

# Greenside Health Care Limited

## Greenside Court

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Greenside Court provides accommodation, personal care and nursing for up to 22 people. The service specialises in care for people with neuro-disabilities, brain injury and stroke, mental health conditions and conditions such as Huntington's disease. The service provides care over two units and in one adjacent 'one-care' service. One-care provides a more independent home for people, who are supported to develop independence in life skills.

### People's experience of using this service and what we found

The provider, registered managers and staff team were highly motivated and proud of the service they delivered to people.

Staff were highly skilled and attuned to people's needs and demonstrated their passion and drive towards ensuring people reached their potential. There were consistently high levels of engagement with people using the service, families and other professionals. Also, there was a strong commitment to ensure the service was inclusive and that people had the opportunity to live meaningful lives.

The service was incredibly responsive to people's needs and this was evidenced by the examples given. For example, the service was taking part in an exploratory study to gain insight into relationships and sexuality for people living in complex care settings. The study findings were to be implemented in the staff training and development of future policy.

People were supported to achieve highly positive outcomes through the strength of their relationships with staff. The management and culture of the service demonstrated a caring approach and staff were also valued and cared about. The provider identified creative and innovative solutions which dramatically reduced the frequency and severity of the behaviours for a person, as a result they were living a happier life.

People were treated with the utmost respect and their dignity was continually upheld. This was confirmed by people and their relatives who provided exceptional feedback.

People were valued and placed at the centre of the service. They were supported to be active in the running of the home. Feedback from professionals was that the service made a real difference to the lives of the people there.

People received highly effective care and support from staff who knew them well and were well trained. People's rights to make their own decisions were protected. Staff worked well together for the benefit of everyone and were completely focused on meeting the personal, health and social care needs of people living at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were skilled and motivated to deliver a high-quality level of care. They had received training tailored to people's individual care needs.

People were supported to maintain good health and had access to healthcare services. Staff worked with a range of health professionals to ensure they knew people's care needs. Medicines were administered as prescribed and safe systems were in place.

Staffing levels were enough to ensure that people's needs were met. Staff were safely recruited.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 7 July 2015). There was also an inspection on (27 October 2017). However, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

#### Why we inspected

This is a planned re-inspection because of the issue highlighted above.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

# Greenside Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and a specialist advisor (SPA). The SPA had specialist knowledge in Huntington's disease.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care

provided. We spoke with seven members of staff including the regional operations director, registered manager, clinical manager, nurse, care workers and the maintenance man. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and risk assessments. We looked at a variety of records relating to the management of the service, including policies and procedures and health and safety records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had systems to record, report and analyse any allegations of abuse.
- Staff had received training to recognise abuse and were fully aware of what action to take to keep people safe, such as reporting any allegations to external agencies.
- People and relatives told us the service was safe. One relative said, "[My relative] is absolutely safe, they are well looked after." Another said, "They came to our rescue in an emergency situation and they have dealt with things really well."
- The registered manager was aware of their responsibilities in relation to safeguarding and made referrals to the local authority and submitted notifications to CQC as required by law.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and wellbeing were managed very well. The provider had a balanced approach to risk management which empowered people to have choice and control over their lives.
- The provider had carried out sufficient environmental risk assessments in areas such as fire safety, the use of equipment and the security of the building.
- The registered manager promoted an open and transparent culture in relation to accidents, incidents and near misses. Where they identified any areas of concern they were shared with the staff team, and wider organisation to ensure lessons were learnt to improve the service.

Staffing and recruitment

- Recruitment procedures were robust and ensured new staff were subject to specific checks of character and suitability, prior to working with people.
- There were sufficient numbers of staff available and staffing levels were tailored to meet each person's individual needs.

Using medicines safely

- People were supported to receive their medicines safely, and as prescribed.
- Staff were trained in the administration of medicines and medicines competency assessment took place.
- Guidelines were available to instruct staff when to administer medicines which were prescribed 'as and when required' also known as PRN.

Preventing and controlling infection

- The service was exceptionally clean, pleasant and comfortable.
- Staff were trained in infection prevention and control. They applied this knowledge in the way they

cleaned the service, handled food, and when supporting people.

- Staff used personal protective equipment such as disposable gloves to reduce the spread of infection.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs were met by the service. One person told us staff provided good care and support. They said, "They [staff] are very good at helping me."
- People received effective and appropriate care which met their needs and protected their rights. Staff assessed people's needs regularly and involved them in care planning to ensure their choices and preferences were considered and their needs were met effectively. Staff knew people's individual needs and preferences very well.
- Staff followed and applied their learning in line with professional guidance and best practice.

