

Making Space

Greengate House

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 3 June 2016 and was unannounced.

Greengate House is a two storey purpose built care home. The home accommodates up to 12 people with mental health needs. It is close to local amenities and public transport links.

A registered manager was 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 last inspection of Greengate House took place in June 2014 and we found that the service was meeting all of the regulations we assessed.

People were protected from the risk of abuse. People understood how they should be cared for and who they should speak to if they were not happy about the service they received.

Systems were in place for the management of people's medicines. A designated storage room was available to ensure that people's medicines were kept safe. Wherever possible, people managed their own medicines.

Recruitment procedures were in place to help ensure that only suitable staff were employed to support people.

Procedures were in place to help ensure that people could be safely evacuated in the event of an emergency.

People told us that they felt that the staff supporting them were knowledgeable, and understood their needs.

People were happy with the meals available to them. People also, when appropriate had access to kitchen facilities to plan, prepare and cook their own meals.

People told us that staff asked for their opinions and listened to what they had to say and that their decisions were respected.

The atmosphere in the service was calm and relaxed and it was evident that people had formed strong respectful relationships with others.

People were encouraged to freely express their lifestyle choices and individuality in relation to how they spent their day, their religious beliefs and personal presentation.

A service user guide was available to inform people about the service. However, we found that some of the information in the service user guide was in need of updating.

We recommend that a review of the service user guide takes place to ensure that people have access to up to date information.

The registered provider had a complaints procedure that was readily available to people who used the service. People had the opportunity to comment on the service at any time.

People accessed the local community on a regular basis to visit shops, the pub, coffee mornings and places of worship.

Quality assurance systems were in place to ensure that the service was safe and that people received the care and support they needed.

The registered provider regularly asked people for the views on the service they received by way of a survey. Once the people's views had been sought the findings were sent to the service and any actions needed were taken.

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.

People felt safe living at the service.

Procedures were in place for people to have their medicines when they needed them.

Procedures were in place to support people's safety in the event of an emergency.

Is the service effective?

Good ●

The service was effective.

People were supported by staff to keep healthy.

People felt that the staff supporting them met their needs.

People had the opportunity to plan and prepare their own meals.

Is the service caring?

Good ●

The service was caring.

People felt that staff were caring.

People were treated with respect and their dignity was maintained.

People had access to Information relating to promoting choice, involvement and individual's rights.

Is the service responsive?

Good ●

The service was responsive.

People's needs and wishes were planned for.

People had access to and around the local community.

A complaints procedure was in place and people knew how to

raise any concerns they had.

Is the service well-led?

Good ●

The service was well-led.

A registered manager was in post.

The registered provider regularly asked people for their views on the service.

The registered manager was in the process of appraising all aspects of the service at Greengate House to identify areas of potential improvement to the service.

Greengate House

Detailed findings

Background to this inspection

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

This inspection took place on 3 June 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

We observed the support people received and spent the majority of our time speaking with eight people who used the service. We met with a further two people during mealtimes. We spoke with the registered manager and a further four members of staff who were on duty.

We looked at a number of records in relation to planning people's care and support. These documents included medication records and care planning documents for three people. In addition, we looked at policies and procedures, the recruitment records of two staff and other documents and records in relation to the management of the service. We looked around the communal areas of the service and a number of people's bedroom.

Prior to this inspection we spoke with the local authority who commissions the service. They told us that they continue to visit and monitor the service that people receive and at that time had no immediate concerns around the service people received.

Is the service safe?

Our findings

People told us that they felt safe living at the service. People's comments included "We all know what is right and wrong and if we needed to we would tell someone" and "If I didn't like something I would tell the manager". People told us they felt the service was clean and well looked after. One person told us "We all do our jobs to keep the place clean and tidy".

Systems were in place to protect people from abuse. People told us that you knew who to speak to if they felt they, or another person who used the service were being abused. Staff told us that they knew where the service's safeguarding procedures were if they needed them to report any concerns or if they suspected any form of abuse was taking place. Staff were clear that they could also contact the local authority directly with any concerns they had with regards to people's safety and welfare. Training records made available demonstrated that the majority of support staff had completed safeguarding training.

Systems were in place for the safe management of people's medicines. Procedures and guidance relating to the safe management, administration and recording of medicines were available to the staff team. A designated room was available for the safe storage and administration of people medicines which were stored in lockable cabinets and a medicines fridge. The temperature in this room and fridge were monitored twice daily to ensure that medicines were stored at an appropriate temperature. People received their medicines individually in this room to promote their privacy and dignity. This also enabled staff to manage people's medicines one at a time which minimised the risk of errors occurring.

