

Greenbanks House Limited

Greenbanks

Inspection report

Greenhills
Barham
Canterbury
Kent
CT4 6LE

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Greenbanks is a residential care home for 20 older people and younger adults who need support due to having learning adaptive needs/autism and special mental health needs. It can also accommodate people who have physical and/or sensory adaptive needs.

The service is run by a limited company. The shareholders and directors of the company are family members or guardians of the people who live there.

At the time of this inspection there were 19 people living in the service. Most of the people had complex needs for support and some of them used sign-assisted language to express themselves.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who live in the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning adaptive needs/or autism to live meaningful lives that include control, choice, and independence. People living in the service receive planned and coordinated person-centred support that is appropriate and inclusive for them.

The service was a larger home, bigger than most domestic-style properties. It was registered for the support of up to 20 people. This is larger than current best-practice guidance. However, the size of the service having a negative impact on people was reduced by the building's design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no obvious identifying signs, intercom, cameras, industrial bins or anything else to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

For more details, please read the full report which is on the CQC website at www.cqc.org.uk

People's experience of using the service:

People and their relatives were positive about the service. A person said, "I'm good here and I'm happy here. This is my home." A relative said, "I think the staff at Greenbanks are excellent. We had to wait for a place to come up as the service is very popular and we're very pleased our family member is here now."

The local safeguarding of adults authority was investigating a specific incident when it was alleged that a person had not been suitably supported to take a medicine in a safe way. This matter was ongoing and so a conclusion had not been reached about whether the concern was substantiated.

A further eight occasions had occurred since the last inspection when mistakes had been made by support staff in the management of medicines. Although quality checks had been completed these had not quickly resolved shortfalls in the management of medicines.

Other parts of the care and treatment people received was delivered safely and in line with national guidance from support staff who had the knowledge and skills they needed. There were enough support staff on duty and safe recruitment practices were in place.

People had been helped to receive medical attention when necessary.

The accommodation was well maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Support staff were courteous and polite. People were supported to make decisions about things that were important to them. Confidential information was kept private.

People were supported to pursue their hobbies and interests. There were robust arrangements to manage complaints and to enable people to have a dignified death.

People had been consulted about the development of the service, there was good team work and joint working was promoted.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach of regulations because medicines were not consistently managed in a safe way at this inspection.

Please see the action we have told the registered persons to take at the end of this report.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect sooner.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Greenbanks

Detailed findings

Background to this inspection

The 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 registered persons were 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.

Inspection team

The inspection was completed by one inspector.

Service and service type

Greenbanks is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual arrangement. The Care Quality Commission regulates both the premises and care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. In this inspection report when we speak about both the registered manager and the company that ran the service we refer to them as being, the 'registered persons'.

Notice of inspection

We visited the service on 9 August 2019.

This inspection was announced. This was because the people who lived in the service had complex needs for support and benefited from knowing in advance we would be calling to their home.

What we did before the inspection

We used information the registered persons sent us in their Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections.

We reviewed other information we held about the service. This included notifications of incidents that the registered persons had sent us since our inspection in June 2018. These are events that happened in the service that the registered persons are required to tell us about.

We invited feedback from the commissioning bodies who purchased some of the care provided by the service. We did this so they could tell us their views about how well the service was meeting people's needs and wishes. We used all this information to plan our inspection.

During the inspection

We spoke with nine people living in the service using sign-assisted language when necessary. We met with five relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who cannot talk with us.

We spoke with five care staff, the chef, the administrator and the registered manager.

We reviewed documents and records that described how care had been planned, delivered and evaluated for five people.

We examined documents and records relating to how the service was run. This included health and safety, the management of medicines and staff training and recruitment. We also looked at documents relating to learning lessons when things had gone wrong, obtaining consent and the management of complaints. In addition, we looked at various parts of the accommodation and grounds.

