

Psycare Limited

Greenwood Cottage

Inspection report

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Tel: 01727874169

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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

The inspection took place on the 27 October 2017 and was undertaken by one inspector. Greenwood Cottage is registered to provide accommodation and personal care for up to six people who may have a learning disability or autistic spectrum disorder.

At the last inspection in October 2015 the service was rated good. At this inspection we found the service remained good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. However the registered manager had resigned from the service and a new registered manager had been appointed.

People told us they felt safe living in the service and we observed there were measures in place to keep people safe. Risks to people were appropriately assessed and managed. Staff were aware of how to identify and report any concerns they had about people's wellbeing. Staff had been recruited through a robust recruitment process and there were adequate staff on duty to meet people's needs in a timely way. People were supported to take their medicines by staff who were appropriately trained and had their competency checked.

Staff had received appropriate training, support and development to carry out their role effectively. We saw that staff had access to regular training relevant to their roles. Staff had individual supervision with their manager. This gave them an opportunity to discuss their development and any issues or concerns relevant to their work at Greenwood Cottage.

People received appropriate support to maintain healthy nutrition and hydration. People were encouraged and supported to eat and drink regularly. We observed people helping themselves to drinks and snacks as well as staff offering those who were unable to help themselves.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs) and MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were aware of the need to obtain people's consent and offer choices to people to enable them to keep control of their lives as much as they were able.

People told us and we observed that they were treated with kindness by staff who respected their privacy and upheld their dignity. Relatives confirmed how kind staff were and how their relatives had thrived and improved since coming to live at Greenwood Cottage.

People were given the opportunity to feed back on the service and their views were acted on. Staff supported people to be involved in how the service operated.

People received personalised care that met their individual needs. People were given appropriate support and encouragement to access meaningful activities and follow their individual interests.

People told us they knew how to complain and were confident they would be listened to if they wished to make a complaint.

The managers worked hard to create an open, transparent and inclusive atmosphere within the service. People, staff and relatives were involved in discussions around how the service was run.

There were robust quality assurance systems and processes in place and any shortfalls identified were promptly acted on to improve the service.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Greenwood Cottage

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 was carried out by one inspector on 27 October 2017 and was unannounced.

Prior to the inspection we reviewed the contents of notifications received by the service. An up to date Provider Information Return (PIR) had been sent to us in December 2016. 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 this inspection we spoke with three people who used the service, two relatives, two care staff the deputy manager and the two registered managers.

We reviewed two care records, two staff personnel files and other records relating to the overall management of the service. 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.

Is the service safe?

Our findings

People told us they felt safe living in the service. One person said, "I am so happy I live here I am so safe. I like going out with the staff, they keep me safe like helping me to cross the road or reminding me to keep myself safe when I go out." Another person told us, "I do feel safe here. I did not used to feel safe where I lived before but I do now." A relative told us, "I have nothing but praise; the staff are wonderful they have the peoples safety and wellbeing at the forefront of all they do. I never worry about safety at all."

People were supported by staff who demonstrated to us they understood how to keep people in their care safe. This included how to recognise and report any concerns both internally and externally if required.

Records demonstrated that risks to people were assessed and identified control measures were put in place to reduce and mitigate the risks where possible. We observed that staff were proactive in reducing the risks to people. For example, by walking alongside a partially sighted person to reduce the risk of them tripping over so they could mobilise safely.

The provider had safe and robust recruitment processes in place which helped ensure that staff who were employed at the service were of good character and suitable to work in this type of service.

People told us and we saw that there were enough staff to meet their needs. People who used the service could not tell us if they felt there were sufficient staff on duty. We observed that people were supported in a timely way. A relative told us, "There are always plenty of staff in the home and sometimes a couple of them are out with people as well." The staffing levels were kept under continuous review by the management to ensure there were enough staff to meet peoples changing needs.

People received their medicines regularly and in accordance with the prescriber's instruction. Medicine administration records were completed correctly. Staff competencies were checked and regular audits completed to ensure continued safe practice.

Is the service effective?

Our findings

People told us and we observed that they were supported by appropriately skilled and knowledgeable staff. One person said, "Oh yes they [Staff] know what they are doing." Another person commented, "[Staff] know what to do." A relative told us, "The staff seem really good. They're excellent with [family member] and seem to know how to get the best out of [person]."

Staff told us they had the training and support they needed to carry out their role effectively. Records demonstrated that staff received appropriate supervision and appraisal, and that they helped staff by encouraging and supporting good practice. Staff were offered the opportunity to discuss training, discuss career progression and set objectives for the coming year.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Discussions with staff and observations demonstrated they understood MCA and DoLS and how this applied to the people they supported. Staff encouraged people to make decisions independently based on their ability. Where people were unable to verbally communicate, we observed staff using other methods to enable them to make decisions. For example, we observed staff offering a person a choice of sandwiches so they could choose their preferred option.

