

East Sussex County Council

Greenwood

Inspection report

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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

About the service

Greenwood is a residential home providing short stay respite care for 15 young people and adults. People using the service had a learning disability and may also have a physical disability, sensory impairment or mental health issues. 140 people had used the service in the past year for short stays and respite care. The length of time people stayed was dependent on the needs of the individual and their relatives/carers.

Greenwood is a large detached, purpose built property set in a residential area. The service has two floors and is surrounded by an accessible garden. The service has large communal areas and 13 bedrooms are en suite the remaining two being left for people with acute sensory issues.

The service has been developed and designed in line with the principles and values that underpin Registering the Right support and other best practice guidance. This ensures that people that use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People's experience of using the service and what we found

Care and support provided was person-centred. People were supported by relatives/carers every time care plans and risk documents were reviewed and updated. Most people attended a local day centre but those who did not, used the Greendays service provided at the service. Greendays offered a comprehensive range of activities and outings, selected by people. Strong links had been established within the local community. A robust complaints policy was in place and accessible in a variety of formats for people to use. Complaints were few but were all addressed in a timely way with evidence seen of learning being carried forward.

The registered manager had worked at the service for 20 years and had taken up the managerial role in 2017. People, relatives/carers and professionals all spoke highly of the manager. Staff at the service were assigned lead roles and took responsibility for certain work, for example manual handling. Monthly reports were provided to the registered manager who would then audit all aspects of the service. The service placed value on feedback and every opportunity was taken to ask people, relatives, professionals and visitors to the service, their views. Feedback fed directly into the service improvement plan. The registered manager told us, "There is no service like this," and "Respite is wonderful."

People we spoke with told us they felt safe. This view was supported by relatives/carers and professionals. Staff took time to read and update care plans and risk assessments and they knew people well and responded to their care and support needs. Staff were able to describe to us what they felt would amount to a safeguarding issue and were able to tell us the correct course of action to take and who to report incidents to. Detailed risk assessments, tailored specifically to people's needs were in place and people, staff, relatives and professionals were involved in regular reviews. Staff were recruited safely and a staff to people matrix

ensured that there were always enough staff on duty to meet people's needs. The induction process was robust and had evolved over time to include feedback from staff. People brought their medication with them and it was safely stored and dispensed.

People were supported by staff during their time at Greenwood. They were supported to have control and choice about the things that they did throughout the day. Staff training was in place and was relevant to meet the needs of the people using the service. Training included safeguarding, mental capacity and epilepsy. Staff could request training if they felt it would help meet the needs of people. People's hydration and nutritional needs were met and support was provided where needed. People were supported with health and social care needs appointments if required although these were few due to the nature of the service.

People and relatives told us that staff were kind, caring and attentive to people's needs. People's privacy, dignity and independence were respected and promoted. Staff described respite care as a time when people were on holiday from their usual routines and they were supported safely to do things that they wanted to. The principles of the Equalities Act 2000 were upheld and people's differences were respected and celebrated.

For more details, see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

The last rating for this service was good. (Published 12 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Greenwood

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.

Service and service type

Greenwood is a 'care home.' People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement. Greenwood is a respite service. 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 safe care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because people are often out and we wanted to be sure there would be people at the service to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 four people who used the service. We spoke with ten members of staff including the

operations manager, the registered manager, three team leaders, four support workers and a member of administration staff. We spoke to one relative. 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 including three people's care plans and several medication records. We looked at staff files in relation to recruitment and supervision and a variety of records relating to the management of the service for example, policies, procedures and audit processes. We pathway tracked two people. This is where we check that the records for people match the support they receive from the service.

After the inspection

We continued to seek clarification from the deputy manager to validate the evidence found. We spoke with four relatives and three professionals, a nutritional nurse, a senior practitioner in the community learning disability team and a specialist councillor, who have regular contact with the service.

