

# Devon County Council Greenfields

## Inspection report

Derby Road  
Barnstaple  
Devon  
EX32 7EZ

Tel: 01271343709  
Website: [www.devon.gov.uk](http://www.devon.gov.uk)

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22 September 2017

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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

Greenfields is a service which provides personal care and support without nursing for up to five people. The service is run by Devon County Council and gives younger people with learning and physical disabilities short breaks and day care. At the time of the inspection three people were using the service. Breaks can be from one overnight stay to several weeks depending on people's needs and wishes.

At the last inspection completed in August 2015, the service was rated Good.

This unannounced inspection took place on 13 and 22 September 2017, where we found the service continued to be good in all domains.

Why the service was rated as good.

People looked calm and relaxed in the environment. Staff understood people's needs and complex ways of communicating. There was a warm and friendly atmosphere and staff interacted with people throughout the day. People were supported to engage in activities which they enjoyed and were meaningful to them.

Staff were well trained and supported to do their job effectively. The management team valued staffs' experience and ideas and encouraged on-going learning through national diplomas in care as well as updates on key areas of health and safety. Medicines were stored, administered and recorded safely.

People benefitted from an environment which was clean, homely and had the right equipment to keep them safe and well.

The staff provided care and support which was responsive to people's individual needs. This included ensuring their emotional and social needs were being met. People indicated they enjoyed a variety of activities and outings which helped them access the local community.

People's family knew how to make any concerns known and were confident their views would be listened to and actioned. Visitors and family were made welcome and believed their views and suggestions were valued. One relative said "I feel you can talk to all the staff about any concerns you have."

The service was well led by a registered manager and provider who shared the same values and encouraged a culture of openness and transparency. Staff felt they worked well as a team and all worked within an ethos of encouraging people to be as independent as possible within a homey and loving environment.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Greenfields

## **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.

This comprehensive inspection took place on 13 and 22 September 2017. The first day of the inspection was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also reviewed the service's 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.

We spoke with two people who used the service and three relatives. We also spoke with the registered manager and two care workers. We asked for feedback from health care professionals, but none responded. We looked at a range of records which included the care records for three people including medicine administration records. We looked at a range of records in relation to the management of the service.

# Is the service safe?

## Our findings

People were unable to tell us whether they felt safe but their body language and facial expressions showed they were comfortable and relaxed at Greenfields. We observed good interactions between people and staff. Staff were skilled at understanding people's complex communication needs.

Relatives said they believed their family member was being well looked after and was safe. One said "They understand (name of person)'s complex needs."

There was sufficient staff for the number and needs of people who were using the service. The registered manager explained they took into consideration how many people were receiving respite to determine staffing levels. This included having more staff on duty at particular times to support people to attend social events and go on outings. The minimum staffing was for two care workers per shift. This ensured people's needs could be met safely.

Recruitment processes ensured only staff that were suitable to work with vulnerable people were employed. Since the last inspection there have been no new staff employed. The provider has robust policies and procedures to ensure staff were only confirmed in post once all relevant checks had been completed.

Staff received training on understanding abuse and knew who and when any concerns should be reported. There had been no safeguarding alerts raised since the last inspection.

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a six monthly basis. Medicine administration records (MAR's) were completed correctly with no gaps or anomalies.

People were kept safe because risks had been clearly identified, reviewed and measures put in place to mitigate any risks. For example where someone was at risk of developing pressure sores, the right equipment was used and care plans gave clear instructions to staff about ensuring people had rest on their red to relieve pressure for example.

Good infection control policies, processes and procedures were being followed to keep the environment clean and help reduce the risk of any potential cross-infection.

## Is the service effective?

### Our findings

Relatives said they believed the care workers had the right skills and experience to provide effective care and support. One said "I don't always agree with them, but they do know what they are doing. I wish there were not so many rules and regulations, but staff do have to follow them. I am happy with the care (name of person) gets at Greenfields"

People who used the service were unable to comment on the skills of their staff team. It was clear from our observations staff had really good skills in being able to work effectively with people with complex communication needs. They were able to accurately interpret people's moods and requests from gestures and noises.

Staff said they felt they had good training and support to do their job effectively. Records in relation to staff training and supervision supported this. Where staff expressed a wish to develop their skills further this was encouraged. For example one care worker had completed additional training on management and leadership for their own development.

Care workers clearly understood the importance of empowering people to make as many of their own decisions and choices as possible. They told us about the strategies they used to support people with decision making. These included explaining options to people and anticipating needs for some people by observing facial expressions and body language. This meant people's independence was maintained as far as possible and they retained control over some aspects of their lives. For example where they wished to spent their time, what drinks and snacks they would like.

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). Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. The registered manager kept a record of all DoLS applications made along with copies of authorisations.

People benefitted from being offered a varied and nutritious diet. Where people had nutritional needs these were assessed and plans were in place to support people with their dietary needs. For example, specialised diets or supplements. People were supported with drinks and snacks throughout the day. Where people needed to be fed with a specialist tube directly into their stomach, staff ensured this was done in line with their nutritional care plan. Staff had received specific training on this.

