Staffordshire County Council

Greenfield House

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

Greenfield House is registered to provide accommodation and personal care for up to 10 people with a learning disability. At the time of our visit 10 people were living in the home. Eight people lived in the main section of the home and two people lived in a separate flat with their own kitchen and living room.

The inspection visit took place on 21 September 2016 and was unannounced.

The service 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 2008 and associated Regulations about how the service is run. The registered manager was also an owner of the company.

There were enough staff to meet people`s needs effectively and to support them to participate in activities outside the home. Staff were trained in safeguarding people from abuse and understood their responsibilities to report any safeguarding concerns they may have. Relatives were confident that people were safe at Greenfield House because staff were skilled and knowledgeable, and knew people well.

Training was provided for staff to help them carry out their roles safely and staff were encouraged to gain nationally recognised qualifications to support their practice. People received their prescribed medicines as prescribed from staff who had received training in how to manage medicines safely.

Staff had received training in the Mental Capacity Act (MCA) 2015 and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS ensure that, where people lack capacity to make decisions for themselves, decisions are made in their best interests. Where people's liberty needs to be restricted for their own safety, this must be done in accordance with legal requirements. The provider understood their responsibility to comply with the requirements of the MCA and staff worked within the principles of the Act.

People were supported with their eating and drinking as required and staff helped people to maintain good health by supporting people with their day to day healthcare needs.

Relatives were extremely positive about the caring attitude of staff and the friendly atmosphere within the home. Relatives told us staff knew people well and understood their abilities, support needs, habits, preferred routines and social preferences. Staff were caring, treated people with respect and made sure their dignity was maintained. People were supported to continue relationships with those who were important to them.

Care plans were centred on the needs of individuals so staff had the information they needed to provide person centred care. Care was subject to on-going review and the views of relatives were encouraged and valued. Staff were responsive to people's social needs and supported them to attend clubs and groups to

follow their interests.

Staff understood their roles and were well supported by the management team through one to one supervision meetings and appraisals. People and staff told us the registered manager was effective and approachable.

Procedures were in place to monitor the quality of the service provided and to reduce potential risks and drive improvement. The provider monitored the service to ensure people received safe, effective care that was responsive to their needs.

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.

There were sufficient numbers of staff to keep people safe and provide effective care. Staff understood their responsibility for reporting any concerns about
people's wellbeing. Medicines were managed safely and people received their medicines as prescribed. There were procedures to protect people from avoidable harm and minimise risks to their safety.

Is the service effective?

Good

The service was effective.

Staff were trained to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act (2005) and supported people to make as many of their own decisions as possible. Where restrictions on people's liberty had been identified, appropriate applications had been made to the supervisory body. People were supported to attend appointments with external healthcare professionals to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well and were kind and caring. Staff respected people's privacy and dignity, and promoted their independence where possible. People were supported to maintain relationships with those who were important to them.

Is the service responsive?

Good

The service was responsive.

People received support from consistent workers who understood their needs. Care plans were centred on the needs of individuals so staff had the information they needed to provide

person centred care. Relatives were involved in making decisions about people's care and staff respected their views. Staff responded to people's social needs and supported them to attend activities outside the home.

Is the service well-led?

Good

The service was well-led.

Relatives were happy with the service and felt able to speak to the manager if they needed to. Staff understood their roles and were well supported by the management team. Staff were given opportunities to meet with managers and raise any issues or concerns they had. The management team reviewed the quality and safety of service provided. This was through surveys, regular communication with people and checks to ensure care staff worked in line with policies and procedures.

Greenfield House

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.

The inspection took place on 21 September 2016 and was unannounced. The inspection was undertaken by one inspector.

The provider had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided.

We reviewed the information we held about the service including the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

People had very limited communication, so we spent time with them and observed how they were supported to maintain their independence and preferred lifestyle. We also spoke with one relative in person and two relatives on the telephone. We spoke with the registered manager and six members of staff. This included care managers, care workers and a cook.