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 using the service were protected from the risk of harm and abuse and were able to tell us that they felt safe. A person said, "I feel safe when I'm here." Staff knew people well and understood individual care and support needs and risks were managed.
- We spoke to relatives about the safety at the service. A relative told us, "It's first class with safety. Staff are so attentive." A nutritional nurse said, "I've never had any concerns about safety. Our policy is to report anything that we are not happy about. I've never had to do that."
- We spoke to staff about safety and asked them to explain their understanding of safeguarding. Every member of staff we spoke to provided correct examples of incidents that would amount to safeguarding and were able to tell us what action they would take. A staff member said, "I would take immediate action and would report to my line manager." Another said, "I'd make sure everyone was safe. I'd record what has happened and report it to line managers or if appropriate, the local authority or CQC."
- Staff were aware that the service had a whistleblowing policy. Whistleblowing allows employees anonymity in notifying the authorities about things that are illegal or immoral.

Assessing risk, safety monitoring and management

- Support plans contained risk assessments and positive behaviour support plans relevant to people's individual needs. For example, some people using the service lived with epilepsy. We saw bespoke risk assessments which gave details of different types of seizures and how they presented for the person.
- Another risk assessment described a person's tendency to display behaviours that challenged in certain situations. The assessment described the known behaviours and the most likely triggers. Strategies were aimed at minimising the triggers and then speaking to the person calmly, explaining what was happening and using distraction techniques. Incidents had reduced.
- People susceptible to falls were provided with wrist sensors which alerted staff in the event of a fall. Bedrooms were fitted with call bells and staff carried communication devices so that information could be passed quickly.
- Support plans and risk assessments were reviewed regularly and reviews took place if people's support needs changed. People, relatives/carers, staff and if necessary, professionals were involved in the review process. A relative told us, "I meet the senior support worker at least once a year to review the care and risks. I can ask for a review whenever I want."
- A full fire safety check had been completed in January 2019. Daily checks had been made of fire exits and escape routes. The fire alarm system had been checked weekly and every six months a fire drill was practised. We were shown an evacuation plan and personal emergency evacuation plans (PEEPs) were in

place for everyone. PEEPs gave details of the support people would need in an emergency. Regular safety checks were carried out on electrical, gas and plumbing systems and fittings as well as vehicle maintenance. Any planned maintenance work is communicated to people and a risk assessment completed to ensure they are safe during their stay.

Staffing and recruitment

- Checks had been made on all prospective and current staff and all staff had been recruited safely. Checks included employment history including gaps, references and Disclosure and Barring Service (DBS). DBS checks ensured that potential staff had no police cautions or convictions that might prevent the service from employing them.
- As part of the recruitment process potential staff members met with people using the service. People could provide their own feedback about staff which contributed towards the selection process. A values based approach was used for recruitment.
- At the time of the inspection the service was in the process of recruiting additional staff. Enough staff were employed on every shift across three teams, to meet people's needs. A one to three staff to person ratio was always maintained and a risk assessment had been completed to ensure this was safe. The daily shift plan contained detail of people's needs and was used by staff as a checklist and to record additional needs. Staff levels were checked each day to make sure people had the support they needed. There was some dependence on agency staff but this was minimal and a regular agency was used with staff who had become familiar to people and had received a similar induction package.

Using medicines safely

- People's medication requirements were discussed with the person, their relative/carer and confirmed with their GP prior to their stay. People attended the service for respite care and arrived with any medication needed. Medicines were stored, dispensed and disposed of safely. Systems were in place for regular auditing of medicines. Medicine administration records (MAR), were supervised by a senior support worker daily and audited by the registered manager monthly. MAR charts had been correctly completed.
- Within the folder containing the MAR charts were documents providing details of how medicines should be taken, risks including possible side effects and protocols for giving 'as required' (PRN) medicines. The latter included for example, medicine taken for occasional pain relief. Similarly, there was a separate protocol for people who received medication through a percutaneous endoscopic gastronomy, (PEG), tube. PEG tubes are used to provide medicines and food directly into the stomach for people that are unable to take them orally.
- Some people who used the service received their medication covertly. This involves giving people medication in a disguised format without their knowledge. Clear decision making was seen and documentation showing that those concerned lacked capacity to consent to taking medication but that it was in their best interests to receive them. These decisions had been made after consulting their GP, relatives and other professionals.
- Staff were aware of the 'STOMP' campaign. This reviews the unnecessary use of medicines for people with a learning disability, autism or both. All staff had been trained to give medicines safely.