Two people using the service managed their own medicines. This involved both people having a locked cabinet in their own bedroom to store their medicines safely. A staff member demonstrated that prior to a person managing their own medicines a risk assessment was carried out to ensure that all potential risks were minimised wherever possible to enable people to manage their medicines safely.

Sufficient staff were on duty to meet the needs of people. Both people who used the service and staff explained that whenever more staff were required to support people, for example, to an appointment or a planned activity, the rota would be altered to ensure that sufficient staff were available.

The registered provider had a recruitment and selection policy to help ensure that only suitable people were employed at the service. Since our previous inspection two new staff had been recruited. We looked at the recruitment files of both these members of staff and saw that application forms had been completed, interviews had taken place and references had been obtained. Not all of the information relating to the references was available at the service. However, the registered manager contacted the registered provider's human resource department who were able to confirm the information was available. In addition to these checks we saw evidence that Disclosure and Barring Service (DBS) checks had been completed. These checks are carried out to determine whether applicants applying to work at the service had a criminal record or had been placed on a list of people who are barred from working with vulnerable people.

Systems were in place to assess and plan for known risks to individuals. For example, in relation to

medicines and smoking. We saw that one person was utilising a hand rail attached to their bed that was attached to their bed to enable their mobility. No assessment of any potential risk to using this piece of equipment had taken place. We discussed this with the registered manager who agreed to carry out an urgent risk assessment on the piece of equipment.

People had a clear awareness of what action they needed to take in the event of the fire alarms being activated. A fire risk assessment that considered when the service had reduced staffing was available, for example, during the night. The registered manager told us that this risk assessment had been sent to the local fire and rescue service for information purposes in the event of an emergency. Records demonstrated that regular checks were carried out on fire detection equipment around the building. However, we found that one person's bedroom door failed to close properly into its recess, which could have resulted in the door being ineffective in the event of a fire. The registered manager told us that they would get the door repaired urgently.

Procedures were in place for in the event of an emergency within the service. A 'grab bag' was readily available which contained information about the service, torches alongside first aid equipment. Each person had a personal emergency evacuation procedure (PEEP) which highlighted their individual needs and requirements. This helped ensure that appropriate assistance was planned in the event of people needing to evacuate the building in an emergency.

Procedures were in place by the registered provider for the recording of and review of any accidents and incidents that occurred. This process helped ensure that all aspects of accidents and incidents were considered and minimised the risk of the situations reoccurring.

The service was clean and tidy. People told us that they all had a responsibility to keeping the communal areas tidy for one another. Hand wash and paper towels were available to promote good hand washing and hygiene practices. Disposable aprons and gloves were available to minimise and prevent the spread of infection. For example, we saw that staff wore disposable aprons when serving food.

Is the service effective?

Our findings

People told us positive things about living at the service. Their comments included "Staff are always there to support me with anything I need", "They [staff] will always make time for a chat if I'm not feeling good" and "The staff will always arrange to go to an appointment with you if you want them to".

Prior to a person moving into the service their needs were assessed, initially by their supporting social worker or healthcare professional and the registered manager. The purpose of these assessments were to ensure that the service had the facilities to meet individual's needs and wishes. Two people told us that they had been encouraged to visit the service prior to moving in to help ensure that Greengate House was right for them.

People showed us the communal kitchen where meals were prepared daily by staff. A menu for the meals available was displayed in the dining room. People told us what evening specific meals were arranged. For example, Wednesday night was take-a-way night. People told us that they were happy with the food available and that there was always a choice of an alternative if you didn't want what was on the menu. They told us that there was always food available if they got hungry.

In addition to the communal kitchen people had access to an additional fully equipped kitchen where they could plan, prepare and cook their own food and drinks. One person told us that they used this kitchen four days a week to plan, prepare and cook their own meals with the support of a member of staff. They told us that they were building their cookery skills in preparation to moving into their own accommodation which staff had supported them to apply for. People told us that they were able to go and do their own shopping for the foods that they prepared themselves. One person told us that they went to do their food shopping on a weekly basis. In addition to both kitchens being available to make hot drinks; fruit, juice and water were available in the dining room for people to access.