We reviewed two people's care plans and daily records to see how their support was planned and delivered. We reviewed two staff files to check that staff were recruited safely and trained to provide care and support appropriate to each person's needs. We reviewed management records such as checks the staff and registered manager made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

Relatives told us they felt their family members were safe at Greenfield House because staff were skilled and knew how to support them. One relative told us, "Staff know [person] to the bone and understand them. [Person] is totally relaxed and completely happy." This relative went on to say, "I have total trust in the staff."

Another relative explained that they felt their family member was safe because staff understood the person's medical and health needs. They told us, "I'm confident [person] is safe because staff know them. Because they are with [person] one to one, they know when it looks like they are going to have a seizure and pre-empt it. They know what they are looking for."

Staff understood their responsibilities to protect people from harm. They told us they had received training in protecting people from the risk of abuse and understood their role in ensuring the safety of the people who lived in the home. Staff told us they would follow the provider's policies and procedures and report any concerns. One staff member told us, "I would report it straightaway to the senior on duty or the manager. It would not be something I could turn a blind eye to."

The registered manager and senior staff understood their responsibilities to manage any safeguarding concerns raised by staff. However, staff told us they would escalate any concerns if they felt they had not been managed in accordance with the safeguarding procedures. One staff member explained, "If we weren't confident in the manager we could always ring the CQC, but I am confident in her."

Relatives felt there were enough staff on duty to meet people's needs and provide the supervision they required to keep them safe. Staff confirmed that staffing levels enabled them to provide the support people needed both inside and outside the home. During our visit we saw staff were not rushed and had time to spend with people. A continual staff presence was maintained in communal areas to ensure people's safety.

The registered manager explained that staffing levels and shift patterns were flexible to ensure there were enough staff to provide effective care. The minimum safe staffing level was five members of care staff and this level was increased depending on people's needs and their plans for each day. For example, on the morning of our visit there were six care staff and two care managers on duty because one person had a healthcare appointment they needed support to attend and others were going out.

There were no staff vacancies at the home. Any unplanned staff absences were covered by existing staff or 'bank' staff who worked for the provider. No agency staff were used. Most staff had worked at the home for a number of years. Relatives told us they valued the consistency of staff because people were familiar with the staff team and staff understood people and their individual needs.

Records showed that staff were recruited safely, which minimised risks to people's safety and welfare. The provider carried out police checks and obtained appropriate references to ensure staff were safe to work with people who lived in the home. However, some of the police checks dated back several years to when staff first started working for the provider. There was no process to renew the checks to see if there had been

any changes in status. The registered manager told us they would raise this with the provider.

The registered manager undertook assessments of people's care needs and identified any potential risks to providing their support. For example, some people needed equipment to help them move around safely. There was information for staff about the equipment to use, the number of care workers required and how to move the person safely. One relative told us how staff assisted and supported their family member to mobilise. They explained, "Staff have transformed [person] who is now walking a little by themselves….they haven't had a fall since they have been there." They were confident staff had the knowledge and training to use the equipment safely. Corridors, communal rooms, bathrooms, and bedrooms were spacious enough for people to safely access and move around them in wheelchairs.

The registered manager had considered the varying needs of people and installed suitable equipment to keep them safe. For example, one person sometimes had seizures at night and had a sensor mat under their mattress to alert staff should that happen. Relatives spoke positively about this aspect of their family member's care. One relative told is, "Things have been put in place here I would never have thought of. If there is anything that can be acquired to make people's life easier then [registered manager] will move heaven and earth to get it."

Some people when they were anxious presented with behaviour that challenged their safety and sometimes that of others. During our visit we saw one person became slightly anxious. A staff member calmly distracted the person. We saw this was done in accordance with the guidelines on the most effective way to support the person to remain safe.

Medicines were stored safely and securely and there were checks in place to ensure they were kept in accordance with manufacturer's instructions and remained effective. Each person had their own records in the medicine administration folder with a photograph on the front of their records to reduce the chances of medicines being given to the wrong person. Administration records showed people received their medicines as prescribed.

