

Adelaide Care Limited

# Greenways

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Greenways is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Greenways does not provide nursing care.

Greenways accommodates up to six people with a learning disability and/or autism. At the time of inspection there were six people using the service. These were the same six people who were using the service at our previous inspection on 7 January 2016. At that inspection we rated the service 'good' overall and for each key question. At this inspection we found the provider retained their rating of good for the key questions 'effective', 'caring' and 'responsive'. However, we found areas requiring improvement for the key questions 'safe' and 'well-led' and therefore the service's rating has deteriorated to 'requires improvement' overall.

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.

We found a safe environment was not consistently provided in line with best practice guidance. At the inspection we found one window on the first floor was not adequately restricted putting people at risk of falling from height. We also saw radiators were uncovered and there were not sufficient practices to ensure people were protected from burns or scalds from touching hot surfaces. The registered manager submitted evidence promptly after the inspection to show these risks had been addressed. Records relating to fire alarm tests and water temperature testing needing improving to ensure robust details records were maintained so any concerns could be identified and actioned. The registered manager assured us the necessary action would be taken to ensure detailed records were maintained and we will check this at our next comprehensive inspection. Nevertheless, we recommend the provider implements quality assurance checks in line with best practice guidance outlined by the Health and Safety Executive in their document 'Health and safety in care homes'.

At the time of the inspection the registered manager had not adhered to all of the requirements of their CQC registration and had not submitted statutory notifications about the outcome of Deprivation of Liberty Safeguards assessments. Promptly after the inspection the registered manager submitted the required notifications.

Staff adhered to safeguarding adult's procedures and protected people from discrimination. Safe medicines management processes were adhered to. A clean, hygienic environment was provided and staff adhered to procedures to protect people from the spread of infections.

Safe staff recruitment practices were adhered to and there were sufficient numbers of staff to keep people

safe and meet their needs. Staff received regular training and were encouraged to develop their knowledge and skills. Staff received regular supervision and an annual appraisal.

Detailed care records were maintained about people's needs and the care they received. Staff worked with people's social care teams to review their needs and to reflect on the progress people had made. Staff were supporting people to learn new skills and develop their independence. People had busy active lives and participated in a wide range of activities.

People were involved in their care and received person-centred care. People's choices and decisions were respected. Staff adhered to the Mental Capacity Act 2005 and best interests' meetings were held when people did not have the capacity to consent to certain decisions. Staff applied to deprive people of their liberty when they felt this was required in order to maintain people's safety. A chef was available at the service who ensured people's dietary requirements and nutritional needs were met. Staff liaised with healthcare professionals as required to ensure people's health needs were supported and they received appropriate, timely treatment.

Staff had established warm, friendly relationships with people. Staff knew the people they were supporting, including their preferences and daily routines. These relationships also meant staff were aware of people's communication needs and the how they communicated, including the individual signs one person had developed.

People were encouraged to express their views about the service through residents' meetings and the completion of satisfaction surveys. A complaints process was also in place. No complaints had been made since our last inspection.

The provider's quality assurance director undertook unannounced audits to review the quality of service delivery. We also saw the local authority contracts team visited the service to review the quality of care people received. We saw any areas requiring improvement from these visits were addressed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe. At the time of inspection people were not adequately protected from environmental risks. However, prompt action was taken after inspection to address these concerns.

Staff adhered to safeguarding adult's procedures and protected people from discrimination. There were sufficient numbers of staff available to support people whilst at the service and in the community. Safe recruitment practices were adhered to. Staff followed safe practices regarding medicines management and the protection and control of infections.

**Requires Improvement** ●

### Is the service effective?

The service remained effective.

**Good** ●

### Is the service caring?

The service remained caring.

**Good** ●

### Is the service responsive?

The service remained responsive.

**Good** ●

### Is the service well-led?

Some aspects of the service were not well-led. At the time of inspection the registered manager had not consistently adhered to their CQC registration requirements and had not submitted all statutory notifications as required. These were submitted promptly after the inspection. Some environmental checks and audits needed to be improved to ensure accurate records were maintained and ensure health and safety processes were reviewed in line with best practice guidance.

There were other audits in place to review the quality of service delivery. People were asked their views about the service and these were used to improve service delivery. Staff felt well supported and there was good team working, with all staff being aware of their roles and responsibilities.

