Somerset County Council (LD Services)

Greengates

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

This inspection took place on 26 July 2016. We telephoned the service one hour before we arrived because this is a small home and we wanted to make sure people would be at home when we visited. The service was previously inspected on 22 January 2014 when we found no concerns.

Greengates provides accommodation with personal care for up to seven people with learning disabilities. Some people may also have physical or sensory disabilities.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People lived in a clean and homely environment, although in many areas the decorations were old and showing signs of wear. There were plans in place to redecorate many areas in the near future. Equipment had been regularly maintained to ensure people and staff were protected from risks to their health and safety.

Staff described how they supported people to participate in a range of activities of their choice, both at home and in the local community. However, there were very few daily records completed by staff to provide evidence of the things people did each day, or the support people received from staff to meet their planned care needs. Staff also described how they supported people to keep in contact with families and friends.

There were sufficient staff employed to meet people's needs safely. Staff rotas had been drawn up to ensure each person received support at the right times to meet their individual needs. Safe recruitment procedures were followed to minimise the risk of harm or abuse to people who use the service.

Medicines were stored and administered safely by competent staff. Each person held their own medicines in locked cupboards in their rooms and received individual support from the staff team to manage their medicines safely.

The provider ensured each person's savings, income, cash and belongings were safe and people were protected from the risk of financial abuse.

Staff were trained, supervised and supported and had the skills and competence to meet each person's needs effectively. Staff received training and regular updates on all mandatory health and safety related topics, as well as topics relevant to the needs of each person living in the home. Staff were given opportunity to gain relevant qualifications in health and social care.

People were involved in all aspects of meal planning and preparation. Staff were aware of each person's

individual dietary needs and provided people with a choice of varied and healthy meals.

People were supported to maintain good health and wellbeing by the staff team and a range of local NHS and social care professionals. Specialist medical advice and support was obtained when necessary. Care and support files contained detailed information on all aspects of each person's health needs and contained evidence of medical appointments and treatment by a range of health and social care professionals. Care records had been regularly reviewed and included risk assessments and guidelines for staff on how to support people to remain safe and healthy.

People were supported by a team of staff who were kind, cheerful and patient. During our inspection we saw staff supporting and encouraging people to gain as much independence as possible. Staff understood how much satisfaction each person gained from doing things for themselves rather than the staff carrying out tasks for the person. A person who lived in the home told us with pride "I support myself. I do my own personal care – the lot!"

The service was well managed. The provider and manager had systems in place to regularly check all daily routines to ensure people received a safe service that met 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 meet their needs.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to lead a fulfilling life and to remain safe.

Is the service effective?

Good

The service was effective.

People received care and support from staff who were trained to meet their individual needs.

People were supported to maintain good health and to access health care services on a regular basis.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to certain aspects of their care.

Is the service caring?

Good

The service was caring.

People were supported by caring and considerate staff.

People were treated with dignity and respect and were supported to be as independent as they were able to be.

People were supported to maintain regular relationships with their relatives.

Is the service responsive?

Good

The service was generally responsive but improvements were needed in record keeping.

People participated in activities and interests according to their individual preferences. However daily records were not always completed by staff to show how each person's personal and social needs were met.

People's individual needs and preferences were known and acted on.

People, their relatives, and other professionals involved with their care were encouraged to express their views. The service used people's views and suggestions to improve the service.

Is the service well-led?

Good

The service was well led.

People were supported by an accessible and approachable registered manager and a small dedicated team of care staff.

The service had a caring and supportive culture focused on promoting as good a quality of life as possible for people who lived in the home.

The provider's quality assurance systems ensured the quality and safety of the service was maintained and improved.

Greengates

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 26 July 2016 and was carried out by one inspector. We rang the service one hour before arriving because the location was a small care home for adults who may be out during the day. We needed to be sure that someone would be in. At the time of this inspection there were six people living there. Most people had profound and multiple disabilities and were unable to communicate verbally.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about), other enquiries received from or about the service and the Provider's 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 the improvements they plan to make. The service was last inspected on 22 January 2014. At that time, the service was meeting essential standards of quality and safety and no significant concerns were identified.

During this inspection we spoke with one person who lived in the home, the registered manager, and five care staff. We observed the staff supporting and interacting with five people who had limited verbal communication skills. We also reviewed two care plans and other records relevant to the running of the home. This included training records, medication records, complaints and incident files.

Good

Is the service safe?

