

East Sussex County Council

Greenacres

Inspection report

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Date of inspection visit: 3 December 2014
Date of publication: 20/05/2015

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 

Overall summary

Greenacres is an established residential service provided by East Sussex County Council. It is registered to provide care for up to seven people with a learning disability, including Asperger's, and behaviour that challenges. The inspection was unannounced and was carried out on 3 December 2014. On the day of our inspection there were five people using the service.

The registered manager was present during the inspection. 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.

People were treated with respect and dignity by the staff. They were spoken with and supported in a sensitive, respectful and professional manner. Some people with complex physical or psychological needs had little or no verbal communication. Each person had a

Summary of findings

comprehensive set of support plans and risk assessments tailored to their individual needs. These plans highlighted any additional areas of support needed and involved the opinions of experienced staff, professionals and members of the family.

People told us they felt safe. Relatives said they felt confident and reassured their loved ones were safe and their medical needs were well met. They were also confident in the staff at Greenacres and spoke positively about the care and support provided. One relative told us “They do a marvellous job... they’re up there with the best.”

As far as practicable, people were provided with choices about engaging with particular activities and they told us their choices were respected. They had the opportunity to take part in a range of social and recreational activities, reflecting their interests and preferences, both in and outside the service.

There were detailed and individualised support plans in place to effectively and safely support people with complex behaviours and needs. People were registered with local GPs and had access to other health care professionals when required.

The provider had systems to gain and review consent from people. We saw people were involved in their care and were asked for their consent. We found staff took time to ensure there was choice in the care options available.

There were effective quality monitoring systems and we saw examples of various internal quality monitoring audits, which the manager carried out on a regular basis, including care planning, medication and staff training. There were also procedures for receiving, handling, considering and responding to comments and complaints. The manager told us they operated an 'open door policy' so people who used the service, staff and visitors to the home could discuss any issues they may have. People and their relatives told us they knew how to raise concerns and were confident their concerns would be listened to and acted upon.

Staff told us they were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively.

Communication throughout the home was effective and included comprehensive staff handovers at the beginning of each shift and regular staff meetings.

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 were protected from abuse and avoidable harm. They told us they felt safe living at Greenacres. People had individual assessments of potential risks to their health and welfare. These were reviewed regularly.

There were sufficient staff, with the necessary skills and competencies to meet people's complex care and support needs.

Staff managed challenging situations in a positive, confident and consistent way. Recruitment practices were safe and relevant checks had been completed.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs.

The service was meeting the requirements of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). This helped to ensure people's rights were respected.

People were supported to have access to healthcare services and were involved in the regular monitoring of their health.

Good



Is the service caring?

The service was caring.

Staff involved and treated people with compassion, dignity and kindness.

Communication between staff and people was good. Staff were caring towards people and their relatives and spoke with them in a kind, sensitive and respectful manner.

People were treated as individuals. Their privacy and dignity was respected. They were regularly asked about their choices and individual preferences. These were reflected in the care and support they received.

Good



Is the service responsive?

The service was responsive.

The views of people, their relatives and other visitors were welcomed and informed changes and improvements to service provision.

As far as practicable, people were involved in making decisions about their personal care and welfare. Their personalised care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the individual care and treatment they received.

People's individual methods of communicating were identified and respected. Staff were aware of people's interests and preferences and ensured activities reflected their personal choices.

Good



Summary of findings

There was a complaints procedure. People and relatives told us they knew how to make a complaint if necessary. They were also confident any concerns would be listened to and acted upon.

Is the service well-led?

The service was well led.

There was an open and inclusive culture within the home. People were regularly consulted. Their relatives felt informed and involved with the service. They told us the manager was approachable. The views of people connected with the service were actively sought. People told us they felt listened to.

Leadership was visible and effective. Staff were supported to question practice. They told us the manager was “brilliant” and “approachable and very supportive.”

Accidents and incidents were appropriately recorded and analysed. There were robust quality assurance systems in place to help maintain and improve service provision.

Greenacres

Detailed findings

Background to this inspection

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

This inspection took place on 3 December 2014 and was unannounced.

The inspection team consisted of an inspector and an expert by experience, with personal experience of living with and supporting a person with complex needs. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection, we spoke with four people living at the home, two relatives, three care staff, the registered manager and a quality assurance manager for the local authority.

Before the inspection we checked the information that we held about the service and the service provider. We found no concerns had been raised since the previous inspection. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As some people were unable to tell us about their experiences and in order to get a better understanding we spent time with people and observed care practices. We looked at all areas of the building, including people's bedrooms, and the communal areas. We looked at four people's care records, including risk assessments, and three staff training and recruitment files.

