The Greens

The Greens

Inspection report

388 Chessington Road
West Ewell
Epsom
Surrey
KT19 9EG

Tel: 02083932450

Date of inspection visit:
14 March 2016

Date of publication:
25 April 2016

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

The Greens is a residential care home providing care and support to three people with profound learning disabilities, autism and mental health diagnosis. Some people had behaviour that can challenge.

People had communication support needs. People communicated their needs through gesture, body language and/or vocalisations.
The inspection took place on 14 March 2016 and was unannounced.

The service was run by a registered manager, who was present on the day of the inspection visit. '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 and associated Regulations about how the service is run.

People were protected from avoidable harm. Staff had received training in safeguarding adults and were able to evidence that they knew the procedures to follow should they have any concerns.

There were sufficient staff to keep people safe. Staff were seen to support people to keep them safe. There were robust recruitment practises in place to ensure that staff were safe to work with people.

Staff had written information about risks to people and how to manage these. Risk assessments were in place for a variety of tasks like personal care and the environment and were updated frequently.

People's medicines were administered stored and disposed of safely. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

People's human rights were protected as the registered manager ensured that the requirements of the Mental Capacity Act 2005 was followed. Where people were assessed to lack capacity to make some decisions, mental capacity assessment and best interest meetings were evidenced. Staff were heard to ask people for their permission before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had sufficient to eat and drink. They had healthy home cooked meals. People were seen to be offered choice on the day of what they would like to eat and drink. People were supported to maintain their health and well-being. People had regular access to health and social care professionals.

Staff were trained and had sufficient skills and knowledge to support people effectively. There was a training programme in place and staff competency was regularly assessed. Staff received regular supervision.

Positive and caring relationships had been established. Staff interacted with people in a kind and considerate manner.

People, their relatives and other professionals were involved in planning peoples care. People's choices and views were respected by staff throughout the day. People's privacy and dignity was respected. There were no restrictions on when friends and family could visit. People received a personalised service. Staff knew people's preferences and wishes and they were adhered to.

The service listened to people, staff and relative's views. The management welcomed and actively sought feedback from people and acted upon this if necessary. The management promoted an open and person centred culture. The registered manager was present in the home on a very regular basis.

Staff told us they felt supported by the registered manager. Relatives told us they felt that the management was approachable and responsive.

There were robust procedures in place to monitor, evaluate and improve the quality of care provided. Staff were motivated and aware of their responsibilities. The registered manager understood the requirements of CQC and sent appropriate notifications.

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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of how to keep people safe.

Medicines were managed safely. Medicines were stored, disposed of and administered safely.

The provider ensured there were enough staff on duty to meet the needs of people individually.

Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Written plans were in place to manage risks to people. There were processes for recording accidents and incidents.

Is the service effective?

Good

The service was effective.

The requirements of the Mental Capacity Act were followed. Staff asked people's consent when providing care.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported to be able to eat and drink sufficient amounts to meet their nutritional needs and were offered a choice of food according to their likes and preferences.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about their care.

Is the service caring?

Good

The service was caring.

People were well cared for. We observed caring staff that treated people kindly and with compassion. Staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People and their relatives were included in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's care was personalised to reflect their wishes and what was important to them. Support plans and risk assessments were reviewed and updated when needs changed.

Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised service.

Relatives and staff felt there were regular opportunities to give feedback about the service.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture which focused on people. The manager operated an 'open door 'policy, welcoming and acting on people's and staff's suggestions for improvement.

The registered manager had robust systems in place to monitor the quality of the service provided and as a result continual improvements had been made.

Staff were supported by the registered manager. Staff and relatives felt comfortable discussing any concerns.

The Greens

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 16 March 2016 and was conducted by one inspector.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law. We contacted the local authority commissioning, quality assurance and safeguarding team to ask them for their views on the service and if they had any concerns.

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

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with two staff members, the registered manager and the deputy manager who was also the provider and two relatives.

We spent time observing care and support provided throughout the day of inspection, at lunch time and in the communal areas.

We reviewed a variety of documents which included two people's support plans, risk assessments, medicine records, four weeks of duty rotas, maintenance records, all health and safety records, menus and quality assurance records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

The last CQC inspection was 13 October 2013 when the service was fully compliant.

Good

Is the service safe?

Our findings

People were protected from harm. Staff had a good understanding of what constituted abuse and the correct procedures to follow should abuse be identified. For example, staff explained the different types of abuse. One staff member said, "I would report anything to the manager, or phone the local authority or CQC myself."

