

Eastbourne & District Mencap Limited

Greensleeves

Inspection report

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Date of inspection visit:
05 March 2018
06 March 2018

Date of publication:
14 May 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Greensleeves on 5 and 6 March 2018. The inspection was unannounced. We previously carried out an inspection at Greensleeves in January 2017 where we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found aspects of the service were not safe due to lack of window restrictors. Sensors and monitors to keep people safe had not always been plugged in to alert staff. Staff had been observed entering the kitchen without appropriate personal protective equipment. The quality assurance system had not ensured that there were robust systems in place to monitor the quality and safety of the service.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had made improvements and confirm that the service now met legal requirements. We found some improvements had been made however not in all areas. In addition we identified further areas that needed improvement and other areas need to be fully embedded into practice. We found there was a continued breach of Regulation's 12 and 17.

This is the second time the service has been rated Requires Improvement.

Greensleeves is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Greensleeves provides accommodation and personal care for up to 11 older people living with a learning and/or physical disability. Some people were living with the early stages of a dementia type illness. At the time of the inspection there were 7 people living there.

The manager was aware of Registering the Right Support and other best practice guidance. They were working towards ensuring the service developed in line with these values. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was no registered manager at the service. However, there was a manager working at the home and responsible for the day to day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Since the previous inspection there had been significant changes at provider level and at the home. There was a new chief executive officer (CEO) at the provider. This person had also become the nominated individual. A nominated individual (NI) is the responsible person within the organisation. The registered manager had also left the company and there was a new manager working at the home. The NI and manager had found quality assurance systems to identify shortfalls had not been in place. They identified many areas that needed to be improved across the home. Both for people and for staff. An audit had been

commissioned by an external consultant and identified a large number of improvements were required. However, the audit had not identified all the issues we found. This included a legionella risk assessment had not been undertaken since 2016 and gas and electrical servicing, both required in 2017, had not taken place.

Medicines were not always managed safely because protocols for people who had been prescribed 'as required' medicines were not always in place. Cream charts for people who had been prescribed body creams had not always been fully completed.

Record keeping was not always accurate and was not appropriately analysed to assess the quality of care provided. The manager had identified improvements were needed to ensure people were supported to take part in a range of meaningful activities throughout the day.

Following the inspection we were sent an action plan to show how these matters would be addressed. This showed who was responsible for completing some tasks but there was no date when this should be achieved by. The action plan did not demonstrate some work had already commenced. Therefore it was difficult to identify progress that had been made.

Staff knew people really well. They had a good understanding of people as individuals. One staff member told us people at Greensleeves were, "All unique, different characters." People were supported with kindness and patience. Staff were committed to ensuring people lived a good a life as possible.

There were enough staff working to ensure people's needs and preferences could be met. Staff had received the training they needed to support people and deliver care in a way that responded to people's changing needs.

Staff had a good understanding of the risks associated with the people they looked after. They understood the procedures in place to safeguard people from the risk of abuse and discrimination.

There was an ongoing programme to ensure staff received the appropriate training and support to ensure they were able to meet people's needs. The manager understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Nutritional assessments were in place and people were given choice about what they wanted to eat and drink. People told us they received food that they enjoyed. People were supported to maintain good health. Staff were proactive in ensuring people had access to external healthcare professionals when they needed it.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

People's medicines were not always safely managed in relation to 'as required' medicines and body creams.

Servicing and maintenance at the home had not always taken place when needed.

Staff had a good understanding of the risks associated with the people they looked after.

Staff understood the procedures to safeguard people from the risk of abuse. The home was clean and tidy throughout.

Is the service effective?

Good 

The service was effective.

Staff received the training they needed to enable them to meet the needs of people who lived at the home.

People were given choice about what they wanted to eat and drink and received food that they enjoyed.

The manager understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to maintain good health and had access to external healthcare professionals when they needed it.

Is the service caring?

Good 

The service was caring.

People's privacy and dignity were respected.

Staff knew people well and treated them with kindness, understanding and patience.

People were supported to make their own decisions and choices throughout the day.

Is the service responsive?

The service was not consistently responsive.

Improvements were needed to ensure people were supported to take part in a range of meaningful activities throughout the day.

People received support that was person centred and met their individual needs. Staff knew and understood people as individuals.

People's complaints were responded to appropriately.

Requires Improvement 

Is the service well-led?

The service was not consistently well-led.

Systems to identify shortfalls at the home had not been in place. Therefore a recent audit had identified a large number of improvements were required across the home.

Record keeping was not always accurate and was not appropriately analysed to assess the quality of care provided.

The provider, manager and staff were committed to improving and developing the service for the benefit of people who lived there.

Requires Improvement 

Greensleeves

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 6 March 2018 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. The expert by experience was not present at the service but phoned people's relatives for feedback after the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included four staff recruitment files, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at five care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and related this to observations and discussions with staff.

During the inspection, we spoke with everybody who lived at the home and eleven staff members including the manager. We also spoke with the provider. After the inspection we spoke with the relatives and representatives of four people. Following the inspection we contacted five health and social care

professionals who visit the service to ask for their feedback.

People who lived at Greensleeves were not all able to verbally share with us all of their experiences of life at the home because they were unable to communicate verbally. Therefore we spent time observing people in areas throughout the home. We were able to see the interaction between people and staff and watched how people were being cared for by staff in communal areas.

Is the service safe?

Our findings

At our last inspection in January 2017 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because aspects of the environment were not safe. Window restrictors were not in place on all first floor windows and one window could not be fully closed. Door sensors and monitors which were in place to alert staff were not always plugged in and personal protective equipment (PPE) was not always used by staff when they entered the kitchen. At this inspection we found improvements had been made, however we identified further areas that needed to be improved and there was a continued breach of Regulation 12.