The last inspection of this service was on 27 September 2013, where no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe living at Greenacres we observed friendly, respectful and positive interaction between people and members of staff. When speaking with people and staff, we saw people enjoyed living in a service which protected them from abuse. One person told us, "I'm alright here. The staff are very nice." Relatives spoke positively about the staff and the service provided, they had no concerns about the way their family members were treated and felt that they were safe. One relative told us "They do a marvellous job... they're up there with the best."

Staff told us they had received training in recognising and responding to the signs of abuse and were aware of their responsibility to raise any concerns with the manager. Their training in the safeguarding of adults was up to date. A poster with pictorial information about who to talk to if people had any safeguarding concerns was displayed in a communal area for people and their visitors. This included contact numbers of the local safeguarding authorities. We saw that appropriate referrals to the local authorities had been made when necessary.

The manager confirmed that no physical restraint was used and told us that staff were trained to de-escalate people's challenging behaviour with management strategies, including distraction techniques that preserved people's dignity. A member of staff told us, "We are all aware of the need for a consistent approach in how we deal with individuals and respond to challenging behaviour. We are trained to anticipate behaviour, think on our feet and defuse a situation while not taking control away from the person." Another member of staff told us "It doesn't matter how noisy or quiet people are, everyone here is an individual with the same human rights."

Risk assessments were centred on the needs of the individual. People's care plans included risk assessments relevant to the ingestion of inedible objects, choking, falls, and challenging behaviour. Each risk assessment included clear control measures and guidance for staff to follow. We saw risk assessments were in place for both when people were in the service and going out. When planning activities outside the service, staff visited proposed locations to assess risk to safety. One member of staff said, "We'll go there first, assess and try to minimise the risk but we can never fully eliminate it." Accidents and incidents were recorded and monitored daily by senior staff and the

manager to ensure hazards were identified and reduced. We saw that following an incident in the kitchen, strategies had been reviewed regarding the level of access and the number of people in the area at any one time.

There were sufficient staff on duty to meet the needs of the people. On the day of our visit, as well as the manager there were four members of staff on duty in the morning and three in the afternoon. We saw staff had time to spend, calmly and sensitively, supporting people in a meaningful way, which respected individual needs.

We observed people came and went during the day, supported by staff. In accordance with their individual activity schedule, this included going to local shops and recreational facilities. We discussed staffing levels with the manager and quality assurance manager, who both acknowledged the impact on care and support provision, including people's opportunities for activities. They told us there were some ongoing difficulties with staff recruitment, due to the fairly remote location of the service. However they confirmed staffing levels were carefully monitored to reflect people's assessed needs and to ensure their safety.

We were told by one member of staff, "There's usually enough people around but, like anywhere else, shortages can occur, through sickness for example – and we could always do with more." They also told us "Most of the time we cover for each other but there are times we use agency, although we always try and get staff who have worked here before and know the guys and the routines." Another staff member said, "We have flexibility in the rota to build the shifts around the needs of the residents, but obviously their safety is paramount. So for example, if we know that a person will need two support staff when they are going into the community, we can factor that into the planning of the rota."

Medicines were administered safely to people. During our inspection we observed a lunchtime medication round. We saw, where appropriate, people were assisted to take their medicines sensitively. They were not rushed and simple explanations, appropriate to people's level of understanding were provided. We also saw that medicines were stored safely and accurately recorded. The manager confirmed all staff with responsibility for administering medication had all received appropriate training. This was confirmed by records. Medicines were safely stored and medication administration records had been completed appropriately.

Is the service safe?

Robust recruitment practices helped to ensure the safety of people at Greenacres and all relevant checks had been completed before new staff started work. Staff files contained evidence that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps

employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We saw the application forms had been completed appropriately and in each case a minimum of two references had been received.

Is the service effective?

Our findings

People received effective care and support. One person, who had lived at Greenacres for many years told us, “I like it here. The staff know me and like me.” Each person’s needs had been assessed before they entered the service. People had a key worker whose responsibilities included advocating on people’s behalf and communicating their wishes to other staff management and updating their personal files.

The staff used specific communication methods to converse with people, including pictorial aids, signing, good eye contact and appropriate use of body language. We observed good natured and professional interaction between people and staff. We saw positive support which promoted people’s independence and protected their rights. We observed a handover from one shift to another and noted how any updates concerning people’s welfare were appropriately communicated to ensure continuity of care.

Staff had appropriate training and experience to support people and their often complex care and support needs. Staff confirmed they had received a thorough induction programme and ongoing training relevant to their roles and responsibilities. They also told us of the effective communication and high level of support they received from the manager. Consequently they felt both confident and competent to carry out their duties. Records showed training was up to date and staff had the opportunity to receive further training specific to the needs of the people they supported. This included training on behavioural support, epilepsy and mental health awareness. All members of care staff received regular one to one supervision sessions and were scheduled for an annual appraisal. A member of staff told us, “We all support each other and can discuss any concerns with the manager at any time.” Another member of staff told us “The training and support has given me the confidence to deal with challenging situations and incidents like seizures.”