Staff knew about the homes' whistleblowing policy and safe guarding policy that was in place with contact details of CQC and the local authority.

People were protected from risks to ensure that they were protected from harm. Staff had individualised guidance so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Support plans contained risk assessments in relation to people who required one to one supervision when out of the home, as well as individual risks such as road safety, bathing and attending various activities. Where needed there were risk assessments in place for people with identified risks and an action plan to on and how to manage them, or example falls, choking and managing some behaviour that can challenge.

Staff told us that they were involved in planning the risk assessments; staff were able to describe individual risks to people and how to address these to keep people safe. A relative told us "I feel my relative is safe, I do not worry about them."

There were safe procedures in place for the administration, disposal and storage of prescribed medicines. People required staff support to enable safe administration of their medicines. There were clear guidelines in place for staff so they knew how the person needed or liked to have their medicines administered.

We looked at medication administration records (MAR) and blister packs that confirmed that people were having their medicines administered.

For people that were prescribed as required medicine (prn), such as some pain relief, there were guidelines in place which detailed the signs people would display that may indicate when the person needed the medicine administered. Where people were using homely remedies such as over the counter vitamins and minerals, there was no signed agreement from the GP. Since the inspection, the registered manager had contacted the GP and we have evidence to state that this is now in place.

Staff were assessed annually for competency for administration of medicines; this was done by the registered manager and the pharmacist.

There were enough staff to meet the needs of people. The registered manager told us that staffing levels were determined based on people's needs. Their dependency levels were assessed and staffing allocated according to their individual needs.

For example, when people needed to be supported to an appointment or for some trips out, extra staff members were deployed. We saw on the day that people were supported to go out and extra staff had been brought in to support this. The registered manager told us staffing levels were constantly reviewed to meet the changing needs of people. Staff and relatives told us they felt there were enough staff to meet people's needs. We saw from the rota that staff levels were consistently maintained.

There were robust systems in place to ensure that staff employed were recruited safely. Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. Staff recruitment records contained information to show us the provider had taken the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

The registered manager had systems in place for continually reviewing incidents and accidents that happened within the home and had identified any necessary action that needed to be taken. Staff knew how to respond to an incident and accident. For example staff told us that if a person had a fall, they would call for assistance, give first aid if necessary and call the paramedics if required.

The registered manager told us the home had an emergency plan in place should events stop the running of the service. People had personal emergency evacuation plans in place (PEEP) which guide staff on how to safely support a person if there is an emergency. Staff confirmed to us what they were to do in an emergency.

Good

Is the service effective?

Our findings

People's human rights were protected as the registered manager had ensured that the requirements of the Mental Capacity Act were followed. 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.

Where people lacked capacity to make some decisions, there were mental capacity assessments and best interest decisions regarding people's medication, certain medical treatments and care received at the home.

People's relatives and other health professionals were consulted on their behalf to ensure that decisions made regarding their care were in their best interests. The registered manager had a record of who had a deputyship in place regarding people's financial affairs.

The registered manager and staff had an understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required.

Staff told us that due to people's communication needs, people consented to their care by using gesture, vocalisation or body language. Staff were seen to ask for peoples consent before giving care throughout the inspection.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

People had a choice of food and drink and plenty was available throughout the day. We observed lunch being served. . Staff prepared meals and drinks for people. They were offered a choice of food and drink. People who were unable to communicate verbally were supported to make their choice by staff asking people what they wanted on their plate and people responded by gesture and body language. People had adapted plates if they were needed to help them to eat and drink independently.

The meal time was sociable and calm. Staff sat with people whilst they ate to ensure that people had the support they needed whilst eating. Two people needed their food cut up and reminded to eat and drink slowly as stated in their care plans. We saw that staff did this on the day.

People's weight was monitored on a monthly basis and each person had a nutritional profile which included the person's food allergies, likes, dislikes and particular dietary needs. Some people were at risk of choking. People had plans in place to minimise these risks and all staff we spoke to were aware of the people that required food to be cut up into small pieces for them to eat safely, we saw this happen.

Staff told us they felt they had the knowledge and skills to care and support people. Staff received training which included how to support people in a safe and dignified manner that may be at risk of causing harm themselves or others. Staff had access to a range of other training which included MCA, medicine management and manual handling. The management supported staff to develop their skills and knowledge with a skills and competency work book which the management signed off, which was based on the Care Certificate. Staff were observed to undertake care practices that ensured that the dignity and respect of people was upheld. This meant staff developed essential skills to provide the appropriate support to people in a positive way.

