

Living Ambitions Limited

Greenways

Inspection report

3 Grove Road
Epsom
Surrey
KT17 4DE

Tel: 01372727323
Website: www.careuk.com

Date of inspection visit:
14 November 2018

Date of publication:
15 January 2019

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

We last carried out a comprehensive inspection of Greenways in June 2016 where we found the registered provider was rated 'Good' in each of the five key questions that we ask.

This inspection took place on 14 November 2018 and was unannounced.

Greenways is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Greenways is registered to provide accommodation and personal care for up to five adults who have a learning disability. At the time of our inspection four people live here. The service is delivered from a two-story house in a residential area.

It is a requirement of the provider's registration that they have 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. The registered manager was present during this inspection.

Greenways continues to provide a good level of care and support to people.

The registered manager and staff team at Greenways ensured people were safe. Risks to people's health and safety were well managed without restricting people's choice to take part in 'risky' activities such as horse riding. Staff understood their responsibilities about protecting people from abuse, and knew who they must contact if they suspected it was taking place. Where accidents took place, these were reviewed to prevent a re-occurrence.

Staffing levels were based on the needs of the people who live here. The provider's recruitment process ensured staff were safe to work with the people living at Greenways.

People lived in a clean home, and the risk of the spreading of infections was well managed through use of protective equipment such as gloves and aprons.

People received their medicines when they needed them. The storage and disposal of medicines was

carried out in accordance with national best practice guidance.

Procedures were in place to ensure that before someone new came to stay at the home, the staff and home would be able to meet their needs. The registered manager said that people from the lesbian, gay, bisexual or transgender communities would be made to feel safe and welcome if they came to live here. Staff received effective training and supervision to ensure they had the skills necessary to meet people's needs.

People were supported to have enough to eat and drink. Dietary preferences and support needs were accommodated. People had a good level of access to health care professionals for routine appointments, or if they felt unwell. Staff worked well as a team to ensure that information was passed from one shift to the next so that people had care and support that met their changing needs.

The house where people live had a homely feel, and some adaptations had been made to meet people's needs, for example smooth flooring to reduce the risk of trips and falls. Some areas of the home's decoration looked tired, such as the bathroom and carpets. The registered manager was in the process of applying for improvements to the environment so that people's future needs (for example if their mobility decreased) could be accommodated.

People's rights under the mental capacity act were understood by staff. The requirements of the act were followed to ensure people's consent was sought before decisions about care and support were made.

People were supported by kind and caring staff who knew each person as an individual. The care staff team had worked at the home for many years, so positive friendships had been developed between themselves, and the people who live here. Staff respected people's privacy, and treated them with dignity and respect.

People were involved in day to day decisions about their care, and information was given to them in formats they could understand.

People's support plans had been developed with them. These were based on goals and aspirations that people had. These were reviewed on a regular basis to ensure people's needs had been met. People had access to a range of activities in the local community, as well as within the home environment. This helped people follow their hobbies and interests and to keep in contact with friends and meet new people.

There was a robust complaints process in place, however this had not been needed as everyone we spoke with was happy with the service. People would be supported at the end of their lives by staff that understood their preferences and would respect their wishes. The registered manager was considering specific end of life care training for the staff that had recently been developed by the hospice services in Surrey.

The home and staff team continued to be well led. The registered manager had been in post for about seven months. They had taken over from the previous registered manager and continued to provide a good level of care for people and support for staff. Quality assurance processes were used to make sure that people received a good level of support. People were involved in giving feedback about the level of care via regular house meetings and questionnaires. Results of this feedback were actioned where a need was identified. All the feedback we saw on the day of the inspection was positive about the home and staff that worked here.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Greenways

Detailed findings

Background to this inspection

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

The inspection took place on 14 November 2018 and was conducted by one inspector. It was a comprehensive, unannounced inspection.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They did not share any information of concern about the service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is information we require providers 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. This enabled us to ensure we were addressing potential areas of concern at our inspection. The PIR was very detailed and we were able to review the information in the PIR during our inspection visit. We found the information in the PIR was an accurate assessment of how the service operated.

During the inspection visit we interacted and spoke with four people who lived at the home and observed how care and support were delivered in the communal areas. We spoke with the registered manager and four care staff.

