

Epilepsy Society

Greene 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

Greene House is a residential care home providing accommodation and personal and nursing care to younger and older adults. The service provides specialist care to people with epilepsy and support for people who may also have a learning disability, autism, mental health condition or dementia.

Greene House is situated within a larger campus style setting owned and operated by the Epilepsy Society. Inside the campus, there are other registered care homes, communal facilities such as a recreation hall and coffee shop, community based healthcare professionals and the provider's head office.

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 who 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 receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 14 people. Eleven people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs (apart from the house name), intercom, cameras or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were protected from abuse, neglect and discrimination. Most people's risk assessments were thorough and up-to-date and contained relevant information to ensure risks were mitigated as far as possible. Risks related to the premises were assessed and managed. There were enough staff deployed, albeit an ongoing vacancy pattern for care workers. The building was clean and tidy. Risks related to chemicals were not mitigated and needed action to reduce risks to people and others. However, the registered manager acted to negate the risks following the inspection and provided evidence.

People's likes, preferences and dislikes were considered and used in their everyday care. Staff had a good knowledge of people's needs. People received enough food and drinks to prevent malnutrition and dehydration. People's care was joined up with local and community-based health and social care professionals. The service was compliant with the provisions set out by the Mental Capacity Act 2005. There was a recent redecoration of the property, with some changes to the building layout. Staff had the necessary knowledge, skills and experience to support people.

The staff were kind and compassionate. People were satisfied with the support they received and told us they liked living at Greene House. People's rights were respected, and their dignity and privacy maintained. Where possible, people's independence was promoted. People were involved in their care planning and reviews.

Support plans were person-centred, detailed and contemporaneous. The daily notes were satisfactory. Most of the daily progress notes was task-based and not person-centred; the registered manager accepted this feedback. We made a recommendation about signage within the building to meet the minimum requirements set out in the NHS Accessible Information Standard. There was a satisfactory complaints mechanism in place. There was good planning and care for people's end of life care.

The provider had a clear and credible charter of people's rights, which were respected at Greene House. There was a positive workplace environment. Audits and other quality assurance processes were used to gauge, monitor and report on the quality and safety of care. Appropriate actions were taken when issues were identified. The registered manager and deputy manager are knowledgeable, skilled and experienced and were able to lead the service well. There is good linked up working with the organisation and local community. The service showed transparency and accountability in reporting matters when things went wrong.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

Rating at last inspection

The last rating for this service was Good (published 16 March 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Greene 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. 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 completed by one inspector.

Service and service type

Greene House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced. The second day of the inspection was announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 five people who used the service about their experience of the care provided. We spoke with nine members of staff including the nominated individual, registered manager, deputy manager, activities

coordinator, senior care worker and four other care workers. No relatives visited during the inspection. We contacted nine relatives and received four replies. Their feedback has been considered as part of our inspection.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at premises and quality assurance records. We received written feedback from community based health and social care professionals.

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 were protected from abuse, neglect and discrimination. Their human rights were upheld.
- Staff were trained in protecting vulnerable people at risk of abuse or harm. They were required to repeat the training at regular intervals to ensure their knowledge was up to date.
- Safeguarding adults at risk was a standing agenda topic and discussed at both people's and staff meetings.
- There was signage for people and staff about how to recognise and report abuse or alleged abuse. This included a 'speak up' programme (whistle-blowing procedures).
- A person told us, "I feel safe. I like the staff. They look after me [in a good] way."
- A relative wrote, "We have found all the staff we have met or talked to by phone to date to have been calm, efficient, caring, supportive, approachable and positive. Nothing has been too much trouble for them." Another relative stated, "Everything is good and [I] have no concerns."

Assessing risk, safety monitoring and management

- The service used risk assessments and action plans to ensure people's, staff's and others' safety.
- There were appropriate risk assessments in place regarding the premises and equipment.
- Safety checks were completed by contractors for fire safety, Legionella and moving and handling equipment. Actions and recommendations to reduce risks were listed in the reports. An action plan was completed for fire safety and the provider was working through the list of actions.
- Pre-admission assessments were completed before people were accepted for admission. Brief details were recorded about previous medical history, life history, eating and drinking and personal hygiene.
- Other aspects of people's life assessed included behaviour and emotions and specific medical needs. Risk assessments were completed about people's everyday care needs; these included the risk of dehydration and malnutrition, falling, epilepsy and seizures and going into the community.