**Requires Improvement** ●

# 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 June 2018 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the 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 plan to make.

During the inspection we spoke with one person and had brief interactions with the other people using the service. We observed interactions between staff and people using the service. We spoke with three staff, reviewed three staff records and three people's care records. We also reviewed records relating to the management of the service and the management of medicines. After the inspection we spoke with the registered manager, as they were not available on the inspection site visit, and one relative.

## Is the service safe?

### Our findings

A safe environment was not always provided. At the inspection we found that one person's bedroom window was not adequately restricted meaning there was a risk of the falling from height. We also saw the majority of radiators at the service in communal areas, bathrooms and people's bedrooms were not covered and there were inadequate processes to protect people from the risk of scalds and burns from touching hot surfaces. After the inspection the registered manager submitted evidence to show these concerns had been addressed and people were being protected against the risk of falling from height and burns/scalds.

The service was secure with gated entrance that was operated via an intercom. Staff checked people's identity before letting them into the service.

Individual risk assessments were completed and regularly reviewed to ensure staff were aware of the risk's to people's safety whilst they were in the house and in the community. Management plans were developed outlining the support people required to minimise those risks. This included supervising people when they accessed the kitchen, having clear plans when people were travelling and providing one to one or two to one support when people were in the community. Risk assessments were also in place regarding any risks to people's safety regarding their health needs. For example, one person had epilepsy. There was clear information about how to support the person with their epilepsy and in the event that they had a seizure.

Staff were aware of the recording procedures when an accident or incident occurred. The incident records we viewed contained information about the incident, what action was taken at the time to support the person and any further action required to minimise the risk of recurrence. Staff reviewed the number and type of incidents that occurred per person to identify any changes in their care or support needs.

Staff continued to safeguard people from avoidable harm. Staff had received training on safeguarding vulnerable adults' and were aware of safeguarding adults' procedures. Since our previous inspection there had not been any safeguarding concerns raised. Staff also protected people from discrimination and worked with people to ensure they were not discriminating others. When a person showed discriminatory behaviour staff spoke with them to explain why this was not appropriate and why it is unacceptable to discriminate against a person due to their gender, race or disability.

There were sufficient numbers of staff available to meet people's needs. People were provided with one to one support during the day and more staff were on duty as and when required. For example, to accommodate one person who needed support from two staff when accessing the community. Staff were available at night to assist people as required and there were staff available on call if additional assistance was required.

Staff continued to follow safe recruitment practices to ensure suitable staff were employed. This included ensuring staff had relevant experience and qualifications, obtaining references from previous employers, checking their identity and eligibility to work in the UK, and undertaking criminal record checks.

Safe medicines management processes were in place. Medicines were stored securely. Safe processes were followed for the administration and recording of medicines, including regular stock checks to ensure all medicines were accounted for and completion of medicine administration records. Clear guidance was provided to staff about when to provide people with their 'when needed' medicines so they received these in a timely manner and at a safe dose. Staff confirmed there was a policy not to use homely remedies (medicines which can be obtained over the counter without a prescription). There were processes for the safe disposal of medicines. Staff had received regular training in medicines management and we saw staff arranged with the relevant healthcare professionals for people to have their medicines reviewed to ensure they continued to be appropriate for their needs.

Safe processes were followed to minimise the risk and spread of infection. Staff followed good hand hygiene and we saw appropriate personal protective equipment was used when preparing meals. A clean and hygienic environment was provided and there was colour coded cleaning equipment to minimise the risk of cross contamination. The majority of bathrooms had access to hand wash and hand towels. However, we saw that two of the communal bathrooms did not have these items. Staff told us this was due to behaviour that some people at the service displayed but they ensured these items were made available to people as and when they needed them.

## Is the service effective?

### Our findings

People were supported by staff that had the experience, knowledge and skills to undertake their duties. Staff confirmed they received regular training and they were complimentary about the training opportunities made available to them by the provider. One staff member said, "I'm learning a lot." The staff completed a programme of regular mandatory training including courses on dignity and respect, emergency first aid, food hygiene, fire safety, safeguarding adults, medicines management, Mental Capacity Act 2005, health and safety, infection prevention and control, managing challenging behaviour, moving and handling, person centred care, and risk assessments. In addition, staff were supported to complete national vocational qualifications in health and social care. The provider encouraged and supported their staff to develop their knowledge and skills and there were opportunities for staff to obtain more senior positions once they became more experienced. Staff received regular supervision and an annual appraisal where staff could discuss their performance and career opportunities.