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the registered manager. The manager had ensured relevant applications for DoLS were in process for people who were unable to leave the premises unaccompanied for their safety. Staff

had also received training on the MCA and DoLS. This was updated on a regular basis. Staff we spoke with had an understanding of both MCA and DoLS. They told us how they explained what they wanted to do and gained consent from people before carrying out any personal care tasks. People confirmed care staff always gained their consent before carrying out any tasks. One person told us “They ask me if I want to.” We observed staff asking someone with no verbal communication if they wanted to go to the shops. The person walked off but within minutes they had returned from their room, with their coat on and clearly looking forward to their outing.

Staff were aware of the need to involve others in decisions when people lacked the capacity to make a decision for themselves. This ensured that any decisions made on behalf of a person who lived at the home would be made in their best interests. The manager explained if a person could not contribute to their care planning, a ‘best interest meeting’ would be held with relatives, staff and other professionals, to agree the most appropriate care and support needed – in the individual’s best interests. We saw evidence of best interest meetings in care plans as well as records of ‘supported decision making.’

People’s nutritional needs were assessed and recorded accurately to ensure people were protected from risks associated with eating and drinking. We saw people were consulted about their food preferences each day and were given options. The menus that were in place had been compiled following discussions with people about their individual choice and preferences.

Throughout the day we observed people being supported in the kitchen to make themselves hot or cold drinks or a snack. We also saw one person involved in preparing vegetables for the evening meal. During lunchtime we observed staff providing sensitive and discreet support to people, as necessary.

Healthy living was promoted by the service and in practice. People had separate health files in which their medical, mental health needs and health care professional visits were recorded with clear objectives and recommendations for staff to follow. The manager told us people using the service were registered with local GPs and had access to other health care professionals, including speech and language therapists, community nurses, physiotherapists and dentists, as required.

Is the service caring?

Our findings

People and their relatives spoke positively about the kindness and caring approach of the staff. Staff routinely involved people in their individual care planning and treated them with compassion, kindness, dignity and respect. One person told us staff were “Nice and kind and friendly.” People also said they were offered choices and confirmed staff knew about their preferences and daily routines. Relatives and friends were able to visit at any time. One relative, who was unable to visit, told us that staff regularly bring them to see her, which “helps to support our relationship.” They described the staff as “A very nice bunch of people.”

The manager confirmed each person had an allocated key worker, who they spent “dedicated one-to-one time” with every week. A member of staff told us during this time, they discussed with the person their daily activities, checked their bedroom, toiletries and clothing. They liaised with families, where appropriate, and advocated on their behalf. They would also monitor their support plan and risk assessments, arrange any appointments and update their health action plan, as necessary.

The service promoted independence. Staff encouraged and supported people to do as much as possible for themselves. We also saw from the minutes of meetings that people’s individual activities and dietary requirements were discussed and monitored at team meetings.

Communication between staff and people was sensitive and respectful. We saw people being supported with consideration and gently encouraged by staff to express their views. During the inspection we saw staff dealing with individuals in a calm, respectful and professional manner. We observed staff involved people as far as possible in making decisions about their care, treatment and support,

including which activities they wished to take part in. We spent time in the communal areas and observed how people and staff interacted. There was frequent good natured engagement between people and staff. Staff responded positively and warmly to people. Some people who had difficulties with verbal communication sought reassurance and physical contact. Staff responded to these needs appropriately, in accordance with agreed strategies in people’s individual care plans.

We saw three detailed care and support plans, including needs assessments, a comprehensive health action plan, emergency protocols and evidence of regular reviews. In each of the plans, there were full and comprehensive personal and environmental risk assessments. We also saw behaviour support guidelines for staff, which included areas of personal care needs and specific help and support required. The manager told us this helped to ensure he planning and delivery of care met individual needs.

Staff emphasised the importance of developing close working relationships with individuals and being aware of any subtle changes in their mood or condition. Consequently they were able to respond appropriately to how individuals were feeling. This meant they were able to provide care and support to individuals and meet their assessed needs in a structured and consistent manner.

Due to their variable and often limited communication and as very few people had any family contact, we asked the manager about the involvement of independent advocates. They said Independent Mental Capacity Assessors (IMCAs) had provided input in the past and confirmed an advocacy organisation had been involved with one person in 2012. The manager acknowledged that, despite the close working relationship staff maintained, more use could be made of independent advocates and they would be addressing this issue.