Staffing and recruitment

- Sufficient staff were deployed to meet people's needs. Recruitment checks were undertaken to ensure that people were employed who could provide safe support to people.
- Although the service was using agency staff to fill shifts, a recruitment drive was in place to fill existing vacancies. At the time of the inspection, two care workers were completing their induction.
- Staffing levels were based on people's dependency levels. Additional staffing hours were provided to enable people to have an active social life and be involved in the community.
- Personnel files showed that the provider checked staff's criminal history, proof of conduct in prior roles and existing qualifications.

Using medicines safely

- People received their medicines safely and in the right way.
- Staff were appropriately trained in medicines administration. Staff were required to have competency checks of their ability to administer medicines safely. The deputy manager was responsible and took oversight for the service's overall medicines safety.
- People could manage their own medicines ('self-administer'). There were suitable plans in place for staff to oversee this and support them if needed. This increased people's ability to improve their independence.
- Medicines records were properly completed. They included people's pictures and allergies, to reduce the risk of any errors with medicines.
- All medicines incidents were recorded and reviewed, to prevent any recurrence of issues. If needed, staff were given additional training in medicines management.

Preventing and controlling infection

- People were supported in the right way to prevent infections. Staff received training in infection prevention and control.
- Staff were also knowledgeable about the risks presented by people who could neglect themselves or declined support for assistance with maintaining cleanliness. They encouraged people to stay clean and to keep their environment tidy.
- Staff had access to personal protective equipment, such as disposable gloves and aprons.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported to ensure that actual harm to people was appropriately documented and reviewed. There was transparency in reporting matters to external agencies.
- There was evidence that the management team investigated incidents and accidents thoroughly and liaised with community stakeholders during investigations.
- The service analysed themes and trends in the accident and incident reports. This ensured they could put measures in place to reduce the likelihood of repeat events.

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 has 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

- People's physical, mental and social needs were holistically assessed, and their care, treatment and support were delivered in line with legislation, standards and evidence-based guidance. This supported people to achieve effective health outcomes.
- People's needs, likes and preferences were assessed and documented appropriately. This ensured care was tailored to their individual needs.
- To reduce the risk of falls for some people, the service ensured that people had falls mats on the floor. Bed rails were also used to prevent some people from falling out of their beds. These included bumpers on the bedrails to ensure that no injuries resulted. Regular checks of the rails and bumpers were completed to ensure they were working effectively.
- People's preferences regarding culture and faith were not always recorded in care documentation but were recognised. This included respecting people's requests for participating in various religious festivals and cultural celebrations. The service was able to meet people's needs from culturally and linguistically diverse groups.
- A physiotherapist stated, "There always seems to be a good mix of experienced full time staff who know the residents well and are sensitive to their individual needs. Members of staff have approached me with concerns regarding risk and how best to manage it...this assures me that staff are constantly risk assessing and are aware of potential risk."

Staff support; induction, training, skills and experience

- Staff had the right knowledge, skills and experience to provide effective care to people.
- Staff completed a mandatory corporate induction and set of standards specific to the location, people's needs and in line with the wider organisation.
- Staff undertook regular supervision sessions with the management team or their line manager. They also completed performance appraisals to set and review objectives for their own development.
- Some staff had completed additional qualifications in health and social care. At the time of the inspection, staff including the managers were also enrolled in and studying content related to their roles.
- The service had linked up with community organisations to engage staff in specialist training that helped support people at the service, for example artificial feeding and end of life education. This ensured staff received training which helped them support people in the right way.
- Epilepsy training was provided by specialist trainers within the organisation. This ensured staff had good knowledge, skills and experience in managing people with both stable and complex epilepsy and many types of seizures.

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

- We observed people received enough food and drinks to prevent malnutrition and dehydration. There were risk assessments and actions in place for eating and drinking.
- Some people had their own fridges to store personal items in, so that they could access food and drinks when they wanted to.
- During lunch and throughout the day, people were offered food and drink choices. There were choices for meals and special meals could be prepared at people's requests.
- Some people could use the kitchen independently to obtain drinks and snacks. We noted fresh fruit was available, which encouraged healthy eating.
- People were provided with assistance from staff to eat and drink, when required. This ensured that they received enough food and drink to maintain a healthy lifestyle.
- The cook had won an award for their meal preparation celebrating Asian foods and drinks.

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

- The service worked in partnership with other health and social care professionals to ensure people remained healthy.
- Other professionals involved in people's welfare included the GP, district nurses, speech and language therapists, dietitians, podiatrist and mental health services and specialist teams for people with learning disabilities and epilepsy.
- The service ensured that staff received appropriate education and information to maintain the care recommended by the community professionals.
- People's oral care and hygiene was monitored and maintained, and they had access to routine and emergency dental care.

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

- The service worked with a variety of health and social care professionals to ensure people were healthy.
- For sensory impairments, such as hearing and sight, an optician and audiologist were accessed in the community.
- Social workers visited to check the welfare of people and the support they received. They wrote notes to provide staff with guidance about providing the right support. They also checked people's welfare and the quality of care they received.
- Some people were referred to consultant care, to receive support and advice regarding their medical condition or behaviour. The service supported people to appointments and with understanding the results of tests and consultations.

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

- The service was appropriately decorated and furnished for people who lived there. There were both private and communal spaces for people.
- Each person had their own bedroom which they could decorate as they liked. This included furniture, ornaments and sentimental items that they liked.
- The inside of the service was repainted in December 2019. A wall was removed between the dining room and a small lounge room, to provide a more open plan space for people and increase socialisation.
- Some new furniture had been purchased for the open plan area. The registered manager explained further consultation with people would include how to best use the space.
- A relative stated, "Overall we've found Greene House to be a consistently happy, caring and homely environment."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All staff were trained in the MCA so that they understood the underlying principles for ensuring consent. Consent was obtained verbally and in writing (as needed). Mental capacity assessments were completed to assess some people's ability to provide valid consent.
- Where a person could not provide consent for a decision themselves, then best-interest decision making occurred to find the least restrictive option.
- The service recorded when people had court-appointed deputies for their finances. They also kept information on file for anyone who had a lasting power of attorney.
- The service liaised with parents (and others) where a person could not always communicate their decisions or choices. Parents and appropriate others took part in the decision-making, which demonstrated an inclusive culture at the service.
- DoLS applications were made to local authorities when required. Authorisations were received, and all associated documentation was on file. One person had a condition, and the service tried to meet the provisions of this as far as possible.

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

- People, staff and healthcare professionals told us that the service was caring. They said the care was good, friendly and they liked living at Greene House.
- One relative had written, "We would like to thank you and all your staff for making [the person's] last few months so comforting and special. It was a lot to ask...but you all coped magnificently. You also made us very welcome."
- Another relative stated, "I have only positive feedback regarding the staff at Greene House. They are always extremely helpful, pleasant and supportive to myself as a relative, keeping me informed at all times about situations that I need to know about. If I call they will try to help me as much as they can and are always putting the safety and wellbeing of the residents first."
- One person stated, "I like living here...I like it a lot." Another person commented, "Yes, I really like the staff here. They are kind to me."
- A speech and language therapist wrote, "I've found the staff there to be exemplary of a caring team. They know their residents well and have supported them...[when] several new people came to live with them."
- The management team explained that the service was enabled to provide care to people from culturally and linguistically diverse backgrounds. Procedures and systems in place meant that the service ensured people's equality and diversity. A new staff member had started who was proficient in several languages.
- We observed conversations and interactions between staff and people. They were relaxed and casual, staff spoke appropriately with people and listened to what they had to say. When needed, staff provided reassurance and answers to any questions that people had.

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

- People, relatives and others were involved in the support planning and reviews. There was evidence of people's involvement in care planning and review.
- On the day of the inspection, a meeting between a person and a social worker took place with their key worker. The meeting took place to discuss the person's care, finances and review any risks to ensure they received good care.
- Draft support plans were provided to people and they could review and request any changes. Reviews of support plans took place initially after one month, then continued every six months or more frequently if things changed. Where there were any changes in a person's condition, then the care plan was updated.
- Each person had a key worker (a nominated member of staff who took overall responsibility for the person's care package). The key workers worked with each person to ensure their care package was tailored around their preferences, likes and dislikes.

- Care was organised so that people's preferred times for support were facilitated. Some people liked to stay in bed, have a shower or bath at a particular time and the service supported and respected these decisions.

Respecting and promoting people's privacy, dignity and independence

- The staff were mindful of dignity and respected people's privacy and promoted their independence. We observed how staff ensured this.
- Staff knocked on people's bedroom doors before entering and closed the door during personal care support.
- Staff were considerate of people's appearance and what was important to them. We noted people were well-groomed. Their hair, clothing and shoes were clean, tidy and appropriate for the time of day and ambient weather.
- People's independence was promoted and maintained. Staff knew what people could do for themselves and provided guidance. They were encouraged to complete their care with minimal assistance to ensure that they were performing as much of their daily living as possible.
- People were routinely encouraged to celebrate important life events such as birthdays and anniversaries and were supported to maintain their role in life. Family members were warmly welcomed and encouraged to visit and there were no restrictions.
- People could come and go from the building as they wished. The door was unlocked during daylight hours and locked afterwards for security. Appropriate risk assessments were in place which addressed people going into the community independently.

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.

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

- Care was person centred. Both documentation and observed support provided to people confirmed this. One local authority stated, "There were [people's] care plans in areas [considered] as excellent.
- Each person had a "me at a glance" document which explained the person's personality, likes and dislikes and how the person preferred their care. One person's stated, "I am a lover of all the food".
- There were a large range of support plans, individually tailored to a person's health and social needs. Support plans included, amongst others, eating and drinking. For example, one stated, "The person will over eat chocolate or biscuits. Staff should try to encourage [the person] to eat fruits as an alternative." This showed very specific information about the person's needs and what staff could do to provide the right care.
- A person with high cholesterol had specific information in their support plan and medicines chart to explain to staff how to effectively manage the care.
- Epilepsy care plans contained very detailed information, showing when people had to have blood tests, which consultant they saw and how often, what to do in an emergency and medicines they used to prevent or control seizures.

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 and any associated impairments were assessed and recorded. Records showed this was consistently completed.
- Staff were able to state people's communication abilities and ways that they communicated with them effectively. This meant staff were knowledgeable about the right way to communicate with people in a meaningful way.
- Staff were able to communicate with people both verbally and non-verbally. Even when people did not respond, staff continued to engage them to ensure they received important information about their daily life and activities.
- We noted an absence of easy read signage, symbols and pictures related to the building. We provided feedback to the registered manager about this who stated and wrote they would organise a meeting with people to discuss placing appropriate signage in the premises. The registered manager stated they wanted to ensure people were consulted before any signs were placed in the premises.
- We explained to the deputy manager that the care documentation could contain more easy read information, symbols and pictures for people. The deputy manager was receptive of our feedback and

stated that as care documents were reviewed, they would expand the usage of easy to read information.

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

- People had an active social life. This was irrespective of whether the person could go into the community independently or if they had any mobility issues.
- The provider had an onsite recreation hall and coffee shop, amongst other leisure facilities. People could attend the activities they liked.
- Each person's preferences about their social life and interests was assessed and recorded by staff. This ensured that the service's staff knew people's preferences well and could tailor their daily routine to ensure they were kept socially active.
- Three activities coordinators worked within the provider's campus. They visited the service to provide group and one-to-one activities.
- During the inspection, we noted people participated in various activities from playing chess, to cooking and reading. They were interested and engaged in the activities.
- Not all people who used the service had significant others in their lives. However, the service fostered visits to relatives and others for people as far as possible. This included short breaks, holidays and celebrations of faith-based holidays.

Improving care quality in response to complaints or concerns

- There was a satisfactory complaints procedure and management system in place. The provider's policy for complaints was appropriately followed.
- Information about how to make a complaint was clearly displayed on notice boards throughout the building. Easy read versions of the process were also displayed for people who used the service. This made sure people could easily understand how they could make a complaint and was readily accessible to them.
- People were treated sensitively and compassionately if they raised concerns or complaints. There was evidence to show that the registered manager took complaints seriously, and provided people support once they had complained.
- Appropriate documentation and investigations were on file which showed how each complaint was handled and local resolutions were reached.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain-free death.
- The service encouraged people to plan their end of life and documented this accordingly. They recorded people's preferences, and for example if they wanted to be resuscitated.
- The management team explained an example of how they provided compassionate care to someone at the end of their life. They stated that care workers were with the person 24 hours a day for about one week. The care workers soothed the person, held their hand and ensured they were comfortable.
- The service had liaised effectively with community based services relevant to end of life. In addition, they had sourced from a hospice, specialist training for staff in end of life care.