People had a choice of food and were assisted to eat and drink sufficient amounts to maintain their health and wellbeing. We saw that people ate and drank at times that suited them. There were no set meal times. People had their breakfast when they got up and were ready to eat and drink and were seen to have regular snacks during the day. If staff had any concerns about people's food or hydration this was monitored through robust recording.

People's everyday health needs were met through access to a range of healthcare professionals. Staff and the managers had a good working relationship with external health professionals such as GP's and district nurses. Records demonstrated that they were proactive in obtaining and acting upon advice or support from health professionals when they had concerns about a person's wellbeing. People's medical and healthcare records were stored in a separate folder so that the records went with people when they attended hospital appointments for example.

Is the service caring?

Our findings

People told us and we observed that staff were kind and caring towards them. One person told us, "The staff make me feel secure; they are always kind to me. They talk nicely and let me choose what I like to do." A relative told us, "I don't think I can do justice to the improved quality of life for [named person]. He has blossomed and it is all down to the patience and commitment of the staff and management. They are wonderful. We feel so lucky."

Another family member said, "I feel that the staff are genuine here as well as consistent and it's like it's personal to them. They just take such an interest in every detail and keep us well informed about everything so it alleviates our worries." They went on to say, "The staff always makes time for me even when they're busy. I feel they care for me as well I am always offered tea and cake on arrival."

We saw staff interacting with people in a thoughtful and considerate way. For example, comforting people with reassuring touch or sitting with people and engaging them in conversation. Staff showed an interest in the people they supported and we observed that people were comforted by their presence, often following them round when they left the room.

People's relatives told us that they were involved in making decisions about their family members care. One relative told us, "We discuss everything at the regular reviews." Care records supported what people told us. Where people were unable to participate in the planning of their care, relatives and other professionals were involved in making best interest decisions appropriately on their behalf.

People told us that their privacy was respected by staff. We observed staff knocking on people's bedroom doors and respecting people's privacy.

People were encouraged by staff to remain as independent as possible. Care plans had clear instructions about what tasks people needed support with and what they could do for themselves. This reduced the risk of people being over supported and losing their independence and life skills.

People's personal information was stored securely so that it remained confidential.

Is the service responsive?

Our findings

People told us and we observed that staff knew them well. Staff were able to describe people's needs, and preferences, just by looking at their facial expressions and understood what people wanted. One relative told us, "The staff know [named person] better than we do now, honestly I cannot tell you the changes we have noted. Even when [named person] comes out with us that can't wait to get back the home. The entire staff ethos is about the people and the service is totally responsive to their needs." This was confirmed through our observations and speaking with staff about people's requirements.

People's care records contained detailed and personalised information about them, such as hobbies, interests, their preferences and life history. This information enabled staff to support people to engage in meaningful activities they enjoyed. It also helped staff to better understand and meet the needs of people who at times presented behaviours which may have challenged.

People were supported to engage in meaningful activity and to engage with things they enjoyed doing. During our visit we observed staff sitting chatting with one person. Two people were going out to get their hair cut whilst another person was watching the TV. People were all doing their own thing and there was no pressure for anyone to do anything they did not wish to do.

People and their relatives told us they felt able to feedback their views on the service and were encouraged to do so. One person told us, "My bedroom is blue because I like blue and I choose the colour." Another person showed us their bedroom was purple which was their favourite colour.

People were asked for their feedback about the service through the completion of an annual questionnaire. This was along with regular residents meetings where people's views were sought and acted upon. People said they felt listened to. One relative told us, "They involve the people in everything; this service revolves around the people for sure."

People also told us they knew how to raise a concern and would feel comfortable doing so. We saw that the service had received plenty of positive feedback and cards thanking them for the care and support they had provided.

Is the service well-led?

Our findings

The registered manager told us they had just resigned from the service and was leaving the following week. The new registered manager came to the service during our inspection to introduce themselves. They were currently managing one of the providers other locations and would be the registered manager for Greenwood Cottage also. They had already been inducted to the service and met the people who lived at the Greenwood Cottage.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager promoted a positive, transparent and inclusive culture within the service. They involved people in discussions about all aspects of the service and sought the feedback of people, their relatives, staff and external health professionals.

Staff told us they felt valued by the registered manager. They said that they were supported to share concerns with the managers and felt that their views were valued and helped improve the service. Staff had clear roles and responsibilities.

The registered manager carried out a range of quality monitoring audits to assess the quality of the service, and where required actions were put in place to improve the service. The registered manager had drafted an action plan following a recent monitoring contract visit. The service was rated as being very good with only minor improvements required. In addition the service had recently been awarded 5 stars which is the top rating by the food standards agency. An action plan was also in progress following a review of the homes fire risk assessment.

The registered manager notified us of all incidents appropriately to help us monitor the overall quality and safety of the service.