Green Lanes Projects Limited

Green Lanes Projects

Inspection report

Tel: 020 8829 0996
40 Myddleton Road
Wood Green
N22 8NR

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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

Overall summary

Green Lanes Projects is a six bed care home for people with learning disabilities. On the day of our visit there were 6 people living in the home. We inspected Green Lanes Projects on 15 December 2014. This was an unannounced inspection.

People told us they were very happy with the care and support they received.

People who needed assistance with meal preparation were well supported and encouraged to make choices about what they ate and drank. The care staff we spoke with demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff told us they enjoyed working in the home and spoke positively about the culture and management of the service. Staff told us that they were encouraged to openly discuss any issues. Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided.

Summary of findings

The registered manager had been in place since October 2012. 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.

The registered manager provided good leadership and people using the service; their relatives and visiting professionals told us the manager promoted high standards of care.

The service was safe and there were appropriate safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were cared for and staff listened to them and knew their needs well. Staff had the training and support they needed. Relatives of people living at the home and other professionals were happy with the service. There was evidence that staff and managers at the home had been involved in reviewing and monitoring the quality of the service to make sure it improved.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely

The service was meeting the requirements of the Deprivation of Liberty Safeguards

(DoLS).Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and associated Codes of Practice.

People had participated in a range of different social activities individually and as a group and were supported to access the local community. Activities included going out to the theatre and cinema and attending church. They also participated in shopping for the home and their own needs and some people had attended college courses and work placements

Summary of findings

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. People were protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom respected.

The premises were safe and equipment was appropriately maintained.

Sufficient numbers of suitably qualified staff were employed to keep people safe and meet their needs. People's medicines were managed so they received them safely.

Is the service effective?

Good

The service was effective. People's care needs were assessed and staff understood and provided the care and support they needed.

People's care plans were detailed and covered all of their health and personal care needs. People's nutritional needs were assessed and recorded. Records were maintained to show they were protected from risks associated with nutrition and hydration.

We found the service met the requirements of the Mental Capacity Act ((2005), including Deprivation of Liberty Safeguards. Relevant applications had been submitted and proper policies and procedures were in place.

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Is the service caring?

Good

The service was caring. People and their relatives were consulted and felt involved in the care planning and decision making process. People's preferences for the way in which they preferred to be supported by staff were clearly recorded. We saw staff were caring and spoke to people using the service in a respectful and dignified manner.

We observed staff treating people with dignity and respect. People were supported to maintain their independence as appropriate.

Is the service responsive?

Good

The service was responsive. People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

Care was planned and delivered to meet people's individual needs. People were involved in making decisions about their care wherever possible. If people could not contribute to their care plan, staff worked with their relatives and other professionals to assess the care they needed.

There was a range of suitable, appropriate activities available

Is the service well-led?

Good

The service was well- led. People living at the home, their relatives and staff were supported to contribute their views.

Summary of findings

There was an open and positive culture which reflected the opinions of people living at the home. There was good leadership and the staff were given the support they needed to care for people.

There were good systems for monitoring the quality of the service and for promoting continuous improvement. This ensured people received a high quality of care and support.

Green Lanes Projects

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.

We inspected Green Lanes Projects on 15 December 2014. This was an unannounced inspection. The inspection team consisted of two inspectors.

Before we visited the home we checked the information that we held about the service and the service provider. Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts. We also spoke with two visiting professionals from the Local Authority, and the local borough safeguarding team.

We spoke with three people who use the service and one relative. We also spoke with three support staff, the deputy manager, the registered manager and two visiting professionals (an Occupational Therapist and a Community Psychiatric Nurse).

During our inspection we observed how staff supported and interacted with people who use the service. We also looked at a range of records, including three people's care records, staff duty rosters, three staff files, a range of audits, the complaints log, minutes for various meetings, resident surveys, staff survey and training records, the Business Continuity Plan, the accidents and incidents book and policies and procedures for the service.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. One person said "It is all right here. It is nice and the people are nice." A relative told us "I know [my relative] is in safe hands." We also spoke with two healthcare professionals who were visiting the service on the day of the inspection. They both told us they had no concerns about the safety of the service. One of them told us "This place is safe."