Our findings

One person said they were very happy living at Greengates. We asked if they felt safe and they answered "Yes, I miss it when I go on holiday." They told us they liked all the staff and had never experienced any incidents where staff had been unkind or bossy. They said if they were worried about anything they would speak with the registered manager. We observed staff interacting with people who had limited verbal communication skills and therefore were unable to tell us if they felt safe. These people appeared relaxed and happy.

The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. We saw information on how to report a safeguarding concern was clearly available in the laundry room. Staff told us they had no concerns about any of their colleagues' practices. They said they would not hesitate to report any suspicions of abuse. Staff knew where to find policy and procedure documents on safeguarding and whistle blowing and the details of agencies they should contact to report any suspected abuse. A member of staff told us they had received safeguarding training twice in the last year and said "I would report any concerns to (the registered manager) or higher."

Staff told us that if they noticed a bruise or injury on a person it was recorded on a body map and reported to the manager. Care plan files we looked at contained evidence of incident reports and we saw these were investigated and reasons for the bruises and injuries explained.

The risk of abuse to people was reduced because the provider had effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. There had been a few staff changes in the last year, but most of the new staff had previously worked in other services run by the provider. Their recruitment records showed that checks and references had been taken up when they first began working for the provider.

Safe procedures were in place to ensure people were protected from the risk of financial abuse. Records were kept of all purchases and financial transactions and balances of cash and savings were also recorded. A representative of Somerset County Council finance team regularly visited the home to check the financial records and ensure they were accurate.

Staff rotas showed there were sufficient staff on duty at all times of the day to ensure people received the individual support they needed. The times of staff starting and finishing each shift were staggered to give some periods each day when shifts overlapped. During these times there were more staff on duty providing one-to-one support to people who wanted to go out. One person told us they thought there were enough staff employed, saying "Yes, they only get a bit short if staff go off sick." The registered manager told us the staff team were very flexible and willing to adjust their hours to meet individual needs, or provide cover at short notice when needed.

Care plan files contained evidence to show potential risks to each person's health and welfare had been assessed and regularly reviewed. Staff had been given information on how to support people to reduce the risks where possible. These included risks associated with choking, mobility, going out in the community. The risks were regularly reviewed. Each person had a personal emergency evacuation plan (PEEP) in place in the fire safety file.

Medicines were stored and administered safely. Each person held their own medicines in a locked cupboard in their room. Each person also had a medicine support file in their room containing medicine administration records and important information about all prescribed medicines. This included information about the condition the medicine had been prescribed to treat, and any risks associated with the medicine.

Staff supported each person with their medicines according to their individual needs and abilities. One person told us they were happy with the way the staff supported them with their medicines. They had been consulted about managing their own medicines but they told us "No, I would not trust myself."

Staff were able to recognise the signs and symptoms of pain for those people who had limited verbal communication skills. They knew when to offer pain relief medicines that had been prescribed on an 'as required' basis. A member of staff told us one person had shown signs of pain recently and after discussions with the GP the person had been referred to a pain clinic for assessment and treatment.

All staff received medicine administration training and received regular updates. Their practice was observed regularly to ensure they remained competent to administer medicines. Records showed the most recent observation of staff was carried out in May 2016. A member of staff told us they were confident all medicines were administered safely, saying "Yes, we all have regular observations."

Records of administration were accurate and up to date. Staff checked to ensure the correct medicines had been taken at the right times. The registered manager carried out a medicines audit every month to check the records were completed correctly and the quantities of medicines in stock reconciled with the receipt and administration records. These checks helped ensure the correct medicines had been administered at the right times.

Safety checks and regular maintenance had been carried out on all equipment. All equipment was in good working order at the time of this inspection. Checks were regularly carried out on fire precaution equipment, electrical equipment and wiring, and water safety.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills to meet their needs effectively. Most staff had several years' experience in the care industry, either working at Greengates or for other care services. We were given information on the mandatory training staff received showing staff had received training and updates on moving and handling, first aid, safeguarding and infection control. Staff had also received training on the Mental Capacity Act (MCA) and administration of emergency rescue medication for people with epilepsy.

Staff were supported to gain relevant qualifications in care, such as National Vocational Qualifications (NVQ's) or diplomas. Information provided by the registered manager showed that approximately half of the permanently employed staff held a relevant qualification. Staff told us they received comprehensive induction training lasting a week at the start of their employment. This training covered moving and handling, first aid, food safety, positive intervention, fire safety, safeguarding, Mental Capacity Act and infection control. During the first weeks of their employment they had also completed a workbook covering all aspects of their work. All new staff will in future be expected to complete a nationally recognised qualification for care staff known as the Care Certificate.

