

Milestones Trust

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Greengates Care Home provides nursing care and support for up to 15 people. People who live at the home have enduring mental health needs. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

There was 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 were receiving care that was responsive and effective. Care plans were in place that described how the person would like to be supported. This included the early warning signs that a person's mental health was changing. The care plans provided staff with information to support the person effectively. The staff had trialed an electronic care system, whilst they acknowledged there were some positive aspects to the system it lent itself to supporting older people rather than people with enduring mental health needs. In response, they were going to return to a recovery model of care planning where the focus was on well-being and what the person could do. Other health and social professionals were involved in the care of the people living at Greengates. Safe systems were in place to ensure that people received their medicines as prescribed.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the environment and safe recruitment processes.

Staff were extremely caring and supportive and demonstrated a good understanding of their roles in supporting people. There was a real commitment to ensure staff had the appropriate training to support people effectively. Staff were supported in their roles. Systems were in place to ensure open communication including team meetings and daily handovers. A handover is where important information is shared between the staff during shift changeovers. This ensured important information was shared between staff enabling them to provide care that was effective and consistent.

People were involved in structured activities in the home and the local community. These were organised taking into consideration the interests of the people and were organised in small groups or an individual basis. Some people were encouraged to be creative and were involved in an exhibition of their work.

People's views were sought through care reviews, house meetings and surveys and acted upon. Systems were in place to ensure that complaints were responded to, and learning from these was taken to improve the service provided. People were very much involved in the running of Greengates including the recruitment of staff.

People were provided with a safe, effective, caring and responsive service that was well led. The organisation's values and philosophy were clearly explained to staff and there was a positive culture where people felt included and their views were sought.

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 safe.

Is the service effective?

Good ●

The service continues to be effective.

Is the service caring?

Outstanding ☆

This service was extremely caring towards the people they supported.

There was excellent communication with people to enable them to be involved in life at Greengage. The staff promoted independence and involved people in decisions on the running of the service.

Warm and caring relationships were effectively promoted.

Staff were knowledgeable about the people they supported, which included their personal preferences, and their likes and dislikes. They responded to people in a caring way, people were actively listened to, and their views were acted upon.

People's cultural and religious needs were taken into account when planning care, which was very individualised. People had been supported well with end of life and had been involved in those decisions where relevant.

Is the service responsive?

Good ●

The service continues to be responsive.

Is the service well-led?

Good ●

The service continues to be well led. There was a strong commitment to deliver a high standard of personalised care.

The culture of the service was open. People who used the service and staff were included in the development of the service and supported to express their views.

Staff described a cohesive team lead by a registered manager who worked alongside them. There was a commitment from the registered manager to develop a learning environment to improve practice of the staff team.

Robust quality assurance processes ensured the safety and quality of the service. Action plans had been developed to enhance and improve the service.

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 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 last inspection was completed in November 2014 and there were no concerns. This inspection took place on 9 and 11 May 2017 and was unannounced.

The membership of the inspection team included an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of mental health services.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications. Notifications contain information about important events, which the service is required to send us by law.

We contacted nine health care professionals to obtain their views on the service and how it was being managed. We received three responses. You can see what they told us in the main body of the report.

During the inspection, we observed and spoke with people in the lounge, looked at three people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, three staff recruitment files and training information. We spoke with seven people about the care and support they received, five members of staff and the registered manager. We also had an opportunity to speak with a health care professional during the inspection.

Is the service safe?

Our findings

The service continues to provide safe care. People told us they felt safe. People told us they had keys to their bedroom doors, which meant their belongings were safe. There were safes in people's bedrooms to store their valuables.

People we spoke with described Greengates as their home, where they could come and go as they wished. Staff confirmed most people could go out whenever they wanted. There was an expectation that people would let staff know that they had left the building in the case of fire. There was a notice board in the entrance where people could record whether they were in or out. There was also a visitor's book, which informed staff who was in the building. This ensured staff were aware of who was in the home in the case of a fire and needing to evacuate the building.

Staff had identified when certain behaviours from people could affect their safety, or the safety of other people who lived in the service, staff and visitors. Risk assessments provided information about how people should be supported to ensure their safety. Staff considered what triggers might exacerbate certain behaviours so these could be avoided wherever possible. Where this had not been possible, staff knew how to support people to de-escalate the situation. Staff had attended positive behaviour support training, which had assisted them in supporting people safely without being restrictive. Staff described how they supported people when they were anxious, which included talking about their concerns or using distraction.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent. Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety.

