person may raise concerns and or

## Is the service responsive?

express they were unhappy with the service being provided. For example for one person they may isolate themselves in their bedroom for long periods of time or refuse personal care. Staff told us when this person showed these signs they would check out with the person how they were feeling and try and prevent the social isolation. Staff told us they would spend time with them chatting or watching television during which the person would usually open up and tell them how they were feeling.

The provider told us in information received before this inspection there had been nine complaints in the last 12 months. These had been investigated and acted upon with the outcome being given to the complainant. A log of

complaints had been maintained and the registered manager demonstrated that these had been kept under review. This enabled them to explore if there were any themes to the concerns raised.

The provider told us in information before the inspection the main theme of complaints received was people complaining about other people's behaviour. For example, using offensive language or making offensive remarks. The registered manager told us this was discussed with the people concerned, who would be reminded about acceptable behaviour in a community home. If the behaviour continued, due to the person's mental health, this was reviewed within the staff team and risk assessments put in place to manage the situation. Where necessary, the community mental health team would be asked to review the person's mental health.



# Is the service well-led?

## Our findings

Staff spoke positively about the team and the leadership in the home. They described the registered manager as being approachable and leading by example. Staff told us they could always contact the registered manager or an on call manager for advice and support if the registered manager was not working in the home. Staff described a positive culture in the home, including a team that worked together to meet people's needs. Staff told us the registered manager was open and transparent and worked alongside the team. One member of staff told us that the emphasis was about respect both for people in the home and between staff members. They said this was important along with recognising that everyone was an individual.

A visiting professional described the staff as being friendly, passionate and approachable. They said the service provided indicated it was well managed by senior care staff and the manager.

There was a culture where people felt included and their views were sought. Fortnightly house meetings were taking place where people's views were sought about the running of the home, activities, menu planning and any planned works in the home. People were consulted about the décor and colour schemes. Annual care reviews were held between the people who used the service, their relatives and other professionals involved in their care. People were involved in the recruitment of staff which included devising specific questions for the interview and meeting potential new staff.

People's views and those of their relatives were sought through an annual survey. Surveys were used to evaluate the service provided and make improvements where necessary. Comments from the survey in April 2014 were positive except for the food where there was a mixed response. The registered manager and the team had developed an action plan to improve this area. People had been consulted about menu choices and what food they would like to see on the menu. The registered manager told us each time a new menu was introduced, people would be asked daily what they thought of the food provided over a seven day period. In addition the team had signed up to complete a Bronze Award from the Soil Association. The emphasis of the award was to source local fresh products

and improve the food available to people. The registered manager told us that generally people felt this area had improved. We received no negative comments about the food.

Monthly staff meetings were organised with meeting notes kept of discussions and any actions that were agreed. Staff were receiving regular supervision where they met up on a six to eight weekly basis with a line manager. Supervisions were used to discuss the staff member's role, training needs and any concerns about care delivery. Staff confirmed they were given constructive feedback to improve their practice. An example was given in relation to a fire drill where improvements could be made. An overview record was maintained of the supervisions being completed to ensure they were taking place at regular intervals. In addition, the staff had annual appraisals of their roles and training needs. Staff's competency was checked using a competency assessment. This included checking out their knowledge for example in relation to safeguarding adults, moving and handling and medicine administration. Staff confirmed the competence checks, supervisions and annual appraisals were regularly taking place.

Team days were organised annually. The registered manager told us this was an opportunity to meet up as a team for a full day to look at specific areas in relation to the running of Greengates, the care of people and to complete some team building exercises. This was taking place the day after the inspection. The team were exploring how they could improve the office space which would minimise the disruptions when administering medicines, develop a business plan for the forthcoming year and discuss specific care issues. They were also planning to meet in the afternoon with an artist who would be exploring the use of art in improving mental well-being and acts of kindness. The registered manager told us the learning from this would be shared with people living in Greengates.

The registered manager told us three staff had been on a three day residential course to support people with Huntington's disease. Another member of staff told us they had been on a National Conference for people who experience Schizophrenia. Staff confirmed the learning would be cascaded to the team at team meetings so this could be shared. Staff told us there was a commitment





## Is the service well-led?

from the registered manager to learning and making improvements to the service delivery. Staff told us they were able to share ideas about improvements and these were acted upon.

Systems were in place to review the quality of the service. These were completed by either the registered manager or a named member of staff. They included health and safety, checks on the first aid equipment, medication, care planning, training, supervisions, appraisals and environment. The registered manager told us they periodically checked the audits had been completed and followed up on any actions that were required.

The registered manager and the team had developed a business plan for the forth coming year. Areas included developing care planning tools that were more person centred and evidenced people's involvement and planned maintenance and decoration of the home. Information received before the inspection provided us with information about where the service could be improved with clear timescales for action. The improvements were about enhancing the service rather than shortfalls.

The registered manager told us two monthly quality assurance visits were carried out by a quality assurance manager. Records were maintained of these visits. Action plans were in place to ensure improvements happened.

The registered manager told us they had to complete a monthly report on a number of areas including complaints, staffing, accidents and incidents and finances. This enabled the Trust to have an overview of the service and any risks so these could be jointly managed. In addition the registered manager told us they received clinical supervision from their line manager who visited monthly to discuss care delivery, staff and the general running of the home.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Incident reports were produced by staff and reviewed by the registered manager. The registered manager was aware and confirmed the actions about the incident reports that were seen. The registered manager told us copies of the incident reports were sent to the Trust. This enabled the Trust to monitor for any reoccurring themes and check that appropriate action had been taken. The registered manager told us that learning from accidents was discussed during handovers and team meetings to prevent any further risks. From the incident and accident reports we could see that the registered manager had sent us appropriate notifications. A notification is information about important events which the service is required to send us by law.