Staff confirmed they had received a good range of training and regular updates. For example, one member of staff told us they had received an update on food safety and moving and handling recently. They also received training on 'positive intervention' for people who may become distressed or anxious and supporting people with epilepsy

Staff told us they were well supervised and supported. One staff told us "This is a really nice supportive team. This is one of the best places I have worked." Another member of staff said "You can always ask someone if there is something you don't know." All staff received regular one-to-one supervision. There were also regular staff meetings which gave staff an opportunity to raise suggestions, ideas or concerns. Staff told us they could ask for advice or support from a member of the management team at any time. Details of the management 'on call' cover was displayed in the laundry room.

Staff were kept updated on changes affecting their work by a 'must read' file held in the laundry room. This contained information about any changes such as updated policies and procedures and changes to care plans and risk assessments. Staff were expected to sign to confirm they had read this information. Once all staff had read the documents the information was transferred to the relevant policy or care plan file.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. People can only be deprived of their liberty to receive care and treatment which is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Where people lacked the mental capacity to make certain decisions, such as major financial decisions, the service followed a best interest decision making process. For example, a best interest process had been followed before a decision to obtain a leased vehicle for one person was reached. Staff had received training and had an understanding of the requirements of the MCA and the DoLS.

DoLS applications had been authorised for use of certain restrictive practices to keep each person safe from avoidable harm. The care plan files showed applications had been submitted to the local authority and had been placed on their waiting list, not yet completed. This showed the service followed the requirements in the DoLS. There were associated risk assessments and best interest decisions documented in each person's care plans, for example where the kitchen door, kitchen cabinets and medicines had to be kept locked for people's safety.

Staff supported people to make decisions and choices about all aspects of their daily lives. Staff understood each person's daily routines and the things they needed support with. Care plan files contained information about each person's communication method and we saw staff communicating effectively with each person. One member of staff told us they had received some training on the use of sign language and hoped to receive further training in the future.

Each person had a 'health support' file in place. This provided information about each person's past and present medical history and contact details of all health professionals involved in their care, including GP's, consultants, and health care specialists. Medical appointments were recorded and staff were aware of the outcome of these and any changes to the person's treatment or care.

People were supported to eat a varied and healthy diet to suit their individual needs. Staff explained people's food preferences and how they supported people to make choices about each meal. They were aware of any dietary needs, for example, where people had a low body weight they were aware of the importance of encouraging the person to eat sufficient calories to maintain a safe weight. A member of staff told us one person received a balanced diet but also enjoyed steamed puddings with cream, and chocolate. A person who lived in the home told us "The food is good. They give us lots of choices."

Where people had been assessed by the local Speech and Language Team (SALT) as being at risk of choking, staff understood the risks and knew the foods each person could eat safely and how this should be prepared, for example pureed or mashed. They also explained how they thickened drinks for people in line with guidance from the SALT team. They also understood the importance of people eating their meals in a calm environment. Some staff told us they had received training by the SALT team while some said a recent training session had been cancelled and they were waiting for a new date.

People lived in a homely environment, although in many areas the decorations were old and showing signs of wear. Bedrooms had been personalised to reflect each person's individual personalities and interests. Some bedrooms appeared attractively decorated and furnished. However, the decorations and paintwork in some bedrooms and communal areas was in poor condition. The registered manager told us it had been difficult to decorate some areas because some people did not like new people visiting the home, or changes or upheavals in their daily routines. They gave us assurances they had plans in place to carry out redecorations in the near future.

Good

Is the service caring?

Our findings

People were supported by a team of staff who were kind, cheerful and patient. During our inspection we saw staff supporting and encouraging people to gain as much independence as possible. Staff understood how much satisfaction each person gained from doing things for themselves rather than the staff carrying out tasks for the person. A person who lived in the home told us with pride "I support myself. I do my own personal care – the lot!"

During our visit we saw staff supporting a person to make their own hot drink. The person was unable to pour hot water from the kettle safely, but staff recognised the person was able to add their own milk to the drink. Once the person was sitting safely at the dining table they gave the person a mug with the hot liquid, and a small jug of cold milk. They encouraged and supported the person to pour the milk into the mug. When the person spilled some of the milk the staff gave the person a cloth to mop the table. The staff demonstrated patience throughout each part of the process, offering choices and encouragement. The staff understood the importance of allowing people time to carry out tasks for themselves, even though the staff might have carried out the task much quicker. A member of staff told us "We give them choices. We don't just assume we know what they want. We get them to do as much for themselves as possible."