There were appropriate safeguarding and whistleblowing policies in place. Safeguarding incidents had been reported to the local authority and the Care Quality Commission (CQC). We reviewed the notes kept by the service in relation to these incidents. We saw the service had responded correctly by carrying out an investigation, attending relevant meetings, and implementing an action plan to prevent recurrence. However, we noted one instance where the service had needed to call the police to investigate, but had failed to notify the CQC. We discussed this with the registered manager and were satisfied they understood this requirement.

We spoke with four members of staff, comprising two support workers, the deputy manager and the registered manager. They had a good understanding of safeguarding procedures. The support workers gave some examples of what they did to protect people from potential abuse or neglect. For example, one member of staff told us they were aware of the potential for psychological abuse. They were careful to observe the people using the service for any changes in temperament which might indicate they had become unhappy.

We asked staff how they supported people with behaviours which challenged. They described strategies for managing people's behaviour safely which included encouraging other people to move away and the use of distraction techniques. Physical restraint was not used at this service.

We saw the service kept a record of any such incidents using an Antecedents, Behaviour, and Consequences (ABC) monitoring tool with a view to understanding the triggers and most successful coping strategies. However, there had been no formal analysis of these forms in order to collate a full picture of each individual's environmental or psychological triggers ('antecedents') which could then be used to implement a prevention strategy.

We discussed behavioural antecedents and consequences with the registered manager. They had a good understanding of each person's temperament and had sought additional advice from other health or social care professionals in order to implement prevention strategies. For example, they had recently received advice from an occupational therapist about how best to support somebody with their diet and to move away from a food-based reward system.

The service took responsibility for managing finances in cases where the people using the service lacked some capacity to understand financial management. In these circumstances, an appropriate financial management risk assessment had been carried out to identify what people could and could not manage on their own. This protected people from financial abuse.

There was a safe in the office which held people's bank cards and petty cash tins. Staff recorded all cash transactions in line with the service's finances policy. We observed people coming to ask staff for their money at various times during the inspection. Staff followed the procedures accurately. Each person's care plan contained a list of people's personal belongings.

Care plans we reviewed contained a variety of risk assessments aimed at keeping people safe. For example, the service had carried out risk assessments in relation to medicines administration, financial management, physical neglect and safety when going out. The risk assessments were detailed and personalised. The content varied depending on the needs of the individuals.

The assessments provided information about what people could and could not do on their own as well as their capacity to understand the issues and risks. Strategies were put in place to minimise the risk. For example, if someone was at risk of becoming disorientated when they went out then the assessment noted that the person needed a member of staff to accompany them. The risk assessments were reviewed every six months, or as necessary, to keep them up to date with the most relevant information.

The service had appropriate arrangements in place for managing emergencies. There was an up to date business continuity plan which contained information about what to do in the event of unexpected events such as flood or fire.

Staff told us they would call for an ambulance if people experienced a medical emergency, such as a fall. Some of

Good

Is the service safe?

the people using the service had been diagnosed with epilepsy. Their care plans described what staff should do in the event of a seizure. The staff we spoke with were aware of people's epilepsy diagnosis and how it was being managed..

There were five full time members of staff and two, regularly used, members of bank staff.

We asked the deputy manager how the rota was planned. They told us there were three members of staff on duty during the day covering different shifts (e.g. 8am-8pm, 9.30-5.30pm, 3.30-7pm) during the day. The registered manager also usually worked a 10.00am-6.00pm shift. This meant there were usually three people on duty during the day (ratio 1:2), but this was determined by the level of support needed by the people using the service. Some people needed one to one support, whilst others were largely independent. This meant that on some days there were fewer members of staff. For example, one person with a high level of need always spent three days at home over the weekend and on Monday. This meant only two members of staff were needed on a Monday morning. There was always one member of staff who stayed at the service overnight. Staff were not required to stay awake.

We reviewed the staff rota for the four week period from mid-November to mid-December. We saw that the rota reflected what the deputy manager had told us. There were two, named, bank members of staff on the rota who could be called upon to cover shifts at short notice. The deputy manager and registered manager were also available to provide cover.

We observed there were sufficient numbers of staff on duty on the day of the inspection. There was also an electronic time and attendance clock using staff fingerprints in the office. This recorded the time staff arrived and the time they left. We saw the manager printed out the attendance sheets to check staff were coming at the correct time.