Management supported staff to review the appropriate induction and training in their personal and professional development needs. The induction consisted of the recommended Skills for Care induction (Skills for Care is the employer-led workforce development body for adult social care in England. By working with employers and sharing best practice). Induction for staff included shadowing other staff members for up to three weeks, to observe the care and support given to people. The deputy manager would observe the new starter giving care to people and when competent sign them off. The registered manager and deputy manager held regular supervision sessions with staff which looked at their individual training and development needs.

People were supported to maintain their health and wellbeing. Support plans contained up to date guidance from visiting professionals and evidence that people had access to other health care professionals such as GP's, psychiatrist, speech and language therapist (SALT), health care specialists in epilepsy and chiropodists. People had health action plans and hospital passports in place, this identifies people's health needs and which health professional is supporting them.

Good

Is the service caring?

Our findings

Relatives told us that people were well cared for and that staff and the management team were caring and kind. One said "Staff are polite, they will tell me anything I ask." Another said "Very caring people with the residents in the forefront of every thought and action." One staff member said "We treat people as we like to be treated."

Staff have developed positive and caring relationships with people. We spent time in communal areas and observed staff interaction with people. We saw companionable, relaxed relationships were evident during the day. Staff were attentive, caring and supportive towards people. Staff engaged with people using humour and touch.

Staff knew people's individual communication skills, abilities and preferences. Staff knew they needed to spend time with people to be caring and have concern for their wellbeing. The conversations between staff and people were spontaneous and relaxed.

Staff understood the different ways in which people communicated by using people's preferred communication method, using body language, key words and direction. For example one staff member said "I know if one person doesn't want to go to the hairdresser, they will kick their leg out. We give them time and this person will get up and go."

People looked relaxed and comfortable with the care provided and the support received from staff.

People were well dressed and clean with appropriate clothes that fitted and tidy hair which demonstrated staff had taken time to assist people with their personal care needs. It stated in one persons' care plan that they liked to have their nails painted regularly; staff were seen attending to their nails a number of times during the day.

Staff told us how they supported people to make choices, using body language and gestures. We saw examples of this throughout the day. For example one person had put their coat on and stood by the front door indicating that they wanted to go out. Staff responded to this gesture and supported this person to go out of the home for a walk.

People were treated with dignity and privacy. Staff gave good examples of how they would provide dignity and privacy by closing bathroom doors and other examples. We observed staff maintained a person's dignity by wiping their mouth whilst they were eating and drinking. Staff did this subtly and gently.

We observed staff calling people by their preferred names and knocking on bedroom doors before entering. For people who could not verbally consent to staff and visitors going into their bedrooms, staff asked the person and waited for their response, for example a smile indicating a yes.

There were no restrictions on when people could visit their relatives. Relatives told us that they were free to

visit at any time. Relatives told us that they felt involved in people's care and their care plans. This was evidenced in people's care plans.

The registered manager and staff were knowledgeable about people and gave us examples of people's likes, dislikes and preferences.

Good

Is the service responsive?

Our findings

One relative told us "There are enough activities; they take (relatives' name) out to café's. Staff know them well." Another relative said "I was worrying that (relatives' name) was sleeping during the day, but the staff took them to the doctors to review their medication, now its better." One recent local authority review stated that "The home is providing an excellent service for X."

People receive personalised care. People's care plans were person centred, thorough and contained information such as 'about me, things I enjoy, things that upset me and people who are important to me.'

Records we viewed and discussions with the registered manager demonstrated a full assessment of people's needs had been carried out before people had moved into the service. There was evidence in people's care plans that their needs were regularly assessed and reviewed and plans updated to reflect any changes.

For those people who needed support with their communication, people had plans in place which identified how people communicated and what it could mean. For example one plan stated, 'If I am sat at the dining room table it means I want a drink.' We saw staff respond to this communication on the day.

Plans also included information on supporting people how to make choices, such as 'what I like to wear, eat and drink.' One person's plan stated that they like to wear bright colours, bracelets and necklaces. We saw that this person had been supported to choose jewellery that they wanted to wear.

People had care plans in place specific to their health conditions such as autism and other mental health diagnosis. People had an autism specific assessments called 'autism and me', which detailed how autism affected the person and how to support them effectively, one plan stated 'sometimes I focus on tiny details; I can see things that make me uncomfortable.'