People's health care need were well met. Care workers liaised with families and healthcare professionals as needed. For example the staff team worked closely with the physiotherapists and occupational therapists to ensure people had suitable sleep systems to keep them comfortable and safe. These were photographed to ensure staff positioned supports in the right place.

The environment was adapted and suited to the needs of younger adults with physical disabilities. They corridors were wide and some rooms had tracking hoists systems to enable people to be supported safely with their personal care needs.

## Is the service caring?

### Our findings

Relatives gave positive feedback about the kind and caring nature of staff who worked at Greenfields. One said "They are really kind and very helpful."

We observed care workers showed affection throughout their interactions with people. They were friendly, caring and warm in their conversations with people; crouching down to maintain eye contact, using gestures and touch to communicate. Staff were respectful of people's cultural and diverse needs. For example understanding that one person may not like to spent too much time in other's company and giving them an opportunity to spend time with staff in quieter areas.

People were cared for by care workers who knew their needs well. People were treated with dignity and respect. Care workers told us they ensured people had privacy when receiving personal care. For example, keeping doors and curtains closed when providing personal care, explaining what was happening and gaining consent before helping them.

Care workers supported people to meet their choices and preferences. People were supported to be as independent as possible. Care workers said they encouraged people to do as much for themselves as possible. For example, choosing what to wear and what they wanted to eat and drink.

People mattered, it was clear staff had developed strong bonds and relationships with people who used the service. Staff were skilled at understanding people's complex communication needs and encouraged people to speak up and voice their choices. One person was being assisted to use a new communication aid. Staff were helping the person to choose a new message to record so it was fun and encouraged the person to want to use the switch.

The service had received numerous compliments and thank you cards. Comments included "Thank you for all your positive support. Your team clearly understand (name of person)'s needs well" and "What a lovely place Greenfields is, people are very well cared for and look happy."



## Is the service responsive?

### Our findings

Relatives felt the service was responsive to people's and their own needs. One relative said "They check what respite we need and make sure they can fit the days in. I have no issues with the service."

People received personalised care. This was because a detailed assessment of needs and preferences had been completed prior to any new person coming to stay at the service. Each person had a detailed care plan which included all aspects of their needs, preferences and what staff needed to do to keep them safe and well. Staff said care plans were an important tool in ensuring they provided the best care possible. One said "If you have been off for a while, it's important to read through people's plans and daily notes to get an update on any changes."

Wherever possible people and their families were involved in the development and review of their care plan. These were reviewed monthly and available in easy read format.

People were supported to enjoy a variety of hobbies, interests and outings. This was dependent on their complex needs and tailored to ensure inclusion and participation by a small group. This included craft sessions, relaxation in the sensory room, massage as well as outings to the local town and places of interest. On the day after our inspection people were looking forward to going to a funfair. They also had regular paid entertainers to do music sessions with percussion instruments which was a popular activity enjoyed by most people.

The staff group had developed areas of the garden to be stimulating and relaxing with nice smelling plants and objects of interest. Some people enjoyed spending time out in the garden in the good weather.

The service had a complaints process which was written in easy read format for people to access. There had been no new complaints since the last inspection. Relatives said they would be able to make any concerns or complaints known and would be confident they would be responded to.

## Is the service well-led?

### Our findings

People benefitted from a service which was well-led by a manager and provider who put people at the heart of what they did. It was clear any concerns or suggestions had been encouraged from people, family and staff. Staff agreed the registered manager had an open and inclusive management style. Relatives confirmed they could talk with the registered manager about any issues or suggestions they may have.

The service used annual surveys to give further feedback. This year's survey was in the process of being collated; a summary of their findings included the results of surveys sent to five families, five people, three visitor/professionals and nine staff. The overall finding indicated that people and families felt people got good care by staff who were well trained. The people who responded said they would like to go out more. This had been discussed with the staff team and some ideas had been suggested. This included more materials being purchased for art projects including some canvasses people could decorate for use around the building. They also discussed using public transport to enable people to access places in and around the local area.

Systems and audits were used to drive up improvement. Care plans were reviewed monthly and audited monthly. Medicines records were audited monthly. Where there were omissions or gaps the registered manager looked carefully into these. Where necessary they offered further training and support to ensure staff understood the importance of keeping accurate records. The provider's own quality improvement team visited six monthly and completed a thorough audit of the services records, training and environment. Where issues were identified, recommendations were made to help improve the running of the service. The last quality audit completed had not highlighted any issues for improvement.

Records were well maintained, clear and comprehensive. Some records were computerised and these were maintained in accordance with the Data protection Act.

The registered manager understood their responsibility to keep CQC informed of any notifiable events, providing additional information promptly when requested and working in line with their registration.

The inspection report and rating was displayed in the entrance hall of the service.