Most medicine administration records (MAR) were printed by the pharmacy. However, some people were prescribed short course medicines which staff recorded on the MAR by hand. These handwritten entries were not signed by the member of staff who had made them or by a second member of staff to confirm their accuracy. The handwritten amendments were not always specific. For example, one person had been prescribed eye drops and the instructions were to apply to the affected eye. It was not clear whether this was the right eye or left eye. The registered manager assured us they would put processes in place immediately to ensure all handwritten amendments to the MAR were made in accordance with best practice.

Some people required medicines to be given on an "as required" basis. There were protocols for the administration of these medicines signed by the GP or consultant to make sure they were given safely and consistently.

Only senior staff who had completed training in the safe management of medicines gave people their medicines in the home. However, some people required 'rescue medicines' due to having seizures. Staff had been trained in giving these medicines so they could safely support these people when they were participating in activities outside the home.

The provider had taken measures to minimise the impact of unexpected events such as a fire in the home. Fire safety equipment was regularly tested and practice fire drills were undertaken. Each person had their own evacuation plan so staff and the emergency services would know what support people needed in the

event of an emergency.

Good

Is the service effective?

Our findings

Relatives told us they were happy with the care their family members received and felt staff had the skills required to effectively meet the needs of the people living at Greenfield House. One relative told us, "Their skills are quite superior." Another relative told us that staff were open to undertaking additional training to meet a specific need. They explained, "They have always been very willing to go on the appropriate course to administer [name of medication] if it is needed."

Training was planned to support staff development and to meet people's care and support needs. A training programme was in place that included courses that were relevant to the needs of people using the service. This included training in epilepsy and management of actual or potential aggression. The registered manager also planned to introduce training in Makaton (a form of sign language) and autism as they had identified a need for training in these areas. One staff member told us, "For training, it is second to none." Staff told us the training they received was effective. For example, although staff had received training in restraint, they told us they never had to use it because distraction techniques and low level interventions were enough to keep people safe. Our observations throughout the day showed staff had a sound awareness of how to support people who had a learning disability in an appropriate and effective way.

The provider encouraged staff to gain nationally recognised qualifications in health and social care to further support their practice within the home.

New staff followed the provider's induction programme when they started working at the home to prepare them for their role. The registered manager told us that new staff would complete the Care Certificate, although they had not recruited any new staff since the Care Certificate had been introduced. The Care Certificate helps new members of staff to develop and demonstrate they have the fundamental skills they need to provide quality care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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. We checked whether the service was working within the principles of the MCA.

The registered manager understood their responsibility to comply with the requirements of the MCA. Mental capacity assessments identified where people did not have capacity to make their own decisions about their care and welfare. Where people did not have capacity, care plans ensured staff worked in a person centred way, promoted independence and provided support in the least restrictive way.

Staff had received training in the MCA and worked within the principles of the Act. Staff understood the importance of supporting people to make as many decisions of their own as they were able to. One staff

member explained, "We explain everything to them and they have choices. We show them things to help them make choices. They aren't able to retain information so there is a lot of repeating information to help them choose." During our visit we saw staff offered visual prompts to help people make choices. For example, people were shown various options such as fruit and yoghurts, to help them choose what they wanted for pudding at lunch time. A relative confirmed, "[Person] makes as many decisions as they can for themselves."

Where people were not able to make their own decisions, staff made 'best interests' decisions on their behalf based on their knowledge of people's preferences. For complex decisions, healthcare professionals and those closest to people such as family members, were involved. Care managers told us that one person required complex dental work. The person's GP, dentist, family and keyworker were all involved in deciding the course of treatment that would be best for the person. The registered manager told us that if people did not have family to support them to make decisions, they involved an independent mental capacity advocate (IMCA). An advocate is an independent person who is appointed to support people to express their wishes and helps them to make informed choices and decisions about their life.