Is the service responsive?

Our findings

People's individual assessments and care plans were reviewed with their participation or their representatives' involvement. Key workers worked closely with individuals to help ensure that their care, treatment and support was personalised and reflected their assessed needs and identified preferences. The manager confirmed risk assessments and support plans were reviewed every month or when there were any significant changes to a person's care needs or condition. This ensured any changes were accurately reflected in the support they received. The manager said all staff were made aware of any such changes and signed to that effect. They told us "As well as regular keyworker time, everyone has an annual review with their parents and care manager, where appropriate, to discuss their ongoing needs and how they feel the plans are working."

A member of staff described how they ensured people's care and support was personalised and responsive to their needs. They told us "As you can see it's a small group here, but individual personalities are very different. Everyone has their own views and their own interests and it's up to us to be aware, so we can respond to their particular needs and wishes." Another member of staff told us "Routine and consistency is so important here but we know all the guys very well and work very closely as a team. There's a lot of experience amongst the staff here."

People's care and support plans were personalised to reflect their identified wishes, preferences, goals and what was important to them. Plans contained details of people's interests and preferences as well as individual programmes of personalised activities, together with staff support guidelines, both inside and out in the community.

The manager confirmed care plans were regularly reviewed and updated to reflect people's changes of needs to ensure continuity of their care and support. For example, a care plan had been updated to reflect a change of medicines following a review of their medication needs.

Behavioural support plans identified key triggers and how to reduce them, taking into account people's history, preferences and personalities. In addition to monthly updates, annual reviews were held, often involving social workers and representatives from the local community learning disability team. We saw reviews and updates were signed by staff and by relatives or representatives when applicable.

People and relatives told us they knew how to make a complaint, but this had not been necessary. They also confirmed that they would feel confident any concerns they had would be listened to and acted upon. The manager showed us the complaints procedure and told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant.

Is the service well-led?

Our findings

The manager ensured the delivery of good quality, personalised care and promoted an open and inclusive culture. People and their relatives confirmed they were asked for their views about the service. They told us they felt “informed” and also said they were involved in care plan reviews. Staff had confidence in the way the service was managed and described the manager as “approachable” and “very supportive.”

We saw examples of this during our discussion with the manager, when we saw several people and members of staff enter the office, for various reasons. Everyone was clearly comfortable doing so and all were made to feel welcome. Through our observations and discussions with people, their relatives and staff, we found there was an open and inclusive culture, which focussed on the identified care and support needs of people. Values of the service were included in the service user guide and were discussed during tea meetings.

Records were well organised, comprehensive and easily accessible. The manager told us how involvement with the community was ongoing and further opportunities for people were being researched.

The manager notified the Care Quality Commission as they are legally required to do. They promoted a good relationship with stakeholders. For example, the manager took part in safeguarding meetings with the local authority to discuss how to keep people safe, and kept people’s families involved in decisions concerning their family members’ safety and welfare.

Members of staff confirmed the manager was supportive and understanding of the challenges they encountered. We saw the manager was included in the staff rota and occasionally spent time in a direct supporting role. They told us, “I try not to spend too much time in the office. I’m very ‘hands on’ and like to be out there, so I know what’s going on.” One member of staff told us, “The manager is brilliant, very experienced, and things have really moved on here since she started.”

We looked at minutes of recent staff meetings and found staff were encouraged to contribute to the agenda. Communication throughout the service was very effective and included regular team meetings and comprehensive handovers between shifts. This helped ensure consistency and continuity of care.

There were effective systems to monitor incidents and accidents at the service and implement learning from them. We saw the incidents were recorded accurately and people’s care records had been updated following these incidents to ensure up to date information was available to staff.

There was a system of quality assurance to monitor the overall quality of the service and identify the needs for improvement. The manager told us they were responsible for undertaking regular audits throughout the service. Records showed such audits included health and safety, which incorporated fire safety, electrical checks and updating environmental risk assessments. Other audits included medication and care plan reviews. Where shortfalls had been identified, actions were put in place including agreed timescales, ensuring any necessary improvements could be monitored effectively.

An Operations manager visited the service on a monthly basis to undertake a spot check. In addition, a Quality Assurance officer inspected the service every three months to check compliance with regulations and make recommendations for improvement as necessary. We looked at recent reports and found they were comprehensive and thorough. They included an inspection of the premises, audits of many aspects of the service, including health and safety, medication, finances, staff files, people’s records, the completion of documentation and satisfaction surveys. The reports also included records of discussions and observations, to ensure good standards were maintained.

In addition to the audits undertaken, the service worked closely with other healthcare professionals and social workers to improve service delivery and help ensure consistent care provision. Feedback from key organisations and other stakeholders was very positive.