We reviewed the systems and processes used by the registered persons to assess, monitor and evaluate the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained as Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Supporting staff to keep people safe from harm and abuse, systems and processes

- The local safeguarding of adults authority was investigating an incident when it was alleged that a liquid medicine had been modified without authorisation. This had apparently been done to make it last longer as the stock of the medicine had run low. The investigation was still in progress and so we did not look into this matter further.
- At the last inspection there had been two mistakes when two people's medicine had not been dispensed in the right way. Although this had not resulted in the people experiencing direct harm the mistakes had increased the risk of this occurring. At this inspection we found there had been a further eight occasions on which support staff had not assisted people to take the right medicine at the right time. The shortfalls included a person not being given one of their medicines and two people being given one of their medicines on the wrong day. Two more people had been given one of their medicines at the wrong time. Also, two people had been given too much of one of their medicines and another person had been given a medicine that had not been prescribed for them.
- Records showed that on each of these occasions support staff had quickly sought medical advice. They had followed the advice to keep the people concerned safe. This included carefully observing each person to make Supporting staff to keep people safe from harm and abuse, systems and processes. Records also showed that none of the people had experienced direct harm as a result of the incidents.
- The registered manager had examined what had gone wrong on each occasion. They had taken a number of steps to reduce the likelihood of the same things happening again. Support staff had been reassessed to establish their competency to administer medicines and when necessary extra training had been provided. Also, new checks had been introduced at the beginning and end of each shift. These involved support staff auditing the records of medicines dispensed during their shift to make sure they corresponded with the medicines prescribed for each person.
- A further new arrangement was that two support staff worked together to dispense medicines whereas previously this task had been carried out by a single member of staff. The registered manager said this measure enabled support staff to independently check and confirm that each person was being consistently supported in the right way to take medicines. In addition, the registered manager was completing more detailed and more frequent audits of the systems and processes used in the service to manage medicines in the service. Also, the registered persons were planning to set up video surveillance of the treatment room as this was the location from which most medicines were dispensed. The registered manager said that this would enable real-time supervision of the management of medicines so that any mistakes could quickly be identified and put right.
- However, the actions taken since the last inspection had not resulted in people being consistently assisted

to use medicines in a safe way.

Failure to safely administer medicines so as to reduce risks to people's health and safety was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other parts of the arrangements used to manage medicines were correct. Medicines were securely stored in neat, clean and temperature-controlled conditions. There was written guidance about the medicines prescribed for each person and we saw support staff dispensing medicines correctly. They carefully checked which medicines a person should take and then supported the person accordingly. When a person was reluctant to take a medicine support staff gently explained how the medicine helped to keep the person well. Immediately after dispensing a medicine support staff completed a record that accurately described the medicine they had given.
- Other parts of the arrangements to safeguard people from the risk of abuse were robust. Support staff had received training and guidance. They knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. A relative said, "I'm completely satisfied that the staff here are trustworthy. It really is just like a big family."
- The registered manager had an audit tool that was used to list any concerns raised with them. They used the tool to ensure there was a detailed account of the action they had taken including notifying the local safeguarding of adults authority and the Care Quality Commission.

Assessing risk, safety monitoring and management

- Other risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. A relative said, "I see my family member regularly. I can see how well cared for they are. There's no question about it." A person said, "I like the staff because they're nice to me even when I'm not nice to them."
- People were supported to take reasonable risks to promote their independence. An example of this was a person being helped by the chef to safely use appliances when in the kitchen. The chef quietly reminded the person not to overfill the kettle and when boiled to pour the hot water slowly and carefully. Another example was people being supported to safely use domestic appliances when cleaning their bedrooms.
- People received safe support. This included a person who needed extra help due to having reduced mobility. Support staff helped the person to use a wheelchair both to get about their home and when out in the community. They also assisted the person to safely transfer by using a special hoist.
- People had been helped to avoid preventable accidents. Hot water was temperature-controlled to reduce the risk of scalds. Windows were fitted with safety latches so they only opened wide enough for them to be used safely.
- The service was equipped with a modern fire safety system that was designed to enable a fire to quickly be detected and contained. In addition, support staff had been given guidance and knew how to provide each person with the individual assistance they needed to quickly move to a safe place in the event of a fire.

Staffing and recruitment

- The registered manager had calculated how many support staff needed to be on duty. When doing this they had considered the support needs of the people living in the service. This included whether a person needed special care for a specific medical condition or whether a person needed two support staff to assist them. An example of this was a person who needed two support staff to be present when they went out into the community. This was so the person felt reassured and could enjoy their trip out.
- Records showed sufficient support staff were routinely on duty to provide people with the assistance they needed. We saw people promptly being assisted to undertake a range of everyday activities. This included using the bathroom, going to and from their bedroom and using the kitchen. A person who used sign-

assisted language smiled and waved to a nearby member of staff when we asked them about the support staff on duty and the help they received.

- Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs they had done. References from past employers had been obtained as had disclosures from the Disclosure and Barring Service. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct.

Preventing and controlling infection

- A relative said, "The service is always ship shape and clean. Having said that it doesn't smell clinical and we wouldn't want it to as this is our family member's home."
- There were suitable measures to prevent and control infection. There was written guidance for support staff to reduce the risk of infection. Support staff followed the guidance, had received training about the importance of good hygiene and knew how to put this into practice. Support staff correctly described to us the importance of regular hand washing.
- People were gently supported to keep their home clean. This included tasks such as leaving the bathrooms clean after use. It also included tidying their bedrooms and regularly changing their bed linen.
- Support staff had been provided with antibacterial soap and we saw them correctly using disposable gloves when providing people with close personal support.
- There was an adequate supply of cleaning materials. Fixtures, fittings, furnishing, mattresses and bed linen were clean.
- The registered manager had completed regular audits to ensure that suitable standards of hygiene were maintained in the service.

Learning lessons when things go wrong

- The registered manager used an audit tool to promptly analyse accidents such as falls, near misses and other incidents. This was so that lessons could be learned and improvements made. The audit tool contained information about what had happened and the causes so that trends and patterns could be seen. An example was the audit tool being able to identify the location where a person had fallen to indicate if it would be helpful to rearrange the furniture in that room to remove any obstructions.
- When things had gone wrong suitable action had been taken to reduce the likelihood of the same thing happening again. This included consulting with a person's relatives and requesting assistance from healthcare professionals. An example was support staff arranging for a person to see their doctor if they appeared to not be themselves due to being unwell.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remains as Good. This meant people's outcomes were consistently good and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager met each person before they moved into the service. This was to establish the support a person wished to receive. It also ensured the service had the necessary equipment and resources to safely meet their needs.
- People who were thinking of moving in were invited to visit the service on one or more occasions. This was so they could look around, meet other people living in the service and decide if Greenbanks was right for them.
- The assessment also established what provision needed to be made to respect people's protected characteristics under the Equality Act 2010. An example of this was respecting a person's cultural or ethnic heritage by enabling them to choose the gender of support staff who provided their close personal care.

Staff support: induction, training, skills and experience

- New support staff had received introductory training before they provided people with assistance. Support staff had completed training that was equivalent with the Care Certificate. This is a nationally recognised system to ensure that new care staff know how to care for people in the right way. New support staff had also completed a number of 'shadow shifts' to observe and learn from a more experienced colleague.
- Support staff had received refresher training to keep their knowledge and skills up to date. The subjects covered included how to safely support people who experienced reduced mobility and first aid. They also included how to help people manage healthcare conditions such as epilepsy.
- Support staff had regularly met with the registered manager to review their performance, the training they had received and to promote their professional development.
- We observed support staff while they were assisting people in communal areas. They had the knowledge and skills they needed. These enabled them to safely support people who lived with reduced mobility, needed help to promote their continence and who required minor first aid. In addition, we asked support staff about specific parts of the assistance they provided. They knew about important subjects such as how to communicate effectively with people who used sign-assisted language. They also knew about using positive behavioural support that helps people in the least restrictive way to avoid becoming upset and when they need reassurance.

Supporting people to eat and drink enough with choice in a balanced diet

- People were helped to eat and drink enough. Whenever possible, support staff assisted each person to contribute to the catering arrangements in the service. This included encouraging people to plan the menu, shopping for food, cooking and clearing away afterwards.
- People described having a range of meals that provided them with choice and variety. A person said, "We

all get together and choose what grub to have. I could help with the cooking and some people do but I prefer the eating bit."

- Most people took their meals in the dining room but people could eat in their bedroom if they wished. We were present in the dining room at lunchtime. There was a relaxed atmosphere as people chatted with each other and with support staff. People who needed extra assistance to use cutlery were helped by support staff in a discreet way.
- People had been offered the opportunity to check their body weight. Support staff liaised with doctors and dietitians if there were concerns that a person might not be following a balance diet. Some people who had difficulty swallowing had been seen by a speech and language therapist. They had given support staff guidelines about how best to help the people eat and drink safely. Support staff were following these guidelines and some people were having their meals modified and drinks thickened so they were easier to swallow.