Preventing and controlling infection

- All staff had received training in food hygiene and infection control and were aware of how to prevent the spread of infection. The service was clean, tidy and well presented throughout. No obvious hazards were seen as we looked around the service. Personal protection equipment (PPE), for example gloves and aprons, were available for use throughout the service.
- A routine of flushing toilets and running taps in rooms that were not used every day was in place to help prevent legionella disease. Certificates confirmed the regular testing of water supplies at the service.

Learning lessons when things go wrong

- Records of accidents and incidents were accurately recorded. People, relatives/carers and professionals were involved in discussing issues and taking learning forward. Accident and incident reports showed that each had been investigated and outcomes and learning recorded. Incident details and learning was shared with other services that people used
- When an accident occurred an easy to read poster would be created explaining what had happened and how a recurrence might be avoided. This was created in a fun, imaginative way to attract people's attention.

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 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

- The registered manager received referrals from the local authority care management team. The registered manager liaised with other services for example the nurses and transition teams and a visit would be arranged for the person, their relatives and carers. The team leaders conducted a home visit and assessed all the care and support needs and wrote a support plan.
- Before staying overnight at the service people would usually visit. Two weeks before they were due to arrive the registered manager contacted the parents/carers and ask for an update about the person in case their needs had changed. People were involved in these updates and were asked about their thoughts about coming to the service. Extra support was provided if people were anxious, for example one person wrote a 'Greenwood promise' with staff. This bespoke agreement led to a decrease in the person's anxiety.
- Following each stay at the service an information pack was completed which went home with the person and gave a written account of everything they had done and achieved during their stay. A relative told us, "We get a nice report after (our loved ones) stay there, it's a first-class service."
- Current legislation and guidance informed the way people were cared for at the service. For example, best practice taken from recent CQC reports.

Staff support: induction, training, skills and experience

- Staff told us about a comprehensive induction process they had completed. A staff member said, "It was a lengthy induction. It involved some online training, support from seniors and opportunities to shadow on different shifts." The induction process was reviewed annually and was tailored to help support people's needs. Staff continued to be supported after their induction with monthly supervision meetings and annual appraisals and support of a 'buddy' who was a more experienced staff member.
- The registered manager conducted unannounced supervision or 'spot' checks to ensure safe practice which included observations of staff. The registered manager had introduced a 'CQC workbook', which helped new staff understand the fundamental standards of care.
- The registered manager had produced a 'dignity do's' series of bullet points that were staff comments relating to what was important to them. This now formed part of staff induction. These points helped to ensure that staff had a good understanding of dignity and how it was relevant to individuals.
- The staff training matrix clearly showed all training that had been completed and that which was due in the coming months. Staff told us that training was well managed and comprehensive. Staff had completed competency based training relevant to people's needs for example, PEG, epilepsy and diabetes training. Staff had also completed safeguarding, Mental Capacity Act, moving and handling and health and safety

training.

- Staff were participating in a pilot for insulin administration. Staff had attended a course at a local hospital and had then been assessed as competent in administering insulin. Previously, people taking insulin had to return to the service at a certain time to fit in with the district nurse. Now that staff could administer insulin, people could stay out longer and were not tied to returning at a particular time. The registered manager sourced training from parents and carers who were recognised as experts in providing support to their loved ones. For example, a carer had provided focussed workshops in supporting their loved ones complex health and communication needs, this had promoted good communication with the carer and greater confidence in supporting the person's needs.

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

- People's nutritional and hydration needs were met. The service provided a four-week rotational menu that changed seasonally. People contributed to the menu and were able to suggest meals that they would like. Choice was offered each mealtime, but the registered manager told us that they would make anything for people if they did not like what was offered. People could eat their meals when and where they wished.
- In the kitchen there was a 'guest folder'. Every person currently staying at the service had their own record which included likes and dislikes, allergies and details of any support that people needed. This information was replicated within people's care plans along with nutritional risk assessments which were reviewed monthly.
- Some people using the service used PEG feeding, which is a tube into the stomach. Staff were trained in how to manage PEG feeds and bespoke risk assessments were in place that had been drawn up with people and their relatives/carers with professional input if required.
- Some people required fluid and food charts, these were monitored by staff and if needed, experts for example, nutritionists and GP's were called in for advice. The service used the malnutrition universal screening tool (MUST). MUST is a simple calculator to establish nutritional risks to people.

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

- Support plans contained details of people's care and support needs including medical support and specialist interventions. Annual reviews were carried out with the community learning disability team (CLDT), staff, relatives/carers and the person. Reviews could be called at any time if people's care and support needs changed.
- People stayed at the service for respite for a few days and therefore it was unusual that people needed support with hospital visits or other professional visits as these usually were carried out at other times. However, support plans contained details of people's specific needs in the event of requiring a visit to hospital. For example, detailed plans around PEG management were seen and contingencies for people living with epilepsy and how to support them. 'Social stories' with pictures had been used to reduce people's worry about appointments.
- The registered manager and the staff team had established positive working relationships with professionals that visited and supported the service. A senior practitioner in the community learning disability team told us, "The communication is really good. They let us know about incidents and help to minimise risks." A nutritional nurse said, "They are very professional. Whenever they get a new client they always invite us along to update training so we all know what to do and how to help provide the best care." Staff worked alongside staff from other services to help introduce people to new services for example, the day centre.
- A training package in oral health care had just been delivered. Staff had a good understanding of the importance of oral health and were able to support people with their needs. Care plans had specific detail of people's oral health needs.

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

- The service is set in a modern building with large communal areas and bedrooms. Only two bedrooms were not en suite and were used for people with heightened sensory needs who required minimal fixtures within their rooms. The service had a garden that almost surrounded the building and was used by people when the weather allowed.
- Bedrooms contained a welcome pack for people when they arrived at the service. The packs contained information about the service and had a 'do not disturb' sign that people could place on their bedroom door when they wanted privacy and a postcard if people wanted to write to loved ones during their visit. Packs were available in different languages if needed.
- Several bedrooms contained hoists that were tracked to run from the bed through to the bathrooms. All equipment was modern and the service was clean and tidy throughout.
- The seniors staff office had been deliberately located in the centre of the building surrounded by communal areas. This was done to support people and make them feel comfortable knowing that staff were always close if they needed them.

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.

- Staff had received training in the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) and understood the application of both. People can only be deprived of their liberty or otherwise have restrictions placed on them with the appropriate legal authority.
- Some people that stayed at the service had been assessed as not having capacity to make certain decisions. Assessments had been carried out and were decision specific. DoLS were in place for people and correct processes had been followed. Staff made sure people were supported and used advocacy when needed. Best interest meetings had taken place and had been documented. The service provided workshops to ensure all staff were aware of the correct way of dealing with best interest meetings.
- A restrictive intervention policy was in place and covered interventions such as bedrails, wheelchair lap belts and sensor alarms. The registered manager told us that they actively worked towards reducing interventions and reducing one to one support in a safe and controlled way. They said, "One to one support can be a barrier to socialising." Reduction in one to one support had been achieved safely and had been fully risk assessed. No incidents had occurred since the reduction in support.
- Staff understood the importance of consent. A staff member told us, "A lot of people have capacity. I always offer choice to people. If someone refuses something important I'll maybe get another carer to help." Relatives/carers were involved in decision making and were consulted often. A relative told us, "I expect to have meetings as they are dealing with very complex needs. I attend meetings at least once a year but can call for a meeting whenever I want to."

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 remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff showed respect for people and were consistently caring in their approach. A person told us, "The staff do their job well. They are very friendly. I love it." A folder containing staff profiles was available for people to read. Each staff member had a page which had their photograph and facts and likes and dislikes that people could look through. The registered manager told us this was a regular conversation starter. Staff photographs were also displayed of those on duty each shift.
- We were invited to join a focus meeting between people at the service, facilitated by a member of staff who was the equality and diversity lead. Everyone was included in the conversation and asked their views on certain topics. They discussed what they thought new members of staff should be like and people were encouraged to give their views. The meeting was friendly, light-hearted and involved everyone laughing and enjoying each other's company.
- Staff treated people fairly and provided people with an opportunity to express themselves how they wished. Staff understood equality and diversity and people's differences and protected characteristics under the Equalities Act 2000. People were encouraged to celebrate different cultures and were supported to practice their faiths if they wanted to.
- Another staff member told us that a person had particular needs relating to socialising with others. A meeting was held and concluded, with the relative's consent, that staff should manage any communication/socialising issues within a group setting. This was achieved and the person was able to integrate and socialise with others without incident.

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

- People, relatives/carers, staff and professionals were involved in care planning and reviews of plans and risk assessments. A relative said, "I'm always involved in decision making at reviews." A professional told us, "They always contact us with updates or concerns. We attend meetings and input to risk assessments."
- The registered manager constantly sought feedback from people and used pictorial faces with smiles or sad faces to encourage people to record how they felt about issues. This information was often used to inform care planning for people and provided an opportunity for people to indicate how things made them feel.
- Staff respected confidentiality and meetings that discussed people were held privately and documents containing personal information were kept in a locked cabinet.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected by staff. Maintaining people's dignity was of paramount importance to staff. A centrepiece within a communal room of the service was a 'digni-tree'. Everyone who used the service wrote a personal statement on a 'leaf' and this was then stuck onto a wall and over time had created a tree containing many leaves. The statements related to what people understood by dignity and what was important to them. Examples included statements about one to one support, being able to administer their own medication and the importance of having opinions listened to.
- The digni-tree had a sensory element to it in that the bark was made from corrugated cardboard and the leaves were only partly attached to create the impression of blowing in the wind. People that could not see the tree could feel what it was like.
- A staff member told us, "It's the small things that are important. Telling people who are visually impaired where they are and just greeting people with a smile." A staff member told us how they had supported a person who had experienced a recent, close bereavement. They had noticed they were upset and took them to a quiet area, away from other people and stayed with them to comfort them.
- People were encouraged to lead active lives and some people when staying at the service went out during the day to a local day centre. The others remained at the service where they could be involved in other activities if they wished. People were able to manage their independence with choices around daily activities.
- People were encouraged to be as independent as they safely could be and this was recorded in people's care plans. Plans highlighted what people could achieve for example, during personal care whether they could help dress themselves or brush their teeth and whether they required help with medication.

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 remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Some people went out during the day to a local day centre. Some people remained at the service if they chose not to go or if it was not their allocated day. To offer opportunities for people who remained at the service during the day the home had developed 'Greendays.' Greendays had been developed following learning from the previous CQC inspection.
- Greendays was mainly run by two staff members and three rooms had been allocated, a kitchen, an activities/lounge area and a store room. Activities were tailored to meet people's needs and wishes. Everyone had a Greendays activity profile which provided details of what people liked to do, what they dreamed of doing and what they had achieved. For example, playing football and going horse-riding. In support of this people had a Greendays passport which documented what had been achieved each day and included photographs to meet individual communication needs.
- In the activities lounge a seasonal board was displayed where completed activities were shared with everyone. Gardening, photography and cookery activities were highlighted during the inspection visit. The staff produced a newsletter called the Greenwood Observer. This highlighted positive stories and achievements and was displayed around the service and sent to parents/carers. A person told us, "Greendays is brilliant, we go out for coffee, to garden centres. I like spending time with everyone here."
- A person had previously required two to one staff support. staff worked with the person to desensitise to their environment and their peers. They were now supported one to one and they were able to join other people both inside the building and within the community.
- People were given options. If people wanted quiet time they were given privacy. During a meeting we observed one person drawing a picture whilst others engaged in a meeting. There were a range of other activities such as arts, crafts, games and puzzles available to people throughout the service as well as a 'sensory guru' which was an interactive assisted technology experience. Within one person's care plan we saw recorded that no activities were off limits.

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

- Care plans were person-centred. People's care and support needs, specific risk assessments and personal goals were clearly presented and regularly updated at review meetings. Care plans had a section 'about me'. Sub-sections contained personal information for example, 'what others admire about me,' 'how to support me,' and 'hopes and dreams for the future.' This provided a clear picture of people and the journey they had taken making them who they were now.

- Staff knew people well and understood their needs. A key worker system operated at the service which enabled staff to get to know particular people very well. A staff member said, "I make sure their needs are met. Because there are gaps in between seeing people, we can see differences in people perhaps quicker than if we saw them every day."
- People were able to stay at the service for up to 49 days each year for respite. The length of time people stayed depended on their needs and the needs of relatives/carers. Families were generally able to plan ahead to book respite. The registered manager told us that over time some people had got to know each other well and friendship groups had formed. This was considered when allocating people time at the service and was supported by parents/carers. A relative told us, "(My loved one) has certain people and certain staff that they get on with so well. They are always in a good mood when they are there."

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's communication needs varied. Some were able to communicate verbally and were able to read, some preferred to communicate using pictures and Makaton. Makaton is a language program that uses signs and symbols rather than just the spoken word to help people communicate. Electronic tablet devices were used by some people to help them communicate. Relatives/carers were consulted about all aspects of communication. Staff were aware of people's specific needs for example, a person who was registered blind became anxious if anyone touched them before speaking.
- The welcome pack for people in each bedroom contained a document with some key information that was written and displayed as symbols. For example, 'would you like help to unpack?' The welcome pack contained photographs of staff members. During meetings held with people they were sometimes asked to vote, using photographs, where they would like to go and what they would like to eat. Meeting minutes displayed the photographs of people's choices.
- The service had access to a closed Face Book profile. This was used by most of the people who used the service to share photographs when they were out or otherwise engaged in an activity. Consent was obtained from people and their families and the feedback was positive as it was a means for many people to safely access social media and enjoy sharing photographic stories about each other.
- Most people were able to communicate with staff if they felt unwell or were in pain. Staff told us that they knew people well and were able to identify when they presented differently and that this might indicate they were feeling unwell. A staff member told us, "Some people communicate using their eyes. Looking down means yes and looking to the side means no. I can use this to find out if some people are feeling unwell."

Improving care quality in response to complaints or concerns

- A complaints policy was in place and was accessible to everyone. Displayed in communal areas around the service and forming part of the welcome pack for every person, was a document which explained what might amount to a complaint, how to report it and reassuring people that staff were there to listen and support them. Smiley and sad faces were used for people to indicate their satisfaction. A person told us, "I've never had to complain. I can talk to managers about anything if I want to."
- We spoke to relatives who told us that they had not had to complain but that when they raised minor issues they were always addressed immediately. A relative told us, "Things are always worked through very well. I can call the manager anytime to discuss things and meet if I need to." A senior practitioner with the CLDT said, "We've never had to raise an issue but it's clear that they take on board what relatives are saying to them."
- No recent complaints had been received and minor concerns had been fully investigated with outcomes

recorded in a log. Complaints were audited annually to identify any trends.

- For minor issues, a concerns log was maintained and recorded issues raised for example, misplaced clothing, teething issues during first visit and a safety issue about shaving. All had been addressed and a copy of the concern and the outcome was placed on people's support plans. Workshops and training had been arranged for staff following lessons learned from complaints.

End of life care and support

- People of different ages used the service throughout the year. The majority were young adults and no one was in receipt of end of life care. The registered manager told us that the subject was discussed at assessment and some people had specific requirements based on their faith and this was recorded in care plans. One member of staff had received end of life care training. People had been supported through bereavement.
- The registered manager told us that people occasionally arrived at the home with a 'do not attempt cardiopulmonary resuscitation' (DNACPR) form. This meant an advance decision had been taken that in the event of heart failure the person did not wish to be resuscitated. In these cases, the registered manager sought advice from the person's GP and this was documented within the care plans.

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 remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff felt supported and listened to by the registered manager who provided a visible presence at the service. A staff member told us, "She is really good at what she does. You are actually supported. She will say, 'Do we need to change it,' and 'What can we do to make things better?'" Another staff member said, "She's excellent, really supportive. I can go straight to her with any problem." Another, who had 20 years' experience of working in care, said, "It's the best management team I've ever worked for."
- A staff member told us, "She (registered manager) is SCIP trained. We are supported in everything that we do." Strategies for Crisis Intervention (SCIP) is person-centred training that supports staff to manage conflicts and crisis situations in the workplace. The training is underpinned by the principles of positive behaviour support. The registered manager had two team leaders who took responsibility for the service in their absence and ensured the service continued to run effectively.
- Greendays was established in 2017 and has twice been recognised with countywide awards from local bodies. Nominations for the awards were made by other services and some internal nominations. Greendays helped people achieve their goals and aspirations for example, being able to cook for others or being able to use the local parks and open spaces. Relatives told us about the positive outcomes Greendays had enabled. A relative said, "(My loved one) achieved so much, they never used to go out and now they love to socialise."
- The registered manager and all the staff that we met had a positive attitude towards people. Walking through the service one senior support worker was greeted with smiles and 'hi-fives' from everyone. People got along well together and the atmosphere in the service was happy and friendly. During the late afternoon meeting, a person came into the room having got back late from the day centre. Everyone in the room cheered and he was welcomed back to the home.