We reviewed two people's care plans and daily records to see how their care and treatment was planned and delivered. We looked at other records related to people's care and how the service operated, including two medicine records and the provider's quality assurance audits.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

People told us they felt safe at Greenways. People were seen to be happy and relaxed in the company of staff. Staff understood their role and responsibilities with regards to keeping people safe from abuse. One staff member said, "I have to report it straight away to the manager. If they don't do anything I have to go higher in the organisation, or contact the social services or CQC." Policies in relation to safeguarding and whistleblowing reflected the local authority's procedures and were clearly displayed in the house. The registered manager regularly reviewed the management of people's monies. This involved reviewing a sample of receipts and confirming that money had been spent appropriately.

People were kept safe because the risks of harm related to their health and support needs had been assessed. People's care plans contained detailed assessments of hazards to their health and clear guidelines in how these were managed. These were individualised and provided staff with a clear description of any risks and the support people needed to manage these, without limiting their independence or freedom. People could take part in activities they enjoyed due to the robust nature of assessing risks. For example, one person had regular horse riding trips, while others had trips out to the local pubs and restaurants. Staff were seen to follow guidance, such as reminding people not to walk while eating within the house, as they could choke, and to sit squarely on chairs to reduce the risk of a fall.

The registered manager had continued to review accidents and incidents with a view to prevent reoccurrence. There had only been one accident recorded since our last inspection, which indicated that risks of harm have been well managed by staff at the home.

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people living at the home. The staffing rota was based on the needs of the people, and the number of staff on each shift could change depending on activities. During the day of the inspection people were able to go out on activities or attend appointments while others were able to stay indoors if they wished. This was possible due to having sufficient staff present in the home.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, was clearly displayed around the home and people took part in fire drills. People had emergency evacuation plans in place, which were reviewed during fire drills to ensure they were still effective.

The home was kept clean to reduce the risk of spreading infection. Staff had access to appropriate personal protective equipment such as gloves and aprons, and were seen to wash their hands prior to carrying out tasks.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home.

The management checked that potential staff were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed and given safely, and people were involved in the process as much as they could be. Only two people were supported with prescribed medicines. Medicines were stored appropriately in a clean environment. Random sampling of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines on an 'as required' basis, such as to relieve pain, plans were in place to give them safely.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. Staff continued to offer people choices and supported them with their dietary and health needs. Apart from the new registered manager, the rest of the staff team remained the same as at our previous inspection. The rating continues to be Good.

The service continued to assess the needs of people before they moved into the home. No one new had joined the home since our last inspection. The registered manager could describe the process they used to ensure that new people's needs could be met, and equipment or modifications to the home could be installed before they arrived. This involved meeting with people and those important to them. This also gave the opportunity to check if any special action was required to meet legal requirements. For example, when using specialist medicines, using equipment that lifts people, or meeting the requirements of the Equalities Act. At the time of our inspection there was no one who identified as lesbian, gay, bisexual, or transgender. The registered manager said that this would be discussed during pre-assessment and they would ensure that people would be made to feel safe and welcome.

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. Ongoing training and refresher training was well managed, and the registered manager ensured staff kept up to date with current best practice. Staff had regular supervisions (one to one meetings with their manager) to discuss training needs, and give them the opportunity to discuss their role with their manager. Additional training was given when requested by staff during their supervisions, for example around risk assessment. Training was also adapted to take into account changes in legislation. All the staff had completed training in the new GDPR (General Data Protection Regulation) that had been introduced earlier this year.

There remained a good emphasis on the importance of people eating and drinking well. One person said, "I like mince and meat pies" and we saw these were a regular choice on the menu. When asked what they had eaten for their evening meal the day before the person said, "Shepard's pie," which is a minced based dish that they enjoyed. People were involved in the food they wanted to eat and were observed preparing drinks and snacks (with staff support where needed) during the inspection. People's cultural or regional preferences were also explored with regards to food choice and preference. At the time of our inspection, everyone had been based in the South East of England for their whole lives.

People continued to have good access to health care professionals to help keep them healthy. People could see the GP if they felt unwell, and were supported to attend appointments at hospitals and specialist consultants when needed. During the day of the inspection people were visited by the local practice nurses and offered the 'flu jab' to help keep them healthy during the flu season. Each person had a health action plan to record when routine health checks had been attended, or were due. This included dentists, chiropodists, and opticians. Staff worked effectively with health care professionals to ensure any guidance given was recorded and followed. For example, specialist diets were provided to three people. These included meals prepared to different consistencies to aid swallowing, in accordance with speech and

language therapist guidance.