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

- There was a positive culture for people and staff. We observed during the inspection that people and staff were happy, smiling, laughing and enjoying living and working at Greene House.
- Staff confirmed the positive workplace atmosphere. One staff member had worked for the provider for more than 20 years, stating they enjoyed their role. Another staff member told us, "We all work together, as part of a team. If another care worker needs help, then we do everything we can to ensure we support them."
- There was clear evidence that people were empowered. Various documentation showed how inclusive the service was of both people and staff. Regular feedback was sought from them to ensure that the service could make any necessary changes.
- People had very good care outcomes. Many had lived at the Epilepsy Society for several years. It was clear that their life was enriched by the provider and the service's staff, and the support provided.
- The management team were receptive to feedback and took all matters raised by professionals into their consideration.

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 service was transparent when things went wrong. They ensured that they reported incidents and their outcomes to people, relatives or advocates, social services and to the Care Quality Commission (when required by law).
- The service ensured they were accountable for any actions which required improvement. The registered manager demonstrated how they ensured all issues were logged and what actions they, or the deputy manager, had taken to address the matters. There was clear evidence that candour was always used, as records indicated how information was provided to others.
- The registered manager had a satisfactory understanding of the duty of candour regulation. Although they had not had an incident which required the full duty of candour requirements, they understood their role and legal responsibility. The registered manager explained they would refresh their knowledge and understanding of the applicable regulation, in case it needed to be used in the future.

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

- There was a credible, strong management team at Greene House. This was supported by staff of the

provider on site, and importantly the frequent and visible presence of the nominated individual.

- The registered manager and deputy manager were knowledgeable, skilled and experienced. The registered manager had completed additional qualifications in adult social care management. The registered manager had also commenced an ongoing series of educational sessions to help them provide good management. Topics included compassionate leadership, coaching and mentoring, inclusive leadership. The deputy manager was due to commence the course in February 2019.
- People had a positive opinion of the management team. They knew who they were and at the inspection, willingly approached them to discuss various matters.
- Staff also had a good working relationship with the managers. We observed professional and respectful communication between management and care workers and others.
- There was a robust quality management system in place to measure safety and the quality of the service. Regular audits of various aspects of the service were completed. These showed good compliance with mandatory and organisation-wide requirements. If shortfalls were found, an action plan was created to address issues promptly.
- There were also peer audits of the service, which involved another registered manager visiting and completing an inspection and report of the care and operation of Greene House. The last report showed effective management and compliance.

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

- People, staff and others had an active say in how the service operated.
- There was a clear bill of rights for people who used the service. Values were displayed on posters, which reflected the care we observed during the inspection.
- The provider's statement of purpose also identified the values and objectives for care. These aligned with the support that was provided to people at Greene House.
- Regular meetings were held with both people and staff. Minutes were recorded which showed the involvement of those present at the meeting. Various topics were discussed and anyone attending the meeting could raise points for discussion. Where actions were required after the meeting, these were recorded. We saw these were reviewed and discussed at subsequent meetings.
- People's protected characteristics were respected by the staff and organisation under the provisions of the Equality Act 2010. Discrimination in any form was not tolerated by the organisation. People were protected by strong procedures in place, and individual staff members ensuring their rights were upheld.

Continuous learning and improving care

- There was a registered managers' meeting held regularly. This enabled the managers to discuss operational issues, as well as safety, governance and what lessons could be learnt from any incidents within the organisation.
- There was a log of all incidents and accidents. These were logged by type on the register and analysed for themes or trends. There was a low level of incidents. However, the information from Greene House was used in a collaborative way with the provider's other care homes, to look for broader themes. Where a theme was identified, this was shared with the registered managers, so they could prevent recurrence and put measures in place to ensure people were appropriately protected.

Working in partnership with others

- The service worked in partnership with various other organisations to ensure good care for people.
- Joint working was evident with many health and social care professionals, both within the provider's campus, as well as with community based staff.
- At the time of the inspection, a person was supported into central London by a staff member, so they

could attend an important appointment with their specialist consultant. The care worker was able to bring back information that shaped the person's care plan and daily support.

- We noted each person had their community based support carefully monitored to ensure good health outcomes. Where necessary professionals were contacted when needs were identified. For example, one person needed a district nurse earlier than anticipated, and the care workers contacted the health hub to ask the nurse to attend the service to review the person.

- A relative wrote, "All members of staff that I have met treat the residents with care, consideration and respect. They are a very kind and thoughtful team who work hard together to give the residents a happy home life at Greene House."

- An occupational therapist told us, "Staff at Greene are welcoming and proactive. The keyworker system works well and keyworkers will get in touch with [me] directly to follow up on progress and ask for advice. This has really helped with clear communication and consistency. It is easy to find a named contact to approach who knows...resident[s] very well."