We also saw staff supporting each person to choose and make their own meal at lunchtime. One person wanted a sandwich. They were offered a choice of bread, and then encouraged to spread the bread with butter. When the person didn't quite manage to completely butter the bread the member of staff offered "Would you like me to help you?" The member of staff then supported the person to make choices about which fillings they wanted, saying "Which one would you like in your sandwich?" At each stage of the process the person was given praise and encouragement to complete the task. They were also given choices about additional foods they might like, such as "Would you like crisps with that?" "What drink would you like?" and "Would you like a sausage roll?" Staff showed people the options available and waited for the person to make up their minds.

There was an atmosphere of friendship and understanding throughout the home. Staff encouraged people to gain a sense of achievement in every task they undertook. There was also laughter and a sense of fun. During the afternoon we heard singing and laughter coming from the kitchen from a person who lived in the home and a member of staff. They were both clearly enjoying themselves. We also heard people and staff remembering happy occasions and talking about funny things that had happened in the past.

A member of staff said "Staff go out of their way to make sure people do the things they want to do. Staff will stay on later if people want to go out." They gave an example of supporting a person who wanted to go to the theatre, and another person who celebrated a special birthday.

Staff respected each person's privacy and dignity. For example, they did not enter any person's bedroom without their permission. They also sought each person's permission before looking at or removing any care plan files or documents from their room. Staff supported people discretely to change their clothes when they became soiled, and supported people to take a pride in their appearance.

When we spoke with staff while they were supporting people on a one-to-one basis the staff asked the person if they were willing to let us join them, and to answer our questions. When staff spoke on behalf of people who had limited verbal communication skills they did so respectfully and involved the person in the conversation as far as possible. They also respected each person's right to privacy, dignity and confidentiality, and only told us about the things they were satisfied the person wanted us to know, for example activities they liked doing and the places they liked to go.

People were supported to keep in touch with families and friends. The registered manager told us visitors were welcomed at any time. They also supported people to keep in touch by telephone, e mail or by visits to family and friends.

Care plans contained evidence to show staff had liaised with each person or their representatives to consider the person's wishes for care at the end of their lives. For example, care plans included evidence of funeral plans where these were in place. The provider had participated in a nationally recognised scheme to promote good care at the end of people's lives. This scheme is known as the Gold Standards Framework award. The manager had received training on providing end of life care.

Good

Is the service responsive?

Our findings

People who used the service and staff told us people led active lives. However, this was not fully reflected in the care plans or daily records. Care planning files included a file called a 'support for living plan'. However, these plans did not explain the activities each person enjoyed doing, or how they wanted staff to support them to achieve their preferred activities each week. Each person had a daily diary they kept in their room that was intended to provide a record of their daily activities and information about key aspects of their daily lives and routines. These were rarely completed and provided very little evidence to show how staff had supported the person with their health, personal and social care needs each day.

We heard from people living in the home and the staff team about the activities each person regularly participated in. For example one person said "We went out to the garden centre and stroked some ferrets." They also talked about the town's annual carnival, saying "I like the carnival." Other activities people enjoyed included arts and crafts, and playing and listening to music. Two people had their own keyboards and one person received regular piano lessons. One person also attended college courses. When we arrived at the home three people were out for a walk.

During our visit people helped with daily household tasks as far as they were able. Staff also told us that people had helped with planting and watering flowers in the garden. The staff supported people to keep pets if they wished. One person had a budgerigar and another person had two chickens that lived in the back garden. The staff told us they all loved watching and caring for the chickens. They had found the chickens had a calming effect on people.

We heard about outings such as shopping trips and outings to pubs or restaurants. A member of staff told us "We do try our best to get them out as much as possible." We also heard that musical entertainers regularly visited the home. A person showed us a photograph of everyone enjoying an entertainment session with a person who played the guitar and sang.

Staff supported people to go on holiday each year to a destination of their choice. One person told us about the places they liked to go on holiday. Some people went on holiday with families while others were supported by staff when they went away.

We spoke with the registered manager about the lack of daily records and lack of evidence to show how people's social needs were met. They told us they had been advised by the provider that daily recording was no longer necessary. However, they agreed the lack of daily records meant it was not possible to show that each person's social needs were being, met.