Staff working with other agencies to provide consistent, effective, timely care/ Supporting people to live healthier lives, access healthcare services and support

- The registered manager and support staff helped people to receive coordinated care when they used or moved between different services. When people needed hospital treatment care support staff passed on important information to hospital staff. This included information about a person's healthcare conditions and how they were likely to respond to being in a setting that was not familiar to them. This was done so that the person's hospital treatment could be provided in an effective way.
- Support staff had promptly arranged for people to see healthcare professionals when necessary. These included family doctors, occupational therapists, dentists and opticians.

Ensuring consent to care and treatment in line with law and guidance:

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

People can only be deprived of their liberty to receive care, treatment and support with appropriate legal authority. In care homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Whenever possible people had been supported to make decisions for themselves. We saw support staff helping people make decisions about the clothes they wore and how they organised their day.
- Most of the people living in the service needed assistance to make more significant decisions. This included their use of medicines, accepting medical treatment and managing personal finances. The registered manager had ensured that important decisions were made in each person's best interests. When doing this they had consulted with relatives and with healthcare professionals. A relative said, "It's very much a team effort here with no division really between the service and relatives. The staff contact me all the time and always ask my view if a decision has to be made about something. So, I feel fully involved in my family member's care."
- The registered persons had established robust systems and processes to ensure that people only received lawful care. The registered manager had applied to the appropriate supervisory bodies to obtain authorisations for most of the people living in the service. This had been done so that the supervisory bodies

could complete the checks necessary to ensure that people were receiving the least restrictive support possible.

- None of the authorisations granted had conditions attached to them. The registered manager was aware of the need to comply fully with any conditions that might be imposed by a supervisory body in the future.

Adapting service, design, decoration to meet people's needs

- The service accommodated more people than is recommended by the guidance in Registering the Right Support. The guidance recognises that it can be more difficult to create homely spaces in a larger building because of their size and design. In Greenbanks several things helped to make the accommodation more homely.

- Each person had their own bedroom and private bathroom. People had been encouraged to decorate and furnish their bedrooms to make them into their own personalised space. Some people offered to show us their bedrooms. Each of them was decorated and laid out in a different way. People had their own televisions, music systems and computers to access the internet. A person said, "I spend a lot of time in my bedroom because I have everything I want here. It's all mine in here."

- As far as possible the layout of the building avoided long corridors and business-like service areas. Official signs and posters were kept to a minimum. Communal toilets and bathrooms had little touches made them into pleasant areas. This included ornaments and pictures chosen by people living in the service.

- There were three lounges and so people could choose where they wanted to relax. These rooms were not too large or imposing and were decorated to a normal domestic standard.

- There was an attractive garden that was accessible by level paths. It was laid out in an interesting way with several unexpected private areas in which people could sit in comfort. We saw people enjoying being in the garden.

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remains as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported: respecting equality and diversity

- People were positive about the care they received. A person said, "I like the staff and they're fine with me." A person who used sign-assisted language laughed and clapped their sides in an appreciative way when we pointed in the direction of a member of support staff." A relative said, "I've always absolutely found the staff to be genuinely caring and kind."
- People received care that promoted their dignity. They had been assisted to wear clean casual clothes of their own choosing. They had also been supported to maintain their personal hygiene including washing and combing their hair. In addition, when asked support staff had helped to polish their nails and to wear jewellery.
- People were gently assisted to handle everyday objects in the right way. An example of this was a person who attempted to place a drinking glass in their pocket. A member of care staff quickly noticed what was happening and quietly suggested to the person that it would be better to return the glass to the tray from which it had been taken. The member of staff then helped the person to pour themselves a drink of juice.
- People's right to privacy was respected and promoted. Support staff recognised the importance of not intruding into people's private space. When providing close personal care staff closed the door and covered up people as much as possible.
- Support staff were consistently courteous, polite and helpful. They addressed people using their chosen names and always gave people the time they needed to reply. An example of this was a person who came into the registered manager's office while we were reviewing some documents. The registered manager immediately put aside the documents and encouraged the person to sit on a vacant seat. The registered manager then spoke with them until they decided they wanted to go back to watch television in the lounge.
- Support staff recognised the importance of providing support in ways that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. This included a person who was supported to meet their spiritual needs for attending religious services held at a local church.