The MCA and Deprivations of Liberty Safeguards (DoLS) require providers to submit applications to a supervisory body for authority to deprive a person of their liberty. Applications had been submitted where potential restrictions on people's liberty had been identified. Where DoLS were in place, applications for their continuation had been submitted in good time to ensure the requirements of the legislation continued to be met.

People were supported to have a balanced diet and were given a varied choice of meals. A dietician visited the home each year to review people's weights and their menu plans. The cook explained that menus were changed regularly and were reflective of the different seasons. The cook had a good understanding of each person's nutritional needs. They were aware of those people who needed to be mindful of their calorie intake and those people who needed extra calories added to their food such as cream and sugar, to prevent the risk of weight loss and ill health.

The meal at lunch time was a social part of the day when staff and people sat down to eat together. Two people preferred a quieter atmosphere with less distraction to ensure they enjoyed and ate their meal so they had their meal later. One person had a specially adapted plate to support them to eat independently. During lunch we saw staff were watchful of people, prompting and assisting them without taking away their ability to eat independently. Staff had a good understanding of any risks around people's nutritional needs and knew who needed their food softened because of their risk of choking.

Each person had a health action plan that identified their health needs and the support they required to maintain their emotional and physical well-being. This helped staff ensure that people had access to the relevant health and social care professionals. Records showed people had regular health checks with their GP, optician and dentist and were referred to other healthcare professionals when a change in their health was identified. These included the epilepsy nurse, learning disability nurse, occupational therapist and neurologist. One relative told us, "[Person] has 'physio' once a week now and everything is in place. They (staff) seem to be getting everything done for them."

Good

Is the service caring?

Our findings

Relatives were extremely positive about the caring attitude of staff and the atmosphere they created within the home. One relative told us, "Staff are doing a really serious job with a great sense of humour. They create an atmosphere of friendship." Another said, "[Person] is the priority and that is how staff are. People are the priority."

Many of the staff had worked in the home for a number of years and had clearly established relationships with people. Relatives spoke positively about the consistency of the staff team. Relatives told us that staff knew people well and understood their abilities, support needs, habits, preferred routines and social preferences. One relative explained, "The thing we value most is the people who do the caring. They know their residents inside out and they know their little foibles."

We asked staff if they thought the service provided at Greenfield House was caring. They all told us they did. One staff member said, "A lot of the staff have worked here for such a long time, people are a part of their life and we know them."

During our visit we found staff were kind and warm in their interactions with people. They provided help and assistance when required in a patient, calm and reassuring way that suited people's individual needs. One person had just returned from a visit with a healthcare professional where they had received positive feedback about progress with their mobility. This achievement was recognised by staff who gave the person encouragement and praise.

Staff did not rush people and supported people at their preferred pace. One person was reluctant to leave the dining room at the end of their meal. The staff member supporting them said, "[Person] isn't quite ready to leave now," and stayed with them until they chose to do so. Another staff member explained, "You can't hurry people, we are not here to rush people."

People were supported to maintain relationships with those who were important to them. Relatives were welcomed into the home and staff supported people to visit and stay with family. Relatives told us that staff were respectful of their relationships with people and ensured they remained a central part of people's lives. One relative told us staff completed a communication book and recorded everything the person did in it. The person took the book when they went to stay with their family which enabled them to have meaningful conversations with the person about what they had been doing. In turn they recorded everything the person did during their visits home so staff also had conversation prompts. The relative explained, "We have co-operated together at home and at Greenfields……It links his life here and there together."

Staff were aware of people's relationships with each other. One relative explained that staff were mindful of people's interactions with others in the home. They told us, "[Person] is paired quite well with the other residents if they go out or they go away."

Staff treated people with respect when supporting them with care. Staff understood the importance of

maintaining people's privacy and dignity. One staff member told us, "We are very good at making sure doors are shut when giving personal care and ensuring if people want time on their own, that they can go to their room." Relatives had no concerns about the respect staff showed their family members. One relative told us, "It is a form of respect because they involve [person] in what they do."