We asked two visiting healthcare professionals if they felt there were generally sufficient numbers of staff on duty to provide care safely when they visited the service. They both commented positively about staffing levels and told us they had not observed staff looking rushed or overstretched.

We examined two of the staff recruitment files And found that all necessary pre-employment checks had been completed.

Safe practices for administering and storing medications were followed; Staff had all completed a medicines administration training course sometime between July and September 2014. We also saw the registered manager had carried out an assessment of staff members' medicines administration competency using a structured interview form in August and September 2014. They found all of the staff were competent to administer medicines.

We reviewed the Medicines Administration Records (MAR) for three out of the six people using the service. We saw these had all been correctly completed and initialled by a member of staff. Each person had a separate file for recording their medicine administration and these contained photographic ID and a list of any known allergies.

Stock audits were regularly carried out. Each day two members of staff carried out a tablet count to check the correct amount had been dispensed. The data was entered on to a computer system containing an algorithm which alerted the registered manager to any discrepancies. We viewed the records from recent counts and they were all correct.

There was a pharmacy delivery on the day of the inspection. We observed two members of staff counted the tablets in the pack and logged this against what they expected to receive.

Medicines were stored safely in a locked cabinet in the office. The key was kept in a key safe. The key to the key safe was kept by the shift leader on duty and given to the next shift leader during a handover session. Each person's medicines were clearly labelled inside the cabinet and kept in separate boxes or folders. A record of the cabinet temperature was kept each day. We saw this had been regularly completed and temperatures were within the correct range. There were no medicines being stored in a refrigerator.

Good

Is the service effective?

Our findings

There were effective recruitment and training practices in place to ensure people received care from staff with the correct skills and experience. Staff were adequately supported and supervised to ensure they delivered care to an appropriate standard.

The registered manager told us staff had to engage in some mandatory training each year, and the content of what was required varied depending on issues that arose at the service. Staff were asked to regularly refresh their training in medicines administration, health and safety, safeguarding, moving and handling, equality and diversity, first aid and fire safety.

We reviewed the staff training file. This showed all staff had recently completed training in fire safety, medicines administration, and equality and diversity. Some staff had also recently completed a safeguarding course in September 2014. There was evidence of staff engaging in other courses, for example, some staff had attended training in relation to food hygiene.

One of the health care professionals who visited the service on the day of the inspection told us the registered manager had asked them to arrange specific training in relation to understanding autism. The health professional was pleased with the progress staff had made following the training.

Staff also completed an induction with a checklist of the tasks completed and policies discussed. The registered manager also told us staff were asked to shadow shifts at different times of the day before they started working on their own.

Staff told us they received formal supervision every six months and an annual appraisal. They told us they had good access to the registered manager and could discuss any concerns when they needed to. The staff files held records of the supervision and appraisal sessions. The needs of the people using the service were discussed at these sessions. Members of staff were also given the opportunity to discuss their ongoing personal development goals and training needs. For example, one member of staff told us the service was supporting them to complete an NVQ level 5 qualification in leadership and management in health and social care.

We asked the registered manager about their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). She told us some of the people using the service lacked some decision-making abilities and needed continuous supervision when going out to keep them safe. She told us staff had recently received some training in this area. We saw some of the staff had records confirming they had recently completed this training.

The registered manager had requested a formal mental capacity and DoLS assessment from the local authority (Haringey) in relation to some of the people using the service. We saw some email correspondence confirming this was the case. However, the local authority had yet to take any action in relation to this.

The registered manager told us they worked with other health care professionals to work in people's best interests when they lacked the capacity to make an informed decision about their care or treatment. We saw evidence in two files of decisions made with support workers and dentists (using standard consent form 4) for people to have some dental treatment. The service and dentist assessed this was in that person's best interests, when they were unable to make this judgement for themselves.

We asked members of staff how they knew what level and type of decision-making abilities each person using the service had. They told us they assumed people had the capacity to make decisions for themselves unless they observed the person experiencing some difficulty, or the details of their care plan gave advice about what people could not manage on their own. They told us they promoted people's independence and rights to make choices about their own lives and the care they received. For example, one of the support workers told us they always offered people choices about when to get up, what they wanted to wear or the food they wanted to eat. They were careful to knock on people's doors before they went in, and always checked people were ready to receive some help when they needed it.