Staff were aware of the organisation's whistle blowing policy. Staff described how they supported people to develop positive relationships with each other and staff. This included discussing issues to minimise the feelings of being bullied or harassed. Where people felt bullied or harassed then those involved would be facilitated to talk about the situation agreeing how these feelings could be reduced. Staff told us it was important they were available to reduce people's anxieties, as this could be a trigger for their mental health deteriorating. People told us generally everyone got on well. Other agencies had been involved to promote positive relationships, such as an organisation called Stand Against Racism and Inequality (SARI) and the police. They had been involved to act as mediators and to facilitate positive discussions between people living in the home. This showed the service had a zero tolerance to bullying or racism.

Staff were aware of their responsibilities in the event of an allegation of abuse. Staff were receiving training in safeguarding vulnerable adults on the first day of the inspection. Safeguarding procedures were available for staff to follow with contact information for the local authority safeguarding team. Staff told us they had confidence in the registered manager and the provider to respond to any concerns appropriately.

There were arrangements in place to deal with foreseeable emergencies. Each person had a fire evacuation plan in place, which linked with the overall plan for the whole home. There were also business continuity plans in place for flooding and utility failure.

Since the last inspection, the service had reviewed their smoking policy. Now the building was a smoke free zone. Some people had smoke alarms in their bedrooms as part of their risk assessments that alerted staff when a cigarette was being lit. People had been consulted and informed about the changes in policy and this was slowly introduced to people who used the service. The registered manager said that was why it had been so successful because people had been consulted and it did not happen overnight. There was a covered smoking shelter in the garden.

Checks were completed on the environment including moving and handling equipment, checking call bells were working correctly and routine checks on the gas and electrical appliances. Certificates and records were maintained of these checks. An annual audit was completed by the Trust's health and safety team in respect of whether the premises were safe and fit for purpose. Regular maintenance was being completed on the premises.

Some people were prescribed medicines they could not manage themselves. The arrangements for managing medicines on their behalf were safe. People had signed an agreement that staff would assist them with their medicines. People told us staff regularly explained what their medicines were for and any side effects. Care files included information about what medicines people were taking and any side effects. This included guidelines for the administration of 'as required' medicines. Care staff showed a good awareness of what medicines people were prescribed. They told us any medication changes was discussed during handovers so all staff were aware of any potential changes to a person's well-being. They also told us they had received training on the different medications people were prescribed.

Medicines were stored securely. Clear records were kept of all medicines received into the home and where these were returned to the pharmacy when no longer required. There were gaps on the medication administration record for one person. However, when we checked the blister packs these had been given. Where staff had not signed there was a daily check to ensure people had received their medicines. This included a reminder for staff to sign the medication record. This ensured people were receiving their medicines in a timely manner. There had been five medicine errors in the last 12 months. These had been investigated and action taken to minimise a further occurrence.

Sufficient staff were supporting people. There were always four staff working during the morning and three staff working the afternoon and evening. People were supported by two waking staff at night. A nurse was available to support people with their nursing needs. In addition to the care staff, an activity co-ordinator was employed to assist with activities in the home and the local community. There were also catering and housekeeping staff. Staff confirmed there were sufficient staff to meet the needs of people. Staff told us additional staff were called upon if a person was unwell. An additional member of staff was supporting a person on the second day as they had been acutely unwell.

Safe recruitment systems were in place that recognised equal opportunities and protected the people living in the home. We looked at two staff files to check whether the appropriate checks had been carried out before they worked with people living in the home. The files contained relevant information showing how the registered manager had come to the decision to employ the member of staff. This included a completed application form, two references and interview notes. New members of staff had undergone a check with the Disclosure and Barring Service (DBS). This ensured that the provider was aware of any criminal offences, which might pose a risk to people who used the service. The registered manager was aware of their

responsibilities in ensuring suitable staff were employed.

The home was clean and free from odour. Cleaning schedules were in place. Staff had completed infection control training and were aware of their responsibilities to protect people from these risks. One person told us they were not always happy with the cleaning that was completed. They told us they had attended a meeting with the registered manager to discuss their concerns.

Is the service effective?

Our findings

The home continues to provide an effective service to people. People told us they liked the staff that supported them and the staff listened to what they had to say and spent time with them.

Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs. People had access to health and social care professionals.

The registered manager told us a new system had been introduced since the last inspection to improve communication with the GP to ensure people's healthcare needs were being met. They told us protected weekly appointments were put aside for people at the GP surgery. In addition, the GP visited Greengates on a monthly basis to review the healthcare needs of people. The GP confirmed these arrangements and felt this had been really successful. They told us the staff were knowledgeable about the people they were supporting and made appropriate referrals and sought medical attention promptly for people when required. People confirmed they could seek medical attention when required.

There was detailed information in care files to inform staff about people's mental health and general well-being. The signs of a person's mental health deteriorating were clearly documented. This included when it was likely to occur, early warning signs and the action staff should take to support the person. The actions for staff to take were clear, person-centred and described how to provide effective support. The plans included who should be contacted, for example the person's GP or psychiatrist. Some people had 'as required' medicines that staff could administer if the person became distressed. Records indicated the use of these medicines was minimal. This meant staff only used these as a last resort and for the majority of the time successfully used other interventions.

Staff told us the least restrictive approach was used to avoid behaviours escalating. They said the priority was to make the environment safe for people, rather than imposing restrictions on people or their movements. Staff spent time talking and listening to people. People's care records included plans, which provided guidance for staff about how to respond to changes in people's behaviour. This helped to ensure staff supported people in a safe and consistent way. Staff had received training on managing conflict and how to de-escalate behaviours. Staff described how they used observations and their skills of listening so they could pre-empt when a person was anxious.

Care records included information about any specialist arrangements for meal times and dietary needs. People told us they could choose where to eat their meal in either of the dining areas or in their bedroom. The majority of the people chose to eat in the dining areas. Other professionals had been involved in supporting people with their dietary needs. This included speech and language therapists, dieticians and a diabetic nurse. Their advice had been included in the individual's care plan. Where people were at risk, food and fluid charts were put in place and their weight monitored.

People's nutritional needs were being met. People were able to express their views and make choices on what to eat. People were consulted on the menu through the weekly coffee morning and the fortnightly

house meetings. People told us there had been an improvement in food provided recently. Some people felt at times it lacked variety especially at lunchtime. One person told us, the food was "alright" and that they liked Chinese. They told us they were able to order a take away if that is what they wanted. Another person told us the cook does not always do things how they would like. The meal of the day was displayed by the kitchen and if people did not like what was on offer an alternative could be prepared. The registered manager told us they were in the process of shortlisting for a second cook.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Each person had information in their care file about deprivation of liberty safeguards and whether there were any areas of concern, which would indicate an application should be made. These had been kept under review. The registered manager told us three people had an authorisation in place and one person was being assessed. The registered manager and staff showed a good level of understanding of the process. Policies and procedures were in place guiding staff about the process of DoLS and the MCA. All staff received annual training updates about the MCA and DoLS. Training on this area was being given to half the staff team on the day of the inspection. Further training for the remainder of the staff was planned for the end of May 2017. Staff told us they had found the training useful.

Staff described how they supported people to make day to day decisions, for example about how they wanted to spend their time, when to get up and go to bed and what to wear. Staff were aware of those decisions that people could not make for themselves for example when a person's mental health had deteriorated. An example of this was decisions about healthcare when people may not be able to fully understand the relevant information. Meetings were held so that decisions could be made which were in people's best interests. Records were maintained of these decisions and who was involved. It was clear from talking with staff and the information in care records the person would always be involved. A member of staff told us, "We always assume someone has capacity, and try to involve people in every day decisions".

Staff confirmed they received regular supervision with their line manager. Supervision meetings are where an individual employee meets with their manager to review their performance and discuss any concerns they may have about their work. Staff also had an annual appraisal of their performance. Staff told us they felt supported in their roles and there was good communication in the home.

Staff received training that enabled them to support people in a safe and effective way. Staff felt they were provided with a good range of training enabling them to fulfil their roles. They told us their training needs were discussed during their individual supervision meetings with their line manager and annual appraisals. Individual staff training records and an overview of staff training was maintained. A training plan was in place to ensure staff received regular training updates.

Staff told us they had completed a variety of courses relevant to the people they were supporting including

mental health awareness, information on specific mental health conditions, Huntingdon's Disease and Parkinson's, end of life care and the management of diabetes. Staff were able to describe how the training had increased their knowledge and had improved the delivery of care for people. Staff told us, the registered manager was very supportive with any requests for training. Staff were also supported to complete a diploma in care.

New staff members were subject to a probationary period at the end of which their competence and suitability for the work was assessed. A staff member told us they were well supported through their probationary period and had completed a programme of induction, which had prepared them well for the role. They told us all the staff had been very supportive and answered any questions that they had. Records confirmed staff had completed the Trust's and an in house induction. The induction was based on the care certificate.

The registered manager said there was a planned redecoration programme in place. Since the last inspection most bedrooms, the hallway and the office had been decorated. The registered manager told us teams of volunteers had helped with the decoration of these areas. One person told us they were very happy with the redecoration of their bedroom but they were still waiting for their woodwork to be painted. The registered manager was aware and said this would be addressed.

Is the service caring?

Our findings

The relationships between people and the staff were friendly and relaxed. People looked comfortable in the presence of staff. Staff were sat in the lounges engaging with people. Conversations were inclusive and involved the people living in Greengates. When people chose to spend time in their bedrooms this was respected.

People told us the staff were kind and caring towards them. Feedback from health and social care professionals said, there was always a welcoming atmosphere, the staff genuinely cared for people and they were knowledgeable about the people they supported. One healthcare professional wrote to us stating, "The staff are very caring and professional and 'go the extra mile' for their patients. They have always tried to accommodate the needs of their patients very individually". Another health professional told us there was a "can and will do attitude".

A relative provided feedback prior to this inspection telling us, "The care for my sister and for the other residents has been exemplary. I have never been in the house when the CQC were visiting so have never had the opportunity to express my appreciation for the high standard of care received there. I have never had to complain or comment on behalf of my sister".

Care records included information about important relationships in people's lives and what support was required to maintain contact. People told us they could receive visitors to the home and were supported to visit friends and family. Staff supported people to use public transport, such as trains and buses as means to travel and keep in contact with family. Staff also used their own vehicles to enable people to keep in contact with family and friends further afield such as Devon and Wales. One person told us, they had previously lived on the outskirts of Bristol and a member of staff would regularly take them to the local pub in the village they used to live in. It was evident they had enjoyed reminiscing about where they had previously lived. Another person told us they kept in regular contact with family by telephone and in person. The registered manager told us about another person who had been introduced to an electronic device that had been very successful in enabling them to keep in contact with family. Staff also gave us examples where they were supporting people to find relatives they had lost contact with. This had included liaising with the Salvation Army for support with finding a relative.

Friends and family were invited to social gatherings, which gave them the opportunity to meet with other families. Staff told us this year a garden party was being organised. The registered manager told us that families and friends had also been invited into the home for a valentine's day meal. People confirmed there were no restrictions on receiving visitors and refreshments would be made available. Tea and coffee making facilities along with fresh fruit were available for people to help themselves whenever they wanted in the dining areas.

Each person had a named key worker (a nurse or an assistant team leader) and two co-workers. This enabled staff to get to know the person well and plan the care with the person. People confirmed they spent time with their key worker or co-worker in planning their care. Staff were knowledgeable about the people

they were supporting, their personalities, their likes, dislikes and histories. Staff spoke positively about the people they were supporting demonstrating they treated people in a respectful manner.

Care documentation included information about people's history, personal routines, likes and dislikes. A member of staff told us, "We are like one big family everyone is so friendly, I really enjoy coming to work". Another member of staff told us, "The reason I like working at Greengates is because of the people, the staff and the homely atmosphere".

Staff said it was really important to find out what the person's interests were so they could engage with them. An example was given where a person preferred to spend considerable time on their own but liked playing pool. The staff purchased a pool table so they could encourage the person to participate in life at the home and interact with others. They said this had been very successful not just for this person but for other people living in Greengates. This showed staff took an interest in people's interests and looked at creative ways to prevent them from becoming social isolated.

People's independence was promoted and encouraged. Some people went out on their own. One person told us they were mainly self-sufficient and only needed minimal support from staff. They said they could always ask staff if they needed assistance. Another person told us they completed some household chores such as dusting their bedroom and doing their laundry. They told us this was important to them. They said there was a smaller laundry not far from their bedroom that had been made available to them. Another person told us they liked to go out on their own, but due to their mobility, the staff would help organise a taxi enabling them to go to the local pub independently.

People confirmed they were able to vote and the local polling station was not far. One person told us they were keeping up to date with what was going on by watching the television or reading the literature that was posted to the home. It was evident people's right to vote was being protected.

We observed staff knocking on bedroom doors before entering the room. Staff described how some people did not like staff entering their personal space and this was respected. This demonstrated the people's right to privacy was respected. People had keys to their bedroom doors affording them further privacy and security.

People had been consulted about the decoration of the home and the colour schemes of their own rooms. People were supported to personalise their bedrooms with ornaments and pictures. One person told us they liked their bedroom and the view over the garden. They said that sometimes they liked to sit and watch television in their bedroom, as it was quieter than other areas of the home. They were evidently very proud of their bedroom showing us some of the items they had made at a textiles group.

Many of the items people had made in their various arts and craft sessions were displayed around the home. People and staff were very proud of the work that had been completed. People told us they were taking part in an arts exhibition and were knitting and creating various items to display.

People told us about a textile group that was organised on Thursdays with some of the ladies from Greengates and some other people that lived in other services run by Milestones Trust. It was evident this group had been successful, with people enjoying the activities but also building relationships with people outside of the home.

Information was available to people about the service provided at Greengates. This included copies of the statement of purpose, which described the aims, and objectives of the service and the expectations. Other

information included leaflets about different health conditions, advice on stopping smoking and advocacy services.

People were regularly consulted and asked their views about the service. Weekly coffee mornings were organised for people to discuss activities, menu planning and any changes within the service. In addition, fortnightly resident meetings were organised. People told us they enjoyed the meetings and found them beneficial. Records were kept of the discussions and any actions agreed. People confirmed they had recently been consulted about an annual holiday, which would include discussions about the costings and whether it was affordable for each person. One person told us they preferred to go on day trips rather than a holiday. It was evident people were consulted about the day-to-day running of the home.

One person had expressed they would like to have a pet. Staff discussed with the person the costs of having a pet including vet fees and feeding costs. In response, the person now has a cat. Staff told us they regularly bring in their dogs, as people genuinely like to see them.

People were involved in the interviews of staff and had an opportunity to either meet new candidates or sit on the interview panel. People could complete a small questionnaire on each applicant giving their view on the suitability of the applicant.

One person told us a volunteer/friend regularly visited and supported them to go out in the community. They told us this was positive and they looked forward to the weekly visits. The registered manager said this had been positive as the person and the volunteer had similar interests and it was evident they were nurturing a friendship. The registered manager said they were exploring this for another person who had recently had a bereavement and felt it would be really beneficial for this person to have someone that was not staff and separate from Greengates to visit them.

People's cultural and religious needs were recognised and supported. Each person was treated very much as an individual. People's cultural and religious needs were clearly recorded in their plan of care. One person told us they went every Sunday to church with another person living in Greengates. They told us they had been part of the congregation prior to moving to Greengates. Others told us, they visited the local church every Monday for a coffee morning. Staff told us that they would consider each person's wishes. For example, one person had recently had a short admission to hospital and was visited by a leader from their faith. Staff recognised that each person's faith meant different things to people. For example, one person was not practicing but in death, they wanted to follow the rituals set down by their faith. This was clearly recorded in the person's end of life plan and contact had been made by the staff to the local church to find out how this could be accommodated with a plan in place to guide staff.

Most people had been asked about their end of life wishes and how they wanted to be supported and who needed to be contacted. The staff would liaise with other professionals including palliative care specialists and the person's GP to ensure all equipment and appropriate pain relief was in place to support the person. A health care professional told us, "They provide very good palliative care to people with our support and advice". The health professional told us, "It's not a nursing home but they go out of their way to support people, they (the staff) really do care about people and their wishes". They told us, "There is a can do attitude and they do not shy away". The registered manager told us much of the focus was around living well and treating people as individuals rather than focusing on death. They also recognised that for some people due to age or health the need to discuss these areas was very important to ensure nothing was overlooked.

The registered manager recognised that the service might not always be a home for life as people's needs changed. However, where possible it was evident that they would try to accommodate people's wishes at

the end of life. This was because the home was not a general nursing home and may not always be able to meet people's physical health and changing needs. It was evident that the staff would work closely with other professionals to ensure the person was comfortable and pain free during the end stages of life. The home had experienced a death of a person; staff and one person talked openly about how this had changed the home and the dynamics of the group. We were told most of the people and the staff had attended the funeral of the person as part of the bereavement process. Staff recognised that some people had been affected by the death and provided opportunities to talk about the person to alleviate any feelings of loss.

Is the service responsive?

Our findings

The home continues to provide a responsive service to people.

People told us there was always staff available to support them when required. Staff told us there were sufficient staff to respond to people's care and support needs but also to spend time with them chatting and engaging in activities. One person told us, they were "happy enough, I like it here, shops are handy and the doctors and bakers are all nearby." Another person told us "I absolutely love it here".

People's needs were assessed prior to them moving to Greengates. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care.

People had a care plan covering all areas of daily living. This included personal care, eating and drinking, sleep, hobbies and interests and any risks associated with their care or medical conditions. The care documentation included how the individual wanted to be supported for example, when they wanted to get up, their likes and dislikes and important people in their life. The registered manager told us they had supported a person to move to a nursing home as their care needs had changed significantly. The staff supported the person to settle into their new accommodation. They liaised with the new care team so they had the information they needed to support the person safely. The registered manager saw that this was very much part of their role to ensure the person's new accommodation was not only suitable but also successful.

Care plans were tailored to the person and included information to enable the staff to monitor the wellbeing of the person. Where a person's mental or physical health presentation had changed it was evident staff worked with other professionals including the community mental health team and psychiatrist. A psychiatrist had commended the home on the support the staff had given to a person with complex needs who was very much more settled than when they first moved to the home. Another healthcare professional said the staff had worked proactively with other professionals to meet this person's needs and commended the home on their approach. Staff were proud of what this person had achieved in the last 12 months. They said the person had been supported with their physical health and emotional needs. They described a person that had made real progress with their support and was much more settled. Staff said that it was really important for this person to be supported consistently and they felt the person now trusted the staff. The registered manager praised her staff team on the support that was given to this person. The registered manager said they had organised a one to one member of staff, seven days of the week during the day to assist this person, which had been very beneficial. They said this was at an additional cost to the service as commissioners were still negotiating who should pay.

Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. All staff were involved in the handover taking it in turns to discuss the person they had supported on that shift. The handover was

comprehensive and subtle changes had been discussed about people. This showed staff were knowledgeable about the people they were supporting enabling them to respond to their changing needs. In addition to the daily handovers, staff completed daily records of the care that was delivered. These were positively written. Daily records enabled the staff to review people's care and their general well-being over a period of time.

People told us about a variety of activities that were being organised in the home and in the community. Activities included knitting clubs, a ladies and a gentleman's group, poetry and art groups, trips to the cinema and theatre, shopping trips and trips to places of interest. Activity staff were employed to support people with activities. Either in group sessions or on a one to one basis. The activity co-ordinator told us there were formal activities arranged five days a week. Weekends were less formal with more one to one activities being organised by the care staff.

From talking with staff it was evident they tailored the activities to the individual's interests and hobbies. For example, two of the gentlemen were interested in sports and had recently been supported to go to watch a football match. They said they were planning to go and watch the cricket in the summer. Day trips were being planned for the summer to places further afield.

Some people told us they went out with staff because it was safer. One person told us, they had fallen and now staff supported them when they went out. They felt this was a little bit over protective. However, they told us there was usually enough staff to support them to go out when they wanted but they felt they went out more in the past. The registered manager was aware of this because a member of staff had also mentioned that they felt this person was not going out as much. The registered manager understood this was very important for this person but recognised the fall had knocked this person's confidence. It was evident this was going to be addressed in consultation with the person.

Care records included information about people's interests, hobbies and activities they liked to take part in. Records described the activities people had taken part in. People's views were sought through house meetings on what they would like to do including trips out and annual holidays.

A copy of the complaints procedure was displayed in the entrance hall of the home. Regular meetings were held with people and minutes confirmed that they were reminded about how to raise concerns. The provider told us in information received before this inspection there had been two complaints in the last 12 months. These had been investigated and acted upon with the outcome being given to the complainant. A log of complaints had been maintained and the registered manager demonstrated that these had been kept under review. This enabled them to explore if there were any themes to the concerns raised.

The provider told us in information before the inspection the main theme of complaints received was people complaining about other people's behaviour and the food. For example, using offensive language and being loud. The registered manager told us this was discussed with the people concerned, who would be reminded about acceptable behaviour in a community home. If the behaviour continued, due to the person's mental health, this was reviewed within the staff team and risk assessments put in place to manage the situation. Where necessary, the community mental health team would be asked to review the person's mental health. Where this was not related to the person's mental health other agencies had been involved such as the police and SARI. Staff told us, sometimes people just needed to receive guidance on what was acceptable behaviour towards each other and staff. Staff said this had been very successful in improving relationships.

In relation to the food, people told us this had improved. There was an action plan in place, which included

gaining people's views about the standard of food and their preferences in relation to menus. This topic was regularly discussed during the coffee mornings with feedback being given to the cook on the areas of concerns. When we spoke to people, they said there had been improvement in the food. The registered manager told us a second cook was being recruited and people would be involved in either the interview or have an opportunity to taste the food the applicant had prepared.

Is the service well-led?

Our findings

There was a registered manager in post, with a stable team of staff. Staff and people spoke extremely positively about the management of the service. Comments included, "Fantastic manager", "An amazing boss", "You can go to X (name of manager) and you know it will be dealt with, "Management very supportive, we really work altogether as a team". Staff spoke positively about their colleagues. They described a culture that was supportive, where the focus was the people that lived in Greengates. People were seen very much as individuals and care was tailored to the person. A professional said there was a real 'can do attitude' to meeting people's needs.

A member of staff told us, the provider recognised when staff gave exceptional support to people through an 'Extra Mile Award'. Two staff had been nominated one for their creativity at the textiles group and the other for always smiling and going the extra mile for people.

Observations of how staff interacted with each other and the management of the service showed there was a positive and open culture. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Staff told us the management team were supportive and approachable should they have any concerns. Staff were very passionate about their role in supporting people to lead the life they wanted. It was evident the service was set up around the individual with the emphasis on encouragement to enable the person be independent including building links with their local community aiding their journey to recovery. A member of staff told us it was important to look at what the person can do rather than what they could not do.

Since the last inspection the registered manager had completed a level 5 diploma in leadership and management, they had received an award from the City of Guilds for excellence as part of the diploma. The registered manager told us there had been a real commitment since the last inspection to enable staff to complete level 3, 4 and 5 diplomas in care. Staff confirmed they were in the process or had nearly completed this. In addition, leadership training had been organised for the nurses and assistant team leaders. This programme is mapped to the Leadership Qualities Framework devised by The National Skills Academy for Social Care. The deputy manager told us the programme was designed to promote a supportive, learning, mentoring and coaching culture and management. Some had completed this and others were due to start over the next month. Staff told us this had been very beneficial in their roles of managing staff. They also said it enabled them to meet with other staff across the organisation.

There was a clear management structure within the home. There was a deputy manager who supported the registered manager and took the lead when they were not present in the home. Nurses and assistant team leaders managed the day to day care. In addition, staff were able to contact an on call system if the registered manager was not available for advice and support. Leadership and management tasks had been delegated appropriately. Staff said their particular skills and abilities had been taken into account when this was done. One member of staff had completed an extended course with a local hospice service and was now the end of life champion. This meant that people had end of life care that was planned based on their wishes.

The registered manager told us a quality assurance manager carried out two monthly quality assurance visits. Records were maintained of these visits. Action plans were in place to ensure improvements happened. The quality assurance manager had stated in one of their recent reports, "I personally believe the team should be commended for their excellent care and support. It has been a pleasure auditing this service". The quality assurance manager spent time with people living in the home seeking their views on what it was like to live at Greengates.