Supporting people to express their views and be involved in making decisions about their care

- People had been supported to express their views and be actively involved in making decisions about their support as far as possible. An example of this was a member of support staff showing a person pictures of two meals they often liked to prepare. This was done so the person could choose what dish to have for their dinner later on that day.
- All the people had family, friends or solicitors who could support them to express their preferences. In addition, the registered manager had developed links with lay advocacy services. Lay advocates are people

who are independent of the service. When necessary they can support people to weigh up information, make decisions and communicate their wishes.

- Private information was kept confidential. Support staff had been provided with training and guidance about the importance of managing confidential information in the right way. They asked to see our inspector's identification badge before disclosing sensitive information to us.
- Support staff only discussed people's individual support needs in a discreet way that was unlikely to be overheard by anyone else. In addition, support staff knew about the importance of not using social media when speaking about their work.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remains as Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support staff had consulted with each person, their relatives and healthcare professionals about the support to be provided. They had recorded the results in a person-centred support plan. These support plans were being regularly reviewed by support staff so they accurately reflected people's changing needs and wishes.
- Relatives told us that support staff provided their family members with all the assistance they needed as described in their support plans. A relative said, "My family member gets all the help they need. But the staff don't take over and leave people as far as possible to do things for themselves." A person said, "The staff help me choose my clothes and get myself sorted out each day."
- There were many examples of people being supported to do things for themselves. These included a member of support staff helping a person sort out their personal laundry. This was so that only used items were placed ready for the person to take to the laundry. Another example was a person being helped to work out how much cash they needed when they went out shopping.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with adaptive needs and in some circumstances to their carers.

- People had been supported to access information that was about them or was likely to be of interest to them. Parts of each person's support plan presented information in a user-friendly way. This involved using colourful artwork and photographs to describe important parts of the support provided.
- When necessary support workers quietly repeated explanations they had given to a person about their support. If it appeared a person had not understood what had been said we saw support staff using other means to engage a person's interests. An example of this was a member of support staff pointing to a picture of a drink to ask a person if they were thirsty.
- There were pictorial signs on communal bathroom and toilet doors. These made it easier for people to find their way around their home.
- Important documents presented information in an accessible way. There was a leaflet that explained the role of the local safeguarding of adults authority and which gave the authority's contact details. Another example was a leaflet that explained people's rights to have their liberty protected under the Mental Health Act 2005.
- The complaints procedure also presented information in an easy-read style using pictures and drawings. The procedure explained that people were encouraged to speak up if something was not right, who to

contact and what would be done to address their concerns.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People spent their day as they wished and they were free to relax in their bedroom whenever they wanted. A person said, "I do what I want, when I get up and go to bed is my choice and I can use my bedroom when I like and staff don't bother me."
- People were offered the opportunity to develop their work skills by attending day opportunities services. This enabled them to join in a range of vocational activities such as home-skills and horticulture. People were also supported to pursue their hobbies and interests. These included recreational activities such as bowling and visiting places of interest. Each person had an activities communication board that used pictures and drawings to remind them of the activities they enjoyed. This board was used by support staff to assist people to decide what activities they wanted to undertake on any particular day.
- People were supported to keep in touch with their families. This included speaking by telephone with relatives, using social media and making arrangements to visit relatives at home. Relatives told us they were free to visit the service whenever they wished and that they were made welcome by support staff.

Improving the quality of care in response to people's concerns and complaints

- People and their relatives were confident that any complaints they had would be investigated and quickly resolved. A person said, "I don't have anything to complain about but if I did I'd just go to the office and tell the manager what's what." A relative said, "I've not had to complain as it's not really that sort of set up – if there's an issue it'll get sorted out long before someone needs to complain."
- Support staff recognised that most of the people living in the service did not have mental capacity and/or had special communication needs. This meant people might not be able to speak about any complaints they may have. Consequently, support staff looked out for indirect signs that a person was dissatisfied with their support. These signs included a person declining to accept support or becoming anxious during its delivery. Support staff said that when this occurred they discussed the matter with the registered manager so that any necessary further enquiries could be made.
- There was a procedure for the registered manager to follow when managing complaints. This required the registered manager to clarify what had gone wrong and what the complainant wanted to be done about it. The registered manager told us that no complaint would be considered as closed until the complainant was satisfied with the conclusions reached and solutions offered. The actions taken to resolve each complaint was reported by the registered manager to the chairperson of the company. This was so an additional check was completed to make sure that everything was in order.
- Records showed that the registered persons had received one formal complaint in the 12 months preceding our inspection visit. The complaint had been resolved to the satisfaction of the complainants.