The service had a private chef who provided meals for people living there. Nevertheless, people were encouraged to participate in food preparation and develop their cooking skills and we saw people supporting a staff member to prepare lunch for people who were at the house on the day of our inspection. Staff confirmed there was no-one living at the service with any specific dietary requirements, there were no food allergies and no-one had any specific requirements due to their religion or culture. There were choices available at each meal. The weekly food menu was developed based upon staff's knowledge of what people enjoyed and provided a balanced diet.

Staff provided people with any support they required regarding their health and accessing healthcare services. Staff accompanied people to appointments, including attending medicines reviews and annual health checks, as well as regular dental, optician and chiropody appointments. At the time of inspection no-one using the service required regular appointments from community healthcare professionals, however, staff confirmed if people did require this support they would liaise with the relevant professional and follow any advice provided. People had health action plans which outlined their health needs and hospital passports outlining basic information about them, their communication and support needs to make this information accessible in the event they required treatment at hospital.

Staff adhered to the Mental Capacity Act (MCA) 2005. Staff respected people's daily decisions including their preferred routines and how they liked to spend their time. When people did not have the capacity to consent to specific decisions staff liaised with relevant professionals and those legally authorised to make decisions on a person's behalf through the completion of best interests' meetings.

People needed to be constantly supervised when in the community ensure their safety. Staff applied to the local authority for legal authorisation to deprive a person of their liberty and adhered to the conditions within these authorisations. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Greenways in a spacious house giving each person their own bedroom and access to communal lounges and dining room. Two people also had access to their own annexes on site giving them access to their own bedroom, lounge, bathroom and kitchenette helping to develop their independence and reduce triggers which caused them anxiety. There was also a large garden with plenty of leisure equipment for people to use including accessible swings and trampolines.

## Is the service caring?

### Our findings

A relative said, "They're [the staff] all very very nice." Staff were warm and welcoming. From discussions with staff it was clear that staff knew the people they were supporting well. They were able to inform us about each person, as well as their support needs, this included their personalities, interests and anxieties. One of the staff we spoke with had worked with a person at a previous service. They had built a good working relationship with this person and their family and this enabled the person to settle into the service quicker because it provided some familiarity and continuity. We observed people to be comfortable around staff and have open, friendly conversations with them.

The people using the service had been living there for at least four years. Greenways was an established service with low turnover of staff. This meant staff were familiar with people's needs and were aware of their non verbal behaviour and what this meant. For example, there were two people using the service who did not use verbal communication methods. One person was confident using pictorial exchange communication (PEC) tools. The other person preferred not to use any pictorial tools or Makaton (Makaton is a sign language used to support verbal communication) and had instead developed their own sign language. Due to the stable staff team, staff were able to show us the different signs this person used and what they were communicating so their needs could be met.

Staff respected people's decisions and supported them in line with their choices. People were able to decide how they spent their time. Each person had an established routine and staff supported them in line with this. Through the relationships that staff had built with people they had established people's preferences and interests so that support could be provided in line with their choices. One person's relative told us, "[Their family member's] quite independent. He lets [the staff] know what he wants."

People's privacy and dignity was respected. Staff gave people time and space to adhere to their own personal care where able to and only provided support when this was required or if there were concerns about a person's safety. Staff were respectful in how they communicated with people and interacting with people in a dignified manner.

Staff confirmed that each person using the service had a close relationship with their families and staff supported them to maintain these relationships. If relatives were not able to get to the service to visit their family members, the staff offered to pick these people up so these relationships could be maintained. A relative confirmed staff came to pick them up so they could participate in a group event being held the day after our inspection.

## Is the service responsive?

### Our findings

A relative told us, "It's [the person's] home...I don't have any faults [with the service] at all." They also said, "[Their family member] is definitely very happy there."

People received personalised care which met their needs. People had detailed care records which outlined their support needs and the level of support they required to undertake certain tasks. We saw in people's care records and staff confirmed that people received annual review meetings with their social care team. During these meetings we saw that people had been supported by staff to make progress whilst at the service in regards to managing their anxieties and developing their independence. Through this process staff also worked with people to identify the goals they wanted to achieve and supported them to make steps towards achieving them. This included supporting people to be more independent with their personal care.