For those people that had behaviour that can challenge there were care plans in place detailing what the behaviours were, what the persons triggers were and what support they would need to keep the person or others safe should they display any behaviours. We observed staff supported people safely and responsively when one person displayed signs of agitation.

The care plans contained detailed information about the delivery of care that the staff would need to provide, such as pain management and skin integrity. Care planning and individual risk assessments were reviewed monthly or more frequently if required so they were up to date.

Relatives, health and social care professionals were involved in planning peoples care. There was a record of people's histories. People's preferences, such as food likes, and preferred names were clearly recorded. Care was given in accordance with these preferences.

The registered manager said people were encouraged to be independent. The deputy manager said "We like

to support people to develop self -help skills. We give people a sense of responsibility, no matter how small. For example one person can now push a trolley around a supermarket and pick some items of the shelf. They could not do that before they moved in here." Another person was unable to attend the hair dresser prior to them moving in, now they choose to attend the hairdresser every six weeks.

People's health passports were regularly updated. A health passport is a useful way of documenting essential information about an individual's communication and support needs should they need to go into hospital.

There was a keyworker system in place, which sought the person's views and supported them when planning activities, holidays and to access the community and updating their care plans.

Staff told us they reviewed peoples' support plans regularly. They said where they can they would involve the person in reviewing their care and ask for input from relatives.

People were supported to undertake social and leisure activities of their choice which reduced the risk of people being socially isolated. People attended a local day centre, meals and trips out, spa sessions, manicures, religious activities, household tasks and shopping. On the day of inspection two people attended a day service and the other person was involved in household tasks and had a manicure and later was supported to go out in the afternoon.

The registered manager showed us the complaints policy and explained how they would deal with a complaint if one arose. No complaints had been recorded; the registered manager confirmed that had been no complaints. Relatives told us that they openly discussed issues when needed with the management and told us that their concerns were dealt with effectively.

Good

Is the service well-led?

Our findings

Staff said they felt supported by the management of the service. Relatives told us that they felt the management were approachable and dealt effectively with issues when they were raised.

There was an open and positive culture which focused on people. We observed members of staff approach the registered manager during our inspection and observed an open and supportive culture with a relaxed atmosphere.

The management team interacted appropriately with people with kindness and care. It was clear that the management provided good quality care.

Staff told us they had been supported through their employment and were guided and enabled to fulfil their roles and responsibilities in a safe and effective manner. Staff were motivated and they each had an area of work that they were responsible for beyond their keyworker duties. For example one staff member was responsible for ensuring that all health and safety records were up to date. Another was responsible for ensuring that medication was ordered and stored safely.

There was good management and leadership of the home. Staff said that the vision of the home was to keep people safe and to provide good quality care "we treat people as if they are family." The management reiterated the values by saying "We give the three people living here the best of everything, a good life and a happy life."

The management had a good understanding of the requirements of CQC and ensured consistently that the appropriate and timely notifications had been submitted when required and that all care records were kept securely throughout the home.

Staff told us they had staff meetings regularly. We saw minutes of staff meetings, items on the agenda included CQC and inspections, people's needs and training. They said they were kept up to date in between meetings by the registered manager. One staff member said "We work together as a team; the manager and deputy are always around so we can talk with them and they can makes changes when needed."

There were robust systems in place to ensure that quality care was always provided. The registered manager carried out an audit process to ensure the quality of the service and drive improvements in best practice. These included checks of support plans, staff competencies, all aspects of the environment and fire safety.

To enhance and update their knowledge and service delivery, the registered manager researched and reviewed varied publications and websites that specialised in providing guidance and advice to improve health and social care. Guidance and advice were followed in practice when they were appropriate to people's needs. For example the use of autism specific care plans.

People, staff and relatives were encouraged to be involved in the running of the service. The registered

manager gained daily feedback from people about their choice and preferences. People had been involved in choosing the colour scheme of the communal areas of the home.

All staff had completed a staff survey one year ago. The registered manager told us that one was due to be sent out by the end of April 2016.
A relatives and professionals survey had been completed one year ago and the registered manager told us a new one was due to be sent out by the end of April. Compliments from relatives and professionals included one relative commented 'wonderful carers, extremely professional in the daily care of X'. One health professional complimented the home on their excellent communication, support and responsiveness to people living in the home.'

All the policies that we saw were appropriate for the type of service, reviewed annually, were up to date with legislation and fully accessible to staff. The staff knew where they could seek further guidance and how to put the procedures into practice when they provided care.