End of life care and support

- There were suitable arrangements to support people at the end of their life to have a comfortable and dignified death. At the time of this inspection visit no one needed end of life care.
- The registered manager said that in consultation with relatives and healthcare professionals a person nearing the end of their life would be asked how they wished to be supported. The registered manager was aware of the need to carefully approach this subject so that a person was not unnecessarily upset.
- The registered manager told us that arrangements could be made to enable the service to hold 'anticipatory medicines'. This is so that medicines are available for support staff to quickly dispense in line with a doctor's instructions if a person needs pain relief.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person centred care.

Continuous learning and improving care

- People and their relatives considered the service to be well-led. A person who used sign-assisted language smiled and held a favourite object close to them when we asked them about their home. A relative said, "Greenbanks was set up by parents and is run by parents who want the best for their sons and daughters. We wanted to set up a home from home and that's what we've done." Another relative said, "All the people in the service have very different needs for care some needing much more than others. It's due to the skill of the support staff that they all manage to live together and usually to get on with each other."
- The registered persons had not always made suitable provision to operate, monitor and evaluate the running of the service. They had completed quality checks to make sure that the service reliably provided people with the support they needed. However, these checks had not resulted in effective action being taken to eliminate continuing shortfalls in the management of medicines. We spoke with the registered manager about this matter. They assured us the steps they had taken to resolve the problem (as described earlier in this report) would put things right. However, we need further assurance that these steps will be sustained and that they will fully address the shortfall in question. This is an area for improvement.
- Other quality checks were being completed in the right way. These included health and safety, infection control and learning lessons when things had gone wrong. In addition, the registered manager regularly checked each person's support plan to make sure it was up to date and accurately described each part of the support provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Support staff had been assisted to understand their responsibilities and to contribute to meeting regulatory requirements. They had been provided with written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.
- There was a senior member of staff on call during out of office hours to give advice and assistance to support staff.
- Support staff had been invited to attend regular staff meetings to further develop their ability to work together as a team. Records showed that at recent meetings they had discussed important subjects such as each person's changing needs for support.
- Support staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. Support staff were confident they could speak to the registered manager or to

chairperson of the board of governors if they had any concerns about people not receiving safe support. They also knew how to contact external bodies such as the local safeguarding authority and the Care Quality Commission.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had been supported to comment on their experience of living in the service. There were regular 'residents' meetings' at which people living in the service had been invited to suggest improvements to the service.
- Suggested improvements had been implemented. An example of this was support staff noticing when people were less enthusiastic to visit a particular place of interest showing they wanted to be supported to go somewhere else. Another example was people being supported to choose wallpaper and paint when communal areas were about to be redecorated.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered persons had established a culture in the service that recognised the importance of providing people with person-centred care. A relative said, "The service is very well run. We have a good manager here and with the parents directly involved there is a very clear focus on Greenbanks being the residents' home where they come first."
- The registered persons understood the duty of candour requirement to be honest with people and their representatives when things had not gone well. They had consulted guidance published by the Care Quality Commission. There was a system to identify incidents to which the duty of candour applied so that people with an interest in the service and outside bodies could reliably be given the information they needed.
- It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Working in partnership with others

- The service worked in partnership with other agencies to enable people to receive 'joined-up' support. The registered manager subscribed to several professional publications relating to best practice initiatives in supporting people who have learning adaptive needs/autism.
- An example of this was the registered manager knowing about important changes being made to the strengthen the provision made to ensure people only receive support that is lawful and the least restrictive possible. This had enabled the registered manager to anticipate the changes and ensure that the service was ready to implement them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered persons had not consistently provided safe care and treatment because people had not always been supported to use medicines in the right way.</p> |