Each person had contributed to the assessment and planning of their care as far as they were able. For example, one person told us they had been involved in drawing up their own care plan and held four files containing their care records in their wardrobe. They said they could not remember when the staff had sat down and reviewed the plans with them last, saying "I think they have been a bit busy." Care plans and risk assessments contained dates showing dates of recent reviews, although it was not always clear how the

person had been involved. The manager told us people were involved as far as possible in developing their own support plans, and during their annual review, when relatives and other relevant people in their lives were also invited to attend the review.

The support for living plans explained the personal care tasks the person could do for themselves and the things they needed staff to help them with. The plans explained how staff should support the person in the least restrictive way. For example, one plan said the person could hold and use their own flannel, could recognise when their clothes needed changing, and could dress and undress themselves. However, they needed support with some tasks such as applying creams, shaving, and support to use appropriate products for personal care.

Staff respected each person's right to determine their own daily routines and activities. For example, one person often chose to stay up past midnight, and then chose to get up late the next morning, while other people chose to go to bed early and get up early. Staff rotas were adjusted to meet each person's individual support needs. Meal times were flexible according to each person's preferences and their daily routines and outings.

Information in the support for living plans signposted staff to read more detailed information in other files on specific topics, for example risk assessments. The care plans had been regularly reviewed and were reflective of each person's current personal and health care needs. The plans explained the important contacts who had been involved in each aspect of their health support needs, for example GP's, psychologists, and the SALT team.

People and their families and representatives were encouraged to raise concerns and complaints and could be confident these would be investigated and actions taken where necessary. The service also had feedback cards which they encouraged visitors to use to give their views on the service. Since the last inspection the service had received no complaints.

We recommend the service reviews their recording procedures to ensure they can provide evidence to show how each person has been supported to achieve their aims.

Good

Is the service well-led?

Our findings

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. People who used the service and staff told us the service was well-managed. A person living in the home told us if they had any concerns or matters they wanted to discuss "I would go to (registered manager's name) as she's the boss. She does a good job."

A member of staff told us "(The registered manager's name) is a good manager." They went on to say "Everyone's here for these guys (meaning the people who used the service)." We heard examples of how the registered manager had spoken up on behalf of people's rights when other professionals had been unwilling to support people's wishes.

Staff told us they had regular staff meetings and that "Staff have their say. She's on the ball with that." Another member of staff told us the manager had an 'open door' policy. If they wanted to speak with the manager when the manager was off-duty they said they could leave a message and the manager would get back to them when they were next on duty.

The service had a clear staffing structure, with clear lines of reporting and accountability; from the care staff, to the registered manager, to the provider's senior management team. The registered manager told us they often provided 'hands on' care as a member of the staff team. This meant they were able to act as a role model to the staff team, and gave them an opportunity to observe, advise and support staff. They made sure staff were kept up-to-date with any new guidelines through agenda items in staff meetings, and by placing information in the 'must read' file.

People were supported by a happy and stable staff team. The level of staff turnover was low. Most of the staff team had worked for the provider for many years and were therefore experienced and well-trained. There was a high level of job satisfaction among the team.

People living in the home could be confident there were systems in place to ensure the quality aof the service was monitored and improved where necessary. The manager carried out regular audits of all aspects of the service each month. The provider also carried out checks and audits to ensure the service was running smoothly and to ensure staff were carrying out their jobs effectively. The service sought the views of people who used the service, families and stakeholders to ensure people were satisfied with the service. Where necessary people were supported by Independent Mental Capacity Advocates (IMCAs) where they were unable to make important decisions themselves. Action plans were in place to address any areas where improvements were needed. They had completed an action plan from their latest quality assurance audit to address any areas where improvements had been identified. This included improvements to their training records, and improvements to the staff supervision process.

The registered manager told us they worked with other registered team managers employed by the provider to keep up to date with any new legislation, policy and practice changes. They planned to complete further training in the near future on business and management. The provider has set up 'cluster groups' within the

teams to provide support to staff, share resources and ensure all staff gain a wide range of experience in different settings.

The provider ensured that all accidents, incidents and concerns were investigated and acted upon across all of their services. Where there were 'lessons learnt' these were cascaded to all staff and key information shared. For example, there had been two medicine errors in the last 12 months. We were assured that these were minor incidents, but they were taken seriously, investigated and actions taken to improve medicine administration procedures in future.

Since the last inspection the service has not notified the Commission of any serious accidents or incidents. We spoke with the registered manager and they assured us there had been no serious accidents. They were aware of the need to inform us of any incidents but had been unclear about the threshold for notifications. They agreed to contact the Care Quality Commission for advice for any incidents in the future if they were unsure about the threshold for notifying us.