The home people lived in continued to meet their needs. It was decorated to give a homely feel, and people were able to be involved in the decoration and cleaning. Some of the decoration looked tired, for example the bathroom and carpets, and the registered manager was in negotiation with the land lords to have these improved.

Adaptations to the home were also under consideration to take into account the future needs of the people that live here. The registered manager was in the process of reviewing the bathroom facilities to see if they could be made more accessible. This would then mean that if people's mobility did decline in the future, the home could still meet their needs. The registered manager was also working with local health care professionals to review one person's support needs, which would include how the environment could be improved for a person with sight loss.

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

Where people lacked capacity to make certain decisions, appropriate assessments had been completed to ensure the requirements of the Act were met. Staff had an understanding of the Mental Capacity Act 2005 including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. Staff asked for people's consent before giving care and support throughout the inspection. For example, where the 'flu jab' was offered to people, it was only given when it was clear people understood what it was and they consented. Where people had been unable to consent a best interest decision had been made involving those with legal powers of attorney/court of protection.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). Where people lacked capacity to understand why they could not go outside without staff support the appropriate DoLS forms had been submitted to the relevant authority.

Is the service caring?

Our findings

People received the same level of compassionate care and support as at our previous inspection. The rating continues to be Good.

We had positive feedback about the caring nature of the staff. One person said, "Staff are nice to me," another person smiled and nodded when asked if the staff were kind to them. People who lived at the home at the time of our inspection and care staff had been lived and worked at Greenways for many years. This was evident in the positive interactions we saw over the course of the day. Staff could understand those people with complex communication needs, and knew their families and histories. There was much laughter and happiness displayed from people and staff during the day. People enjoyed the company of the staff who supported them. Staff acted in a professional way, but also showed compassion to people, such as placing a hand on their shoulder, or comforting them if they became upset.

The staff continued to be caring and attentive with people. All the staff were seen to talk to people whilst carrying out their duties, or taking time away from their duties to talk with them. Staff complimented people on their appearance, such as when one person returned from a day activity. This person looked very smart in a waistcoat and the registered manager commented on this. The person could not verbally communicate but it was clear they appreciated the comment. When they turned around they put both hands on the collars of their waistcoat, smiled, and gave a gentle pull down on the garment in a gesture of satisfaction.

Staff showed respect to people in a number of ways. For example, most of the staff's first language was not English, however they ensured they only spoke English when in the house, even when people were not in the room. This is important because hearing languages that are not understood (even if overheard being spoken in another room) can cause feelings of confusion and isolation. When discussing an upcoming festive party being organised for a number of local care homes, staff were aware that if they needed to store decorations they would need people's permission as this was their home.

Information about people's care and support continued to be given in a manner they could understand. Documents such as care records, complaints policy, and fire safety instructions were all in an easy to read format.

People were involved in decision making about their care, and their independence was supported. Observations of people being involved in their care were seen when staff asked people if they wanted to make their own drinks, or make drinks for visitors to their home. When people asked questions such as which staff members were on shift in the evening, staff always responded. Any questions were always responded to in a meaningful way by staff, to give people the information they needed. Staff used language appropriate to the person so they could understand when they were prompted on the task, and when feedback was given.

People were able to keep in contact with family and friends, and to practice their faiths should they so choose.

Is the service responsive?

Our findings

People received the same level of responsive care and support as at our previous inspection. The rating continues to be Good.

Care plans were based on people's goals and aspirations, and the care and support needed for them to achieve this. The care plans were broken down into specific goals for people, and then what support was required for them to achieve this. For example, one goal for a person was 'To enjoy going out socially and having a pint / meal.' The care plan around this goal clearly references the persons specific dietary requirements and how risks of choking are to be managed. It also gives guidance to staff on respecting the persons dignity while supporting them in the local community. This way of presenting the information to staff focusses them on helping people to achieve goals in their lives, rather than just focussing on tasks such as eating and drinking. People were involved in the care plans as they were also generated in a format they could understand, such as using pictures and easy to understand words, in larger text.