Staff support: induction, training, skills and experience

- Staff told us they received a thorough and in-depth induction, which involved training, shadowing experienced staff and observation whilst providing care and support. They said, "The training on induction is good. This helps people get the experience they need. The registered manager doesn't put new starters on together, they are mix them up, so they have experience staff to mentor them."
- Staff told us they felt the provider invested in them to ensure they were highly skilled and competent.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to receive a balanced diet and sufficient fluids to maintain their health. People's nutritional needs were assessed, and professional guidance was obtained, where people were at risk. For example, of malnutrition or difficulties with swallowing.
- People told us they were extremely satisfied with the food provided and the choice offered. We observed people having lunch which looked very appetising. One person said, "The food is always nice. I go with the flow and have whatever is offered, I can choose something different, but it's all nice."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with variety of different healthcare professionals to ensure people's physical and emotional needs were met effectively and consistently. Staff incorporated professional guidance into people's care plans. For example, information from speech and language therapists (SALT) or occupational therapists (OT).
- Relatives told us of the progress their relative had made since being at the home. One told us, "[My relative] was falling a lot but after the nurses got them the help from physiotherapy things have improved." Another relative said, "They most definitely get in touch with health professionals and we can see the staff handle things very respectfully."

- Healthcare professionals told us staff reported changes and requested input from others on a regular basis and "ensured people were at their optimum."

#### Adapting service, design, decoration to meet people's needs

- The service was adapted to be safe, accessible, comfortable and homely. The provider ensured the premises were well maintained and plans were in place to upgrade some areas, such as the sensory room.
- People were consulted about improvements, for example, about how the home was decorated, and we saw people had been supported to personalise their bedrooms.
- There was a pleasant and well-kept outside space which was accessible. People had the opportunity to be involved in gardening and growing vegetables and there were raised planting beds.
- Feedback from relatives on the environment was positive. One said, "It's nice and pleasant and spotlessly clean."
- A guest room was available for people's friends and loved ones to stay in. This helped people to have positive relationships and made visiting easier for people who wanted to stay or had travelled a long way to visit.

#### Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's rights were protected. Staff had received training in MCA and supported people to make their own decisions.
- Where a person was found to lack capacity to make a decision the best interest decision-making processes were followed. This included involving relevant family, representatives and professionals in the process.
- The registered manager completed DoLS applications when required and kept a record of those awaiting authorisation.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception people, relatives and professionals told us people were treated with the utmost respect.
- Staff demonstrated a good knowledge of people's personalities and individual needs and what was important to them. Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were highly respected. One staff member said, "We place a big emphasis on hope and achieving people's dreams. Enabling people is what I'm passionate about it." Another staff member said, "I would be happy for my relative to live here because they give very good care, and they respect people's needs."
- Staff understood the importance of valuing people's individual backgrounds, cultures and life experiences. The provider had supported people's spiritual needs by enabling a person to be confirmed during a baptism held in at the service.
- Staff spoke to people politely and patiently, allowing them time to respond. People were clearly very comfortable with the presence of staff members and we noted warm and friendly interactions.

Supporting people to express their views and be involved in making decisions about their care

- People were at the heart of making decisions. The service was delivered by adapting to people's choices and needs. There were varied activities available based on their individual preferences.
- People had accessed neurology music therapy sessions which had aided in their rehabilitation and wellbeing. Each music therapy session was completely individualised, and were goal focused and emotionally driven. People experienced a range of benefits such as improvement in speech, especially following a session, where speech became clearer and more spontaneous.
- Each person was empowered, by staff and the provider policies, to make their own choices and express their opinions, leading to people achieving positive outcomes and satisfaction. For example, a person had been supported to be baptised and have involvement in the church. This had resulted in the person developing friendships and relationships, which had a positive impact on health and wellbeing.
- Where necessary, independent advocacy had been arranged for those who needed assistance expressing their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff were highly passionate about their work. They spoke fondly about people and were incredibly proud of achievements that had been made. One staff member said, "I support [name] to a disabled riding school.

They used to ride horses but aren't able to do this anymore but it's important they do what they love. The person has completed two certificates and I'm so proud of their achievements."