Staff were clear that if people refused the offer of care or support then they respected their wishes. They would try to encourage people to receive the care in line with their plan, and would often offer again later in the day, or see if a different member of staff was preferable. However, if

people refused care then they were never forced to receive it. If people consistently refused care or medicines and were at risk of becoming ill or neglected then they would call a review with the social worker or GP.

We asked the people using the service if they were happy with the food and were involved in the menu planning. One person said "The food is ok. I know what is coming on the menu." A relative of someone using the service told us "[My relative] loves his food and all the food is ok here."

People using the service ate an evening meal together. The menu was planned by the people using the service for six weeks at a time during a house meeting. We saw a copy of the six-week menu in the kitchen. Staff told us this arrangement was flexible and people could request alternative meals if they wanted to. We noted the menu plan was not being followed on the day of the inspection. This was because the people using the service had made an alternative suggestion.

People ate their breakfast and lunch at different times of the day. We observed a member of staff was always available to support people in preparing food and drink. Some people using the service could prepare food with little support, whereas others needed staff to prepare food for them. The care plans contained notes about what people could and could not do on their own as well as foods that they liked and disliked.

The care plans showed that people were regularly weighed to check they were maintaining a healthy weight. There were some occasions where the service identified that they needed to keep a food and fluid chart for someone using the service. For example, we saw one chart being kept for someone following a period of acute illness.

Some people had also been identified as needing extra support to maintain a healthy diet and weight. We saw one example where the service was supporting somebody to cut down on the consumption of high sugar products, such as fizzy drinks, to support their dental plan. In another case a meeting had been called with an occupational therapist, community nurse, staff at the service, the person using the service and their relatives to discuss the implementation of a consistent approach to healthy eating. The staff at the service were all aware of this requirement and were working with this person to improve their diet.

There was one person using the service who did not eat some foods due to the practice of their religion. Staff understood this requirement and described the alternative foods they prepared for this person.

People using the service were supported to maintain good access to health and social care services. On the day of the inspection a community nurse and an occupational therapist visited the service to carry out a multi-disciplinary review meeting with someone using the service and their relatives.

The care plans contained detailed notes about people's health, a record of all their health appointments and the outcome of these appointments. For example, we saw evidence that some people using the service had recently had appointments with their dentists.

Each person using the service had a named GP, and the care plans contained contact details for other key professionals including social workers, nurses and occupational therapists.

The staff at the service were responsive to changes in people's health. For example, in one record we noted the service had supported someone to make a GP appointment with a view to getting a referral to an incontinence clinic following deterioration in their physical health.

Staff were available to accompany people to their healthcare appointments. People were generally accompanied by either their key worker or the registered manager. The care plans also contained notes which indicated a discussion had taken place between people using the service and staff about the need to share relevant health information with other professionals.

We spoke with two health care professionals who were visiting the service on the day of the inspection. They both told us the service was good at sharing relevant information with them. The staff followed any advice they gave. One person said "The staff go above their duties of care. even when they are not funded to do something, they just do it anyway." Another person said "Staff are quick to act on advice and there is good communication between the team."

Good

Is the service caring?

Our findings

All the people we spoke with told us they were happy with the approach of staff. There was some very positive feedback such as “Staff are very kind and help me when I need it.” Relatives’ feedback was also positive. For example, one person commented, “staff are very patient; they always go the extra mile.”

Professionals we spoke with told us that interactions with staff were very positive. For example one person said “People here are very well cared for, it is definitely one of the better homes.”.

People’s preferences were recorded in their care plans. The staff had discussed people’s likes and dislikes with relatives so they could make sure they provided care which met individual needs. One relative told us birthdays were always celebrated with a party and people were able to take part in social activities which they liked and chose. .

People were given information in a way which they understood. Staff used photographs, symbols and objects of reference to support communication. They had been given training in this area and we saw they followed guidelines which had been developed by a speech and language therapist.

Staff cared for people in a way which respected their privacy and dignity. Each person had their own en-suite bathroom. We observed the staff demonstrated a good understanding of the importance of privacy and attended to personal care needs discreetly and appropriately.

We observed staff interacting with people using the service throughout the day. At all times staff were polite and caring. Staff were able to tell us about people’s different moods and feelings, and reacted swiftly when they identified that people needed extra support. For example, we observed one person using the service may have become upset because the inspection process was impacting on their usual routine. Staff suggested an activity for this person to do with a member of staff to ensure they felt valued and relaxed.

Most people using the service were able to make daily decisions about their own care and we saw that people chose how to spend their time. People told us they were able to choose what time to get up and how to spend their day. One person told us, “They always listen to what we say, they ask us what we want to do and I like to go shopping.” A relative told us, ‘’he has very complex needs and staff are fantastic with him.” Another relative told us that they had organised regular work experience placements for her family member.

Good

Is the service responsive?

Our findings

People told us they were happy with the home and the way in which they were being cared for. Care records showed that people had been consulted each day about the care they received, the social activities they took part in and the food they ate. We saw that their levels of satisfaction had been recorded and the staff had used these records to review and improve personalised care for each person. People's relatives told us they were consulted and involved in planning care.

People had participated in a range of different social activities individually and as a group and were supported to access the local community. Activities included going out to the theatre and cinema and attending church. They also participated in shopping for the home and their own needs and some people had attended college courses and work placements. The manager told us "We really care about our clients; we find different activities and try them out."

All of the care records we looked at showed that people's needs were assessed before they had moved in. These had been regularly reviewed and updated to demonstrate any changes to people's care. Staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. People told us the staff had discussed the care and support they wanted and knew this had been recorded in their care records. Care records contained detailed information about how to provide support, what the person liked, disliked and their preferences in pictorial format where required. People and their families and friends completed a life story with information about what was important to them. Staff we spoke with told us this information helped them to understand the person. One member of staff said, "It's very important to know about people's lives and what is important to them, it means we can provide a person centred service."

Care plans and risk assessments had been regularly reviewed. There was detailed information about each person's needs and how staff should meet these. There was also detailed information about the care each person had received each day and night.

Each person had an assigned keyworker who was responsible for reviewing their needs and care records. Staff told us they kept people's relatives, or people important in their lives, updated through regular telephone calls or when they visited the service and they were formally invited to care reviews and meetings with other professionals. On the day of out inspection we saw that a review meeting was taking place which included the person using the service, their relatives and professionals.

During our inspection we viewed the rooms of two people with their permission, and saw that the rooms were well maintained, clean and personalised. One person told us "My room is really lovely and I can put anything in here."

There was a clear complaints procedure and everyone we spoke with told us they knew what to do if they were unhappy about anything. They said they felt listened to and the relatives told us concerns were addressed quickly and appropriately. There had been no complaints since our last inspection. The manager had also made staff aware of compliments from other stakeholders so they were aware when things had been done well.

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Good

Is the service well-led?

Our findings

People and their relatives who used the service praised the manager and said they were approachable and visible. We spoke with two healthcare professionals about people who use the service and the home. They gave positive feedback about the service. For example, one healthcare professional told us the home is dealing with people with complex needs and the staff manage them extremely well, and they follow guidance given to them. Another healthcare professional said the manager and staff are good, they manage people's needs well "they were keen to consistently progress". There was no particular concern of quality of care and governance.

The registered manager had been in post since October 2012. She told us, "We really care about our clients here, they are like family." Observations and feedback from staff, relatives and professionals showed us that she had an open leadership style and that the home had a positive and open culture. Staff spoke positively about the culture and management of the service. One staff member told us, "We are encouraged to openly discuss any issues." Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. Staff told us that they were supported to apply for promotion and were given additional training or job shadowing opportunities when required. Staff comments included, "The manager is very professional and supportive" and "They helped me to get a qualification."

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular 'house' meetings were held. One person told us "we have house meetings and everybody has a chat." Annual surveys were undertaken of people living in the home and their relatives.' Regular visits were made by an external quality assurer and we saw that quality assurance assessments were carried out on a monthly basis. Actions arising from these had been carried out, for example it was suggested that the complaints form should be part of the service user handbook and the introduction of an electronic clocking in system for staff.

The manager told us that she would be organising a team away day before the end of the year with the aim of boosting staff morale and improving service quality.

The registered manager also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meetings and from our observations it was clear that she was familiar with all of the people in the home. A relative told us, "The manager and staff are very approachable."

We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. This included monthly audits of medicines, staff records, care plans, health and safety and infection control.