Most people were fully dependent on staff for their care and support needs. However, where possible, staff encouraged people to complete some tasks independently. We were told of one person who was able to make drinks for themselves using a one cup kettle. This made the task more achievable and protected them from the risk of scalding by over filling their cup. Another person was given encouragement to put their soiled linen in the laundry basket and was given praise when they completed the task.

People were given ownership of their bedrooms and this provided them with their own private space. People had been supported to choose how their rooms were decorated and furnished. Each bedroom was very different and reflected the person's individual needs and preferences.

The home had received a number of compliments from relatives and other visitors, including healthcare professionals. One relative had thanked staff for sending a rose on behalf of their family member to celebrate 'Mothering Sunday'. This caring gesture by staff had clearly meant a great deal to them.

Confidentiality was well maintained throughout the home and information held about people's health, support needs and medical histories was kept secure.

Good

Is the service responsive?

Our findings

People received care that met their needs and took into account their individual choices and preferences. Staff knew the people they supported very well. One relative told us, "I think the care is exceptional. [Person] couldn't be with people who are more in touch with her needs."

Each person had a care plan that documented their choices and preferences and made clear what their skills and abilities were as well as identifying areas where they required support. Care plans contained individual profiles which included a social history and people's likes and dislikes. They also contained information about who was important to them, their medical and health care needs and their preferred social interests and activities. Care plans were centred on the needs of individuals so staff had the information they needed to provide person centred care.

We saw staff responded to people in an individualised manner and it was clear when we spoke with staff that they knew what people`s needs were and how to respond to them.

Relatives told us staff involved them in making decisions about people's care and respected their views. One relative told us, "They will ring up and say '[person] is like this, what do you think'. They keep me involved in everything that is happening there." This relative told us they attended annual reviews and explained, "Everybody who is involved in [person's] care plan is at the meeting. We discuss everything that is in place, whether it is working or whether it is not working." Another relative said, "I can say whatever I like and I get lots of feedback. We are all at the same place."

A keyworker system was in place where one member of staff was allocated to a person to support them with their particular needs. Each month keyworkers reviewed the support people had received to ensure their needs were being met and any changes had been identified. Relatives knew who their family member's keyworkers were and told us they would speak to them if they had any concerns.

Staff told us communication in the home was good and information was handed over so they knew how to respond to changes in people's health. One staff member described the communication as "very good" and explained, "We have a communication book we record any issues in. The first thing you do when you come on duty is pick it up and see what has been going on."

Relatives were satisfied that staff responded to people's social needs. They told us people's opportunities to go into the local community had increased since the provider had purchased a vehicle for the service. One relative particularly spoke about how their family member's confidence had increased. They told us, "[person's] experiences have extended since they had the car. They are becoming a completely different person and gaining confidence. It is the support and friendships that have been made outside the home. It is a full life and it is tailored perfectly to their ability to manage a well-rounded life."

One relative explained that staff understood their family member and planned activities around their emotional needs. They told us, "Staff encourage [person] and when they are in a positive frame of mind they

will be up and out and doing something with them."

We saw that staff supported people to play an active part in their local community and to attend social events. People were encouraged to follow their own interests and hobbies and go on annual holidays. People went to a variety of clubs as well as local services such as shops, local pubs, cafes and leisure centres. For example, one person enjoyed going to a club to do a climbing activity whilst others enjoyed table tennis, trampoline and swimming. One member of staff said, "We try to get people into the community as much as we can to do what they want to do." On the day of our visit three people had gone to a local club and proudly showed staff some of their paintings when they returned to the home for lunch.

Most people at the home were unlikely to make a complaint due to their communication needs and level of understanding. Staff were aware of the signs to look for if people were unhappy about something and told us they would respond to any signs they were not happy. One staff member explained, "You watch people and you start to understand when people are unhappy or sad. If you have any concerns you go to the office and take the information there."