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 people lack mental capacity to make particular decisions, any decisions 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 2005. The application procedures for this are called Deprivation of Liberty Safeguards (DoLS). At the time of this inspection no best interest decisions were in place for people and no DoLS authorisations had been applied for. The majority of people using the service had the capacity to make their own decisions.

A number of people were being supported under the Mental Health Act. Records demonstrated that these people's rights were protected under the Mental Health Act and that they were in receipt of regular support and supervision by health care professionals.

For general security purposes the service had a locked front door. People told us that they were not

restricted by this lock as they were able enter and leave the service at any time they wished.

People told us that they were supported by staff to keep healthy. One person told us that they were always supported to make a GP appointment whenever they wanted and another person told us that staff always encouraged them to attend their health care appointments. All people spoken with told us that staff would always support them to appointments. Records of people's appointments were maintained within their personal records.

People told us that they felt that the staff supporting them were knowledgeable, and understood their needs. We looked at the training staff had undertaken and saw that it included health and safety, the Mental Capacity Act 2005, administration of medicines, the Mental Health Act and risk assessment and risk management in mental health. Staff explained that they were encouraged to apply and access training from the registered provider individually. One member of staff explained that the registered provider produced a brochure containing all of the training available within the organisation and that it was up to individual staff members to apply and attend the training. We saw that is training included internal and external training opportunities.

The registered manager told us that they had identified several areas of learning that was needed and in response to this a number of training courses had been planned within the next 12 months for members of staff to attend to increase their learning. The training included learning disabilities in mental health, person centred planning, risk assessment, conflict management and breakaway techniques.

Staff told us that they received support from the registered manager to carry out their role. They told us that this support included regular opportunities to sit and discuss their role and development with the registered manager.

Is the service caring?

Our findings

People felt that the service was caring. Their comments included "I really am well looked after here" "I am well cared for, staff look after me" and "I trust the staff, they listen to me and what I want".

The atmosphere in the service was calm and relaxed and it was evident that people had formed strong respectful relationships with others. We saw that people were encouraged to freely express their lifestyle choices and individuality in relation to how they spent their day, their religious beliefs and personal presentation. This demonstrated, and people confirmed that they were comfortable in their living environment.

People told us that staff respected their wishes and maintained their dignity. For example, staff were seen to speak with people in private when discussing personal matters. People told us that you just needed to ask the staff and they would go somewhere with you to have a private conversation.

Information was available in relation to accessing advocacy services. People told us that if they felt they needed the support of an advocate they would request the assistance of the registered manager or staff. One person told us that the registered provider always supplied lots of information about getting support from to voice their views and opinions.

People told us that staff asked for their opinions and listened to what they had to say. One person gave an example of when they were planning their holiday. They told us that they knew where they wanted to go on holiday and their choices were listened to and planned for with the support of staff. Following these discussions a number of people had chosen to go to Wales on holiday. Another person had chosen to visit another place, just them with the support of a member of staff. This demonstrated that people's personal choices had been sought and individual's had been enabled to holiday where they wished.

Staff demonstrated a good knowledge of the people they cared for and took pride in their role. One member of staff told us about how they had sourced paper bags from a local shop. They explained that on occasion a person became anxious and this anxiety was relieved when they breathed into a paper bag. The staff member told us that they always made sure that there were paper bags available as this reduced the person's anxiety knowing they were close by.

People had taken the opportunity to personalise their bedrooms with their personal effects and belongings. One person told us that their bedroom was not big enough to house their large amount of items related to their collecting hobby and so more storage space had been arranged in an outside building. This demonstrated that staff at the service understood and respected the importance of these items to the person.

Information relating to promoting choice, involvement and people's rights to have a say was available around the service. In addition a service user guide was available. This information contained information about the aims and objectives of the registered provider, people's right to privacy, dignity, independence

and the aim for people to continue to enjoy their civil rights whilst using the service. The service user guide also stated the services that could and could not be provided. However, we found that some of the information in the service user guide was incorrect. For example, the contact details for the Care Quality Commission was outdated.

We recommend that a review of the service user guide takes place to ensure that people have access to up to date information.

Two compliments had been received from people about the service in relation to caring. One person's family member offered their "Sincere thanks to the staff for their care and kindness shown to their [relative], as a regular visitor it is obvious to me that staff work hard to ensure that residents are safe". Another person wrote "I am made to feel part of a big family here and the atmosphere has been really homely".

Is the service responsive?

Our findings

People told us good things about living at the service. They told us that they had regular access to the local community. Everyone told us that they had positive experiences of living at Greengate House. For example, one person told us "Without this place I don't think I'd still be around". Another person who told us that they had used other residential service prior to moving into Greengate House told us "The atmosphere here is far better than anywhere else I've ever lived. Far more relaxed".

Each person had their own individual care plan that identified their support needs and how these needs were to be met. Sections of the care planning documents included information about people's needs and wishes in relation to their assessed needs, identified risks, medicines, finances and health. In addition to these care planning documents each person had a profile that contained personal information in relation to any health condition, past history, likes and dislikes, what's important to the person and what they admire. The documents also gave the opportunity to record how best to support the person and where appropriate their legal status under the Mental Health Act. People had signed and dated their care plans. Health passports had also been completed. These documents give the opportunity to record people's likes, dislikes and how they wished to be cared for in the event of having to attend or be admitted into hospital.

Daily records were maintained of the care and support people had received and had been offered throughout the day. People's daily records and care planning documents were reviewed on a regular basis. Not all of the care planning documents were written in a person centred way. The registered manager told us that this had been recognised and plans were in place to make changes as to how people's individual needs were recorded in order to reflect a more person centred approach.

People told us that they accessed the local community independently on a daily basis. For example, one person told us that each morning they attended different churches around the area for coffee mornings. Other people told us that they visited the local shops, town centre, hairdresser and pub when they wished. One person told us that they liked to use taxis when they went out and about, others said they liked to walk. One person told us that they liked to visit collectors' fairs in Liverpool and that they used the bus service to make these journeys.

Individuals spoken with had clear plans of what they wanted to do with their time. People told us that within the service they often had film nights with popcorn and played draughts. Two people told us that they used to enjoy a game of bingo but not enough people wanted to play within the service. They told us that they had discussed this with staff and they were planning to join a local bingo hall so that they could visit on a regular basis.

Monthly meetings were held for people who used the service. The minutes of the meetings were easily accessible to all. We saw that discussions from the last meeting had included food, ashtrays, mealtimes, activities, fire procedures, arranging a BBQ and safeguarding procedures. People told us that they enjoyed the meetings as it gave everyone a chance to have their say of any changes or ideas within the service.

The registered provider had a complaints procedure that was readily available to people who used the service. People had the opportunity to comment on the service at any time. Leaflets and cards were available to send any comments and complaints directly to the registered provider. People were aware of how to make a complaint and were confident that any concerns they had would be listened to. One person told us that they had used the registered provider's complaints procedure. They told us that they had raised concerns over something they "Thought was not right". They felt that they had been listened to and that changes had been made for the better following their complaint.

Is the service well-led?

Our findings

The registered manager had been in post for several months at the time of this inspection. They told us that they were in the process of appraising all aspects of the service at Greengate House to identify areas of potential improvement to the service delivered to people.

People told us that they felt supported by the registered manager. Their comments included "She's [registered manager] always approachable", "She listens to you" and "She [registered manager] makes you feel that your opinion matters".

Staff knew the management structure within the service and felt that they were supported well by the registered manager. Staff told us that they were able to contact the registered manager at any time to request support and guidance to enable them to carry out their role safely.

Quality assurance systems were in place to ensure that the service was safe and that people received the care and support they needed. For example, regular checks on medicines, the environment, care planning information and the fire detection system took place. In addition the registered manager completed a weekly report to the registered provider that detailed any issues that had occurred. A representative of the registered provider visited the service on a regular basis to offer support to the registered manager.

The registered provider had a range of policies and procedures for the service that were available to all staff. Policies and procedures support decisions made by staff as they provide guidance on current best practice. Staff knew where to find the policies and procedures available within the service.

The registered provider regularly asked people for the views on the service they received by way of a survey. Once people's views had been sought and analysed the findings were returned to Greengate House for people to review and to promote further development within the service. The registered manager explained that if needed, an action plan would also be sent to address any improvements needed.

An involvement coordinator was employed by the registered provider to encourage and promote involvement of the people who use the services. Information was available at Greengate House detailing what achievements had been made by people getting involved. For example, the registered provider had improved how they guide people to help recruit new staff and had improved the design and content of the survey forms for 2016/17. One person told us that they were actively involved in the quality assurance board of the registered provider. They told us that they had taken part in the development of the new survey form. They explained that they enjoyed being a member of this board as they got to meet other people who use services and other representatives of the registered provider.

The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.