Since our previous inspection staff had worked with people to desensitize them to triggers to their anxieties. For example, one person's behaviour was previously triggered by noise and they covered their ears before accessing the community or going to college. This person was now comfortable accessing the community without anything covering their ears. This person also had previously had difficulties interacting with certain people at the service, however they were now comfortable interacting with everyone using the service. Another person had found it difficult accessing the community and seeing wheelchair users. The staff had spent time with this person and making them comfortable around wheelchair users so this no longer triggered their anxieties.

Staff worked with people to develop their independence and gain new skills. This included involving people in household tasks and supporting them to undertake their laundry, washing up and laying the table. People were also supported to attend college if this was something they were interested in, and we heard one person had previously attended a college course to develop their computer skills.

People had busy active lives. They had a full programme of activities they attended and on the day of inspection people were busy accessing their individual hobbies and groups. A relative told us, "[Their family member] had taken up swimming again which we're very happy about." The day after our inspection the provider had organised a 'sports day' across all of their services for people, relatives and staff to attend. People told us they were excited to attend this event and from discussions with a relative after the inspection we heard the day was a success and enjoyed by everyone. This was an inclusive event they enabled everyone to participate in. The staff and people were due to go on holiday the week after our inspection. Staff confirmed this was an annual holiday that everyone attended and people told us they were excited and looking forward to going.

Since our previous inspection there had not been any complaints about the service. The complaints process remained in place and information about how to make a complaint was available in easy read format to help people understand the process.

## Is the service well-led?

### Our findings

From discussions with the registered manager they showed they were in the majority aware of their Care Quality Commission registration responsibilities. However, we found that the registered manager had not submitted statutory notifications about the outcome of DoLS assessments as required. The registered manager promptly after the inspection submitted the required statutory notifications.

The staff at Greenways undertook local audits and checks to review areas of service delivery. This included reviewing medicines management processes, fire safety procedures, and environmental health and safety processes. However, we saw that records relating to these procedures needed improving to contain further detail. For example, staff told us they regularly checked water temperatures and we saw records which showed this task had been completed but the actual temperature had not been recorded meaning the registered manager was unable to assure themselves from these records that the water was at a safe temperature. We were also told that weekly fire alarm tests were undertaken but there were no recent records to confirm this. The registered manager told us records would be updated to address these omissions.

The health and safety checks checked on the safety of the environment including reviewing windows and radiators in each room. However, the checks did not provide sufficient detail about the checks undertaken and had not identified the concerns we saw nor had they identified that best practice guidance from the Health and Safety Executive was not being followed.

We recommend the provider implements quality assurance checks in line with best practice guidance outlined by the Health and Safety Executive in their document 'Health and safety in care homes'.

The provider's quality assurance director undertook regular unannounced audits on all areas of service delivery. The findings from these audits were discussed with the registered manager who disseminated the information to all staff. The findings from the March 2018 audit showed there were no concerns raised about the quality of service delivery and actions required following the previous audit had been addressed.

Key information about the service was sent to the head office so the quality team could review if there were any service delivery concerns and identify if there were any improvements required. This included reviewing incidents and if there were any complaints.

People were encouraged to be involved in the development of the service and the staff obtained people's views about service provision on a regular basis. This included regular 'resident meetings' to discuss day to day activities and completion of satisfaction surveys. We reviewed the completed satisfaction surveys which showed people were happy with the care they received and how the service was provided. We saw a number of compliments were received about the service. This included a comment from a relative thanking staff for supporting a person to get used to wearing a suit so they felt comfortable wearing one at an upcoming family wedding.

One staff member said, "I enjoy coming to work. We're there for each other...At the moment everything's just perfect." Another staff member told us, "I'm very happy working with them [the provider]...They [the provider] always want you to progress." This staff member also said about the registered manager, "He's a fantastic man." There was a supportive staff team with high morale and job satisfaction. Staff were aware of their roles and responsibilities and escalated any concerns to the registered manager.

Staff confirmed they had positive working relationships with the local authority and the individuals involved in people's care. The service was reviewed by the local authority contracts team and the latest report showed they were happy with the quality of service provision and had no recommendations for improvement.