Relatives told us they would feel confident to make a complaint. We saw that relatives had been reminded of the complaints process at a 'Parent/Carers meeting' and given our contact details if they wished to escalate any concerns further. One relative confirmed, "We are informed of how we can complain," whilst another said they would not hesitate to raise their concerns with the registered manager. There had not been any complaints made, however the registered manager told us there was a procedure they would follow to record and respond to any complaints raised. Relatives could raise any informal concerns during review meetings.

Good

Is the service well-led?

Our findings

Relatives spoke very highly of the managers, staff and the service their family member received. One relative told us, "We are absolutely delighted with the home……the care is faultless." Relatives felt the registered manager provided effective leadership in the home with one relative stating, "[Registered manager] motivates the staff greatly. We have got a superb group of staff here." Another said, "[Name] is a genuine and wonderful manager."

The management team consisted of the registered manager supported by care managers. Staff felt valued and supported in their role by the management team. They told us they received guidance and advice when they needed it. One staff member told us, "It is the best place I have ever worked management wise because everyone is on the ball." Another said, "We have a really good support system here."

Staff understood their role and their responsibility to work in line with the provider's policies and procedures. They spoke positively about the working environment and working with the people who lived at Greenfield House. Staff were clear about how they provided support which met people's individual needs and promoted their privacy and dignity.

Staff said they received regular support through one to one supervision meetings where they discussed their performance and personal development and the needs of the people living in the home. One member of staff explained, "We talk about whether we have any issues or any concerns with the service users or if we think we need more training." Another said, "If there is anything you are not sure about, it is always addressed." Appraisal meetings were held annually and gave staff the opportunity to discuss their progress and what goals they would like to achieve.

Staff meetings gave staff a formal opportunity to discuss issues that were important to them. Staff felt encouraged to have their say about any concerns they had and how the service operated. The meetings also provided an opportunity for the registered manager to share messages from the provider and update the staff team on issues such as health and safety.

Staff also felt supported by the wider staff team with one member of staff stating, "We are all like a team here. Everyone seems to gel and work together."

Relatives felt involved and valued and told us they were invited to 'parent/carer meetings' twice a year where they could discuss any issues as a group. One relative explained, "We have parent's carers meetings several times a year. We all get on really well when we have the meeting." Surveys were also sent out to relatives asking for feedback about the service. We looked at the results of the last survey in November 2015. We saw that the feedback was very positive, but some relatives had raised concerns about the bathroom furniture and fittings and the general décor of the home. As a result the provider had taken action. The bathrooms and wet rooms had been refurbished and communal areas of the home decorated. The registered manager told us the improvements had vastly improved the environment for people.

There were effective quality assurance systems that monitored people's care. We saw records of audits and checks which monitored safety and the quality of care people received. These checks included care planning, medication and health and safety. We looked at the results of the last health and safety audit. This had identified that although accidents and incidents were recorded and submitted to the provider for analysis, they could be shared further with the staff team. The registered manager explained that accidents and incidents were now discussed in staff meetings so the whole staff group could be involved in the analysis and problem solving process to promote their learning and minimise risks to people. The provider also carried out 'unannounced visits' during which they completed checks against the five key questions we ask: Is a service safe, effective, caring, responsive and well-led.

At the time of our inspection visit the registered manager informed us that Greenfield House was part of the provider's modernisation programme and was under consideration for transition into a supported living model. The registered manager explained that although people received high quality care, there were limitations within the service as people could not have free access to the kitchen or laundry. Moving to a supported living model would involve people having their own flats with access to a communal area when they wished to. The registered manager had already supported another service through a similar transition and was confident that the move would enhance people's lives and promote their independence. Staff and relatives had been fully informed of the plans for the development of the service. The registered manager told us that once a final decision had been made, further consultation would take place with people and relatives who would continue to be involved throughout the process. People without relatives to support them would have the support of advocates to ensure any decisions made were in their best interests.

The registered manager and provider understood the requirements of their registration and their responsibilities to provide quality care and support to people. They had returned their Provider Information Return when requested and understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred.