

## Making Space

# Greengate House

### 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: Greengate House is a two storey purpose built care home. The home accommodates up to 13 people with mental health needs. It is close to local amenities and public transport links.

People's experience of using this service:

People received safe and effective care from staff that were kind, caring and compassionate. People's needs had been fully assessed prior to them living at the home. Care plans were detailed, reflected people's individual needs and were regularly reviewed to ensure the most up-to-date information and guidance was available for staff. Staff had a good understanding of the people they supported and had developed positive relationships with them.

Safe recruitment practices were in place and people were supported by staff that had undertaken a thorough induction and training relevant to their roles. Sufficient staff were employed to meet the needs of the people living at the home. Staff were supported through regular supervision and team meetings.

Risks to people had been clearly identified and guidance was in place to ensure that staff could minimise these risks. People were protected from the risk of harm and abuse. Staff felt confident to raise any concerns about abuse and had all undertaken safeguarding training.

Medication was managed safely by trained and competent staff. Staff had access to a selection of medication policies and best practice guidance. Medication administration records (MARs) were fully completed and audits regularly undertaken. An infection control policy and procedure was in place to minimise the risk of infection being spread. Staff had all undergone training and had access to personal protective equipment (PPE).

People's privacy and dignity was respected and their independence was promoted. People spoke positively about the staff that supported them and the management team. People told us their views were regularly sought regarding their care, meals and activities.

People participated in activities of their choice and were encouraged and supported to maintain contact with friends and relatives.

The registered provider complied with the principles of the Mental Capacity Act (MCA) 2005. Staff understood and respected people's right to make their own decisions where possible, and encouraged people to make decisions about the care they received. Mental capacity assessments and best interest decisions were completed in line with the MCA.

Rating at last inspection: Good (Report published September 2016).

Why we inspected: This was a planned inspection based on the rating of the last inspection.

Follow up: We will continue to monitor all intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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.

# Greengate House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one adult social care inspector.

#### Service and service type:

Greengate House is a two storey purpose built care home. The home accommodates up to 13 people with mental health needs. It is close to local amenities and public transport links. There were 13 people living at the home at the time of our inspection.

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

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Our planning considered all the information we held about the service. This information included notifications the provider had sent us, to notify us about incidents such as safeguarding concerns, complaints and accidents. A notification is information about important events which the service is required to send us by law. We also contacted the commissions of the service to gain their views.

The provider had 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 any improvements they plan to make. This information formed part of our inspection planning document.

During the inspection, we spoke with five people who were supported by the service and one person's relative. We spoke with the registered manager and three members of staff. We looked at three care plan files and a selection of medication administration records (MARs). We looked at other records that related to the monitoring of the service, four staff recruitment records, training records, staff meeting minutes, resident meeting minutes and accident and incident records.

After the inspection the provider sent us some additional information that included up-to-date policies and procedures and additional evidence for consideration as part of the inspection.

# Is the service safe?

## Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy and procedure in place that staff were familiar with.
- Staff had all undertaken safeguarding training, completed regular refresher updates and were familiar with the safeguarding procedures in place at the home. Staff felt confident to raise any concerns and their comments included; "I have sufficient knowledge to know what abuse is" and "I would not hesitate to raise any concerns I had and believe the management team would act promptly and professionally."
- People told us they felt safe living at Greengate House. Their comments included; "I feel safe and secure living here" and "There are always staff available if I need them during the day or night."

Assessing risk, safety monitoring and management

- Regular safety checks were carried out on the environment, fire safety procedures and on all equipment used. Each person had an up-to-date personal emergency evacuation plan (PEEP).
- Risks to the health and safety of people and the staff that supported them had been assessed and mitigated.
- Risk assessments were regularly reviewed and included up-to-date information for staff to follow.
- There were clear business continuity plans in place to ensure continued care for the people living at the home in the event of an emergency.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out on all staff before they were offered a job.
- People were supported by regular staff that knew them well. Staff had developed positive relationships and had a good understanding of people's individual needs and how to keep them safe.
- Appropriate numbers of suitably qualified and trained staff were on duty to meet people's individual needs.

Using medicines safely

- Staff had access to policies and procedures as well as good practice guidance to support them when administering medicines.
- The procedures for the management of medication were safe. Staff received medication training and had their competency checked regularly.
- Medication administration records (MARs) were in place and had been fully completed. Regular medication audits were undertaken to ensure people had received their medicines safely. Any areas for development and improvement were identified and actioned.
- People's individual medication files were detailed and held clear guidance for staff to follow and included PRN 'as required' medicines protocols.

#### Preventing and controlling infection

- Effective systems were in place to safely manage and control the prevention of infection.
- All staff had received infection control training to ensure they maintained a clean environment for people to live in.
- Personal protective equipment (PPE) was available to staff at all times.

#### Learning lessons when things go wrong

- There were systems in place for the recording and monitoring of accidents and incidents. The records were reviewed and action taken to minimise future occurrences.
- Following any medication discrepancies, a full investigation was undertaken and any lessons learnt identified.



# 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

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

- Systems were in place to assess and regularly review people's needs and wishes in line with legislation and best practice.
- People, their relatives and health care professionals had been involved in the assessment and planning of people's care before they moved into the home.
- Care plans reflected people's personal choices and preferences and included clear guidance for staff to follow.

Staff support: induction, training, skills and experience

- All staff had completed a full induction at the start of their employment and had undertaken training to meet the requirements of their role and people's needs.
- Staff had the right knowledge, skills and experience to fully meet people's needs.
- Staff received an appropriate level of support for their role.
- People spoke positively about the staff and their comments included; "There are enough staff and they seem to know what they're doing" and "Staff seem to understand me and that's important."

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

- People were supported to eat and drink in line with their personal preferences and dietary needs.
- People spoke positively about the food and their comments included; "The food is very good and we get a choice", "The food is good" and "I follow a special diet, I choose and buy what foods I need and the kitchen staff prepare it for me."
- Staff were familiar with people's individual dietary requirements. Clear guidance for staff was included within people's care plan files and risk assessments.

Staff working with other agencies to provide consistent, effective, timely care

- People told us that staff supported them to attend healthcare appointments if required. Clear records were held of all healthcare visits undertaken to ensure staff had the most up-to-date information to support people.
- Staff worked closely with external agencies that included local commissioners of the service.

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

- The layout of the building supported people's freedom of movement around the home.
- People told us they were consulted and included when areas of the home were redecorated.

Supporting people to live healthier lives, access healthcare services and support

- Each person had a patient passport that included essential information to be shared with other healthcare professionals about the way that person liked to be supported.
- People had access to local advocacy services if required to ensure their views were represented.
- Relatives told us that staff always informed them promptly if there were any concerns that related to a person's health or well-being.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received MCA training. Staff understood that they could not deprive a person of their liberty unless it was legally authorised. Staff told us of the importance of seeking a person's consent whenever they were supporting a person.
- At the time of the inspection no person living at the home had any restrictions placed on their liberty.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness, respect and compassion by staff. Their comments included; "Staff are really friendly", "[Staff name] always puts a smile on my face", "All the staff are great, kind and caring" and "I'm happy with all the staff, they do a terrific job."
- Staff had undertaken training in equality and diversity and were able to describe the importance of treating people as equals.
- People told us that staff had a good understanding of their needs, wishes and preferences, as well as likes and dislikes.