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 registered manager understood their responsibilities under the duty of candour. They had developed a 'candour letter' which was sent to relatives/carers following accidents and incidents and concerns and in confirmation of initial telephone calls to people when addressing issues raised.
- Registered managers are legally required to inform CQC about significant events that happen within their

service. We saw evidence that the registered manager had complied with this requirement and CQC and other health and social care professional bodies for example, the local authority, had been informed and updated about incidents.

- Registered managers are further legally required to display their CQC ratings in a communal part of their service and on their website. Both requirements had been met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked for feedback in a format that was accessible to everyone. People completed feedback forms after every stay at the service and each time they completed a day at Greendays. The registered manager carried out 'voting by experience' exercises. For example, to see what fruit people liked people were encouraged to put a red token in the box for strawberries or green for melon. A similar exercise was carried out involving crisp flavours and the information helped inform staff about what people liked.
- Regular meetings were held with people where they were asked for example, what would they like to improve in the service. As a result of one exercise the registered manager purchased a karaoke machine for the service. People enjoyed using this and it was used regularly. Within a communal part of the service we were shown various notice boards that had feedback attached. For example, there was a celebrating success board and a communication board.
- Staff were similarly encouraged to provide feedback about the service. The registered manager had consulted staff and people to develop a document called, 'our values, our promise.' This had become the mission statement of the service and was displayed and promoted throughout the service. A yearly anonymous survey was completed by staff and the registered manager responded to issues raised. Relatives/carers and professionals were all provided with opportunities to feedback about the service. People's comments were captured daily, shared and responded to. We were shown a compliments log containing several compliments that had been received in varying formats for example, e-mails, letters, cards and records of conversations.
- People's equality characteristics had been considered and explored. The equalities and diversity lead for the service had attended a series of seminars for national inclusion week and had brought back their learning from this to the service. They had run a series of meetings with people both individually and in small groups and discussed issues such as people's differences and how people were treated.

Continuous learning and improving care

- A business continuity plan had been compiled over time and was added to when learning was acknowledged. The plan contained details of what to do and who to call in a variety of different scenarios for example in the event of a safeguarding, an unexpected death, a fire or other domestic emergency. There were robust quality assurance processes in place. The registered manager maintained an overview of all aspects of the service including accidents, incidents, training and medicines. Medicine auditing included monthly oversight of PRN use to manage behaviours to guard against overuse. The outcome of this analysis informed the quality assurance process and ensured improvements were made where necessary.
- The service had an internal compliance officer who visited the service regularly to audit and review practice. Reports and actions were discussed with the registered manager to enable the service to achieve, maintain and improve standards. The registered manager told us about initiatives they had run that had now been shared with other services as best practice. For example, smiley faces as a means of recording feedback from people, health and safety posters, dignity do's and their induction process.
- The registered manager attended forums for managers and other meetings and events designed to share best practice and provide support for other managers. They regularly viewed the latest information on the local authority and CQC websites. The registered manager had oversight of the support being provided, they worked alongside staff and met regularly with staff as a group and on a one to one basis. The registered

manager had undertaken annual training in crisis avoidance strategies and worked alongside county council training colleagues to deliver training. The registered manager was the positive behaviour support lead for East Sussex County Council services.

- A staff member said, "You'll never hear anyone say, 'that will do.' We are always looking to do things better." The registered manager was working on several new plans including developing a vegetable garden and producing a short video, involving people, about the service.

Working in partnership with others

- The service had been established for over 20 years and had developed a positive working relationship with local GP's, the local community learning disability team and various specialists for example, chiropodists, dentists and hairdressers. A counsellor told us, "I've worked with them for many years, they are always willing to work together to achieve the best results for people."