The registered manager told us they had to complete a monthly report on a number of areas including complaints, staffing, accidents and incidents and finances. This enabled the Trust to have an overview of the service and any risks so these could be jointly managed. In addition, the registered manager told us they received clinical supervision from their line manager who visited monthly to discuss care delivery, staff and the general running of the home.

There was a culture where people felt included and their views were sought. Fortnightly house meetings were taking place where people's views were sought about the running of the home, activities, menu planning and any planned works in the home. People were consulted about the décor and colour schemes. Annual care reviews were held between the people who used the service, their relatives and other professionals involved in their care. People were involved in the recruitment of staff, which included devising specific questions for the interview and meeting potential new staff. People completed a short questionnaire about each member of staff on whether they thought they were suitable to work at Greengates.

People's views and those of their relatives were sought through an annual survey. Surveys were used to evaluate the service provided and make improvements where necessary. Comments from the survey in May 2016 were positive except for the food where there was a mixed response with some stating there was a lack of variety and concern that portion sizes were smaller. The registered manager and the team had developed an action plan to improve this area. The registered manager told us that generally people felt this area had improved.

Monthly staff meetings were organised with meeting notes kept of discussions and any actions that were agreed. Staff were receiving regular supervision where they met up on a six to eight weekly basis with a line manager. Supervisions were used to discuss the staff member's role, training needs and any concerns about care delivery. An overview record was maintained of the supervisions being completed to ensure they were taking place at regular intervals. In addition, the staff had annual appraisals of their roles and training needs. Staff's competency was checked using a competency assessment. This included checking their knowledge for example in relation to safeguarding adults, moving and handling and medicine administration. Staff confirmed the competence checks, supervisions and annual appraisals were regularly taking place.

Team away days were being organised every two months rather than annually as noted at the last inspection. The registered manager told us this was an opportunity to meet up as a team for a full day to look at specific areas in relation to the running of Greengates, the care of people and to complete some team building exercises. The registered manager said these were beneficial in developing the team, providing any additional training and boosting staff morale. They said in the provider information return (PIR) it was 'an opportunity for them to clarify and consolidate the team's values through discussion, shared reflection and shared learning'.

The registered manager recognised earlier in the year staff morale had been low. They said this was a combination of supporting a person with complex needs and balancing the needs of the other people when there had been an increase in sickness and absence. The registered manager said team meetings and team

away days offered staff a forum to talk openly and honestly, which assisted in boosting morale. There were policies and procedures to monitor staff absence. The registered manager said this had improved but was continuing to monitor they said this would link with staff wellness action plans.

The registered manager said as part of the service's operational plan they were reviewing how they recognise and support the importance of managing staff as a valuable resource. They were planning to meet with each member of staff and develop an individual staff wellness action plan. The registered manager said as part of this they would explore with each member of staff how they manage their work home life balance. This had been discussed at a recent team meeting so that staff could prepare for their initial meeting. This was viewed positively as a means of valuing and supporting staff.

The registered manager told us they had been part of a trial for a new electronic care planning system. Three homes were part of the trial. The registered manager said whilst there were parts of the system that were really good, the care planning format was more suited to an older person's setting rather than supporting people with mental health needs. They were planning to reintroduce a format called the recovery star. Staff had been consulted on the change and echoed what the registered manager had said that although parts of the system were good, there were gaps such as it was difficult to involve people in the process and many of the assessments were around physical health. There was a clear action plan with timescales to ensure no information would be lost during the transition to the new care documentation. The registered manager said she was proud of the team in how they had embraced the new system and how they had been constructive in their feedback.

The provider submitted the Provider Information Return (PIR) prior to this inspection. This clearly described the service and improvements they wanted to put in place to enhance the service. The registered manager told us they were organising a meeting with the Trust's service user engagement manager to explore how improvements could be made to surveys to gather the information they needed to improve the experience for people.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Incident reports were produced by staff and reviewed by the registered manager. The registered manager was aware and confirmed the actions about the incident reports that were seen. The registered manager told us copies of the incident reports were sent to the Trust. This enabled the Trust to monitor for any reoccurring themes and check that appropriate action had been taken. The registered manager told us that learning from accidents was discussed during handovers and team meetings to prevent any further risks. From the incident and accident reports, we could see that the registered manager had sent us appropriate notifications. A notification is information about important events, which the service is required to send us by law.