People had access to activities to keep them entertained and stimulate their minds. People's hobbies and interests were supported, such as horse riding, arts and crafts and attending an adult scouts group. This enabled people to access the local community and meet new people, and keep in contact with friends outside the home. A positive activity observed during the inspection was when people returned from their activities at the end of the day. People and staff all sat around the dining table and talked about what they had done that day as a group. This gave the feeling of a family 'get together' where people talked about what they had enjoyed.

People were supported by staff that listened to and would respond to complaints or comments. There had been no complaints received since our last inspection.

People told us they were happy with the staff and the home. Complaints procedures were in an easy to read format and staff understood that they would need to document and respond to any concerns if they were raised.

At the time of our inspection no one was being supported at the end of their life. Procedures were in place for when people were at the end stages of their life. People at end of life would be encouraged to remain in the home via the provision of any specialist equipment they needed if this was their wish. People would also be supported by palliative care specialists such as hospices and Macmillan nurses as well as the local GP surgery. The registered manager was considering a new training package that had recently been launched by the hospices within Surrey for care workers who support people at the end of their lives.

Is the service well-led?

Our findings

At our last inspection we rated the leadership of the home as 'Good'. At this inspection we found that the registered manager and provider continued to provide a well led service for people and staff.

There was a person focussed culture within the home, which was reflected in our findings across all the five key questions that we asked. People told us they enjoyed living here. The registered manager's vision for the home was that it, "Creates a homely environment centred on how they want to live their lives, by prompting independence and not taking away choice." Staff were confident in their roles and had a clear understanding of the values and visions of the home. During the inspection the values of promoting people's independence were routinely demonstrated by staff when they interacted with people. Staff felt supported by the management and had a clear understanding of their roles within the organisation.

The provider's quality assurance system continued to ensure people received an overall good standard of care. Provider audits were based on the five key questions that CQC ask at inspections. Is the service safe, effective, caring, responsive, and well led. A provider audit had been completed shortly after the new registered manager had taken up their post to ensure people and staff were happy, and that the standards of the provider were being upheld. The results of the audit were positive.

The registered manager also completed several quality assurance checks on daily, weekly and monthly cycles. These were completed on all aspects of the home and covered areas such as infection control, health and safety, medicines, and people's money management. These audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion.

People continued to be involved in how the service was run. Regular house meetings took place to ensure people had a say in what was done at the home. People talked about activities and food choices and their suggestions were actioned by the registered manager and the staff team. For example, planning trips to London for one person so they could visit their favourite shopping district.

Staff were also involved in how the service was run and improving it. The registered manager had regular meetings in addition to handover meetings between shifts. These meetings covered a wide range of topics, such as changes in people's health, arranging appointments, activity planning and any concerns staff may have. Each meeting reviewed the actions from the previous one, for example a new washing machine had been fitted, and staff were asked if there were any issues with it. The registered manager also used the meetings as an opportunity to check on staff understanding of key policies. At the meeting held during the inspection, the registered manager asked staff to describe the safeguarding process and who they should report any concerns to. All the staff were able to answer the questions in accordance with the provider's safeguarding policy. Previous meetings had covered topics such as the mental capacity act. When we asked staff about this subject they were able to give a good description of what the act was about and their duties under it. This demonstrated the meetings were a useful tool to ensure a good quality of care was given by staff.

An ethos of continuous improvement continued to be displayed by this service and the staff. Accidents and incidents were reviewed to ensure lessons were learned to reduce the risk of a repeat occurrence (although only one accident had taken place since our last inspection). Appropriate action had been taken to reduce the risk of a repeat accident by making changes in a person's bedroom. Continuous improvement processes also included reviewing information from external sources, such as safety alerts and best practice guidance. The staff team were aware of recent guidance issued by the local authority for incidents that had taken place in other areas. For example, around safe storage of powders used to thicken drinks. Further evidence of continuous improvement was shown with the registered managers plans to ensure people had access to a Wi-Fi connection. This would then enable them to use the home's tablet computer to access the internet, and make video calls to friends and family who may live far away.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.

Partnership working with other agencies was key for the registered manager. They used these partnerships to improve the service and home for people who lived there. This included liaising with service commissioners and health care professionals to ensure people's needs could be met. For example, contacting local community groups to take part in planning events. The registered manager also attended conferences and meetings to keep up to date with current best practice and to share information and learning with peers from within the providers organisation.