- Relatives told us they were made to feel very welcome when they visited, and they had developed good relationships with staff. They said they found the entire staff team to be approachable and willing to do anything to make people's lives better. One relative said, "Staff are always friendly towards us when we go."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives were extremely positive about how the service provided exceptionally individualised and bespoke person-centred care. One person said, "The staff are excellent. They are very understanding of my disabilities. As a disabled person, I have received care from various places throughout my life and I am so glad that I am in a place like this. They try their best to help everyone. I am blessed."
- Where people's conditions could limit them from participating in their hobbies and interest, staff proactively looked at overcoming obstacles to promote and fulfil people's potential. For example, one person had been frequently displaying behaviours which challenged others. Due to the risks involved this had impacted on their freedom. The provider identified that the person would benefit from a quieter environment. After working in consultation with the person they supported them to move to accommodation which better met their needs. This was a huge success. The person was now able to live a more fulfilled and independent life and undertake activities which had previously been unavailable to them.
- The home delivered exceptional bespoke person led care.
- Everyone told us staff went above and beyond their expectations to respond to people's changing needs. One person, with the assistance of speech assistive software said, "I chose to live at Greenside for rehabilitation, so I could go home. I get to be active, meet friends and staff encourage and assist me with rehabilitation. They push me in a good way. With hard work I can stand, and my voice is coming back. They [staff] push me to achieve my goals."
- Professionals highly commended the registered manager for the work they did to lead a staff team that provided excellent care to people. One professional said, "I have no concerns about this service, in fact they make a real difference to the lives of the people there. They ensure people have the best from life and will try new approaches until people are happy and content."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service was taking part in an exploratory study, with Leeds University. This study helped the provider have a better understanding of how people with disabilities maintain and make sense of the changes in their sexual, intimate and relationship needs, whilst living in a complex care setting. This had enabled the provider in the development of training, policy and practice. People who had taken part in the study had shared the learning with others and had been empowered to try new activities, such as visiting a nightclub. They were said to have achieved a sense of wellbeing, felt valued and listened to, and been able to develop and maintain relationships.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People expressed themselves by a variety of communication methods. Information was available in different formats to assist people in understanding information.
- The provider supported people to extensively use technology to communicate. Staff were highly attuned and responsive to simple communication methods. We saw one person alerting staff to their need for assistance by whistling. The person was able to seek staff to their need for support without being able to use a call bell, or their voice.
- Staff understood people's different communication methods and spoke with people in ways they could understand.

### Improving care quality in response to complaints or concerns

- Without exception, everyone said they had no concerns with the service and felt confident to raise any. Everyone felt assured that any concern would be taken seriously and action would immediately be taken in response.

### End of life care and support

- The service supported people at the end of life, if this was needed.
- The registered manager worked in partnership with a local hospice. They fully respected people's wishes and supported their personal, emotional and spiritual needs, as well as providing support for family members, if needed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

### Working in partnership with others

- Oversight and governance were well-embedded and played a major role in the development of its outstanding and innovative practices. For example, the participation in research-based studies.
- Without exception all the feedback we received, from people, staff and professionals was 100% positive.
- The management team celebrated people's achievements. They invested in upskilling its workforce.
- They worked collaboratively with professionals within and outside the health and social care sector to ensure people had access to relevant information and support. For example, staff received training from the Huntington Disease Association to ensure they delivered bespoke support for people with Huntington's Disease.
- Greenside Court was an excellent role model. It shared good practice, and celebrated success.

### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Innovative and creative ways were used to gather people's views. People were able to share their ideas and preferences to influence the service improvements. The provider had developed a service user council which was at the heart of any major decisions that affected the service or the organisation. The council was made up of ambassadors who regularly met with senior managers and health care team members to improve all aspects of the business.
- Staff told us they had full respect for the provider and described how they had proactively supported them. They said, "This provider gave me chance, I didn't speak good English, but they didn't discriminate against me. They helped me to progress my language skills. Greenside Court has been amazing for me, they give chances to everyone, I'm so happy with them."

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The registered manager had created a culture that was open, inclusive and put people at the heart of the service. People spoke very positively about how they could make their own choices and decisions and were empowered to have an active voice.
- A dedicated, passionate, and motivated team of staff supported the registered manager. Staff were keen to tell us how much pride they had in working at the service and how they felt valued and appreciated by the provider.
- The provider understood the necessity to build a skilled and competent workforce, to achieve high quality care. They had an excellent record for investing and retaining staff.

- The provider had introduced a clear career pathway to support staff with continuous professional development by progressing into more senior roles within the organisation. For example, by gaining additional qualifications and taking on additional duties.
- The management team provided strong leadership and led by example. A relative told us, "If I was in need of care I would like to be there. It's really nice, comfortable and a really lovely place. All the staff are really, really good. It's really good all round." And, "Everyone, the management team down to the admin department aren't aloof to the patients. They would all be able to tell me how [my relative] is doing. [The registered manager] is very much on the ball and is very personable."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and staff at all levels demonstrated commitment and dedication to provide a service which exceeded expectations.
- There was a strong emphasis on continually striving to improve the service. The management team regularly completed a vast array of audits as part of their exceptional oversight of people's welfare and safety. These included a provider compliance visit every six months which looked in detail at the service delivery and fed into a detailed service improvement and development plan.
- Service auditing was clearly directed towards reviewing any lessons learnt and driving continuous improvement throughout the organisation.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their legal obligations, including conditions of their CQC registration and those of other organisations. We found the service was exceptionally well-organised, with clear lines of responsibility, accountability and transparency.