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

- Resident meetings took place monthly. These provided people with an opportunity to express their views.
- Staff understood how people communicated and used appropriate methods when communicating with them.
- People told us they were involved in making decisions about their care and support. Reviews of the care people received were undertaken regularly.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect.
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).
- People's independence was respected and promoted. People's comments included; "I can come and go in the community as I want. I just need to make sure I have my phone with me so I can contact staff or they can contact me" and "I can make my own drinks or snacks as and when I want them."
- People told us they were consistently offered choice and had control over their day-to-day lives. Their comments included "I choose when I get up and when I go to bed each day", "We choose in the residents meetings what we would like to have on the menu" and "I've got my room just how I like it. I chose how it was decorated, as well as my furnishings."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were detailed and held sufficient information and guidance for staff to be able to meet people's preferred needs.
- Each person had a one-page profile that described their likes and dislikes, things of importance and how they wanted to be supported.
- People were supported by regular staff who understood their likes, dislikes and daily routines.
- The Accessible Information Standards (AIS) were being met. The standards were introduced by the government in 2016; ensuring that people with a disability or sensory loss were provided with information in a way they could understand. Information was provided in appropriate formats as required.
- People had access to a range of activities within the service and in the local community. Activities included arts and crafts, bingo, quiz nights, cake baking, day trips, parties to celebrate birthdays and events and visits from a local theatre company. People's comments included; "I enjoy going to a women's group each week", "I like to go out shopping or for a meal" and "I enjoy knitting, word searches and playing bingo. There is always a big selection of prizes for the bingo."
- People were supported to go on holiday and one relative told us, "[Relative's name] was supported by his key worker to go on his first holiday abroad in 2018. It was such a success he is going again this year. [Relative's name] loved it."

Improving care quality in response to complaints or concerns

- The registered provider had a complaint policy and procedure in place. People told us they knew how to raise a concern and felt confident to do so with a member of the management team.
- Complaints were investigated and responded to in line with the complaints policy.
- People were encouraged to share their views about the care they received through regular contact with the management team and through residents meetings.

End of life care and support

- At the time of our inspection, nobody was being supported with end of life care.
- Where people had expressed specific wishes and preferences these were recorded within their care plans.
- Staff understood the importance of providing end-of-life care that was tailored around each person's individual wishes and preferences. Staff described how they would support people at the end of their life to have a comfortable, pain free and dignified death.

# 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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The staff and management team were committed to delivering care and support that was developed to meet people's individual needs and improve their overall quality of life.
- People, relatives and staff spoke positively about the management team. Their comments included; "I can talk in confidence to the manager, I trust her", "The manager and all the staff are extremely understanding and very helpful", "The management team are supportive and approachable" and "The manager goes out of their way to help everyone."
- The staff and management team had developed positive relationships with the people they supported.
- The registered manager showed a commitment to providing person centred, high-quality care by engaging with everyone living at the home, their relatives, staff and other stakeholders.
- The manager and staff team worked closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals and commissioners so that people received the care and support they required to meet their individual needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff team understood their responsibilities for ensuring that risks were quickly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through the ongoing review and monitoring of the service.
- The registered manager knew their responsibilities in lines with regulatory requirements. They knew to notify CQC of incidents and events that occurred at the service.
- Quality assurance systems and processes were in place; people received safe, effective and high-quality care from staff that were familiar with their needs.
- Policies and procedures to promote safe, effective care to people were available at the service. These documents were regularly updated to ensure that staff had access to best practice guidelines and up-to-date information for their role.

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

- Staff were engaged and involved in the running of the home through regular team meetings.
- There were clear processes in place to obtain the views and opinions of people, relatives and staff about the service. This information was used for future service development.

- Staff told us they felt fully supported by the management team. They said they could talk to the managers about both work related and personal matters.

#### Continuous learning and improving care

- The registered manager and staff had all received training for their roles and undertook regular refresher updates to ensure their practice remained up-to-date and safe.
- There were systems in place for learning from concerns and complaints raised by people and their relatives.
- People's care records and medicine administration records were reviewed and updated on a regular basis. Action had been taken to address any issues identified.
- Regular audits were undertaken across all areas of the home. Areas for development and improvement were identified and actions taken to address these promptly.

#### Working in partnership with others

- The registered manager and staff worked closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals and commissioners so that people received person centred care and support to meet their individual needs.