The manager identified one window that did not have a window restrictor in place. This bedroom was on the second floor, it was currently being refurbished and was not accessed by anyone who lived at the home. The manager explained a restrictor would be in place before anyone moved into the room. We found another window where the window handles did not completely lock the window. The window was closed and restrictors were in place. There was no impact on any person. The manager told us this would be addressed by the maintenance staff. Some people had monitors to alert staff, if for example the person had a seizure. These were in use only when the person was in their bedroom and not during the day. Staff we spoke with were aware of the monitors and when they would need to be used. There was guidance in place in people's care plans and in night-time routine guidance for staff.

The provider and manager had identified that maintenance work was required at the home. There had been a series of audits and checks by external consultants and this included a health and safety audit. It had been identified through the health and safety audit that portable appliance testing was needed and this had been completed. It had also been identified that a fire risk assessment was required as the previous one was dated 2016. The manager told us this had been arranged with an external consultant. However, we found that a legionella risk assessment had not been undertaken since 2016 and gas and electrical servicing, both required in 2017, had not taken place. Following the inspection we were informed that a legionella risk assessment had been booked for later in the month. Not all areas identified for improvement had been addressed in a timely way. We found three radiators did not have covers to protect people from the hot surface. This had been identified through the audit. The manager told us they were aware of this and it would be addressed. They told us the delay was due to the lack of maintenance staff.

Improvements were required to ensure people received their medicines safely, as prescribed. Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. There were protocols in place for some PRN medicines but not for all. For example, protocols were in place where people had been prescribed pain relief but not where people required medicines to prevent or treat constipation. Medicine administration records (MAR) were generally well completed where people took medicines by mouth. However, where people had been prescribed creams these were not fully completed to demonstrate people had received their creams as prescribed. The manager was aware that these improvements were required. Medicines were stored securely. However, medicines also need to be stored within certain temperatures to ensure they remain effective. The room temperature had previously been recorded but this had not been completed since

November 2017.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a re-occurrence. However, there had been no analysis of accidents and incidents across the home to identify any themes or trends. This had been identified in the audit as an area to address.

Although the manager started to address these issues during the inspection this was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager was aware improvements were required to the current recruitment processes. There was not a full employment history for two staff members. A full employment history helps the provider to ensure staff are suitable to work at the home. The manager was aware improvements were required and told us this would be addressed. From the recruitment records we saw references had been obtained and each member of staff had a disclosure and barring checks (DBS) completed to ensure they were safe to work within the care sector. The manager had good oversight of staff and this helped to ensure staff were appropriate to work with people. There was a current reliance on agency staff. The manager told us when they identified agency staff were not suitable to work at the home they had been asked not to return for any further shifts.

Only staff who had completed medicine training gave medicines. We observed people received their medicines in a way that suited them. Some people chose to come into the office where they received their medicines in private and had time to talk with staff. Other people chose to have theirs in the lounge. People were told what the medicine was for and their agreement was sought to ensure they were happy to take what had been prescribed. Relatives told us their family member received their medicines appropriately. One relative told us how staff had identified their family member may need alterations to their medicines. They told us this had been followed up and the person's health had improved as a result.

There were enough staff working each day to support people safely and help them meet their needs. The manager had identified in the PIR there was a need to recruit more permanent staff. At the inspection recruitment had taken place however there was still a reliance on agency staff. As far as possible regular agency staff were used. This helped ensure people received support from staff who knew them. One relative acknowledged agency staff were used but they told us, "I've got to know the staff and tend to see the same faces." There were four staff working each morning and three in the afternoon. There were two staff working each night. The manager and deputy manager worked in addition to these staff. There was a dedicated cook and housekeeping staff who worked at the home each day. Where people required one to one support this was provided in addition to the regular staff. The manager told us staffing levels were flexible and would be adjusted to meet people's changing needs. The manager had implemented a new rota pattern which meant there was time for handover and included continuity of staff at weekends.

Regular fire safety checks had been completed and this included a fire drill. Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs and the assistance required in the event of an emergency evacuation. Information was displayed on the wall about the emergency shut off for gas, water and electricity. This included contact details for the contractors such as plumber and electrician. The home was clean and tidy throughout. Protective Personal Equipment (PPE) such as aprons and gloves were available. We observed that staff used this appropriately during our inspection and it was available for staff to use throughout the service.

Relatives told us their family members were safe at the home. Staff had a good understanding of the risks associated with people they were supporting. There were a range of risk assessments in place and these

provided guidance for staff. Some people were at risk of falling and needed support with their mobility. Staff told us how they supported people to retain their independence when walking whilst reducing their risk of falling. This included staff supporting people when they walked and ensuring there were no trip hazards. One relative told us, "Sometimes [family member] doesn't use the walker and staff immediately mention it." On occasions some people were at risk of displaying behaviour that may challenge themselves or others. Staff told us how they supported people at these times and what steps were taken to prevent them occurring and escalating. The manager was mindful that a change in one person's health needs had resulted in changes to their behaviour. The manager was working with external professionals to ensure the support this person received was appropriate and safe.

People were protected against the risk of abuse because staff knew what steps to take if they believed someone was at risk of harm or discrimination. Staff had received safeguarding training and were able to tell us what actions they would take if they believed someone was at risk and how they would report their concerns. One staff member told us, "I'm here to protect people, I know them well and would recognise if something wasn't right." They understood their own responsibilities in order to protect people from the risk of abuse. They were aware they could report concerns to external organisations and there was information displayed around the home for staff to refer to if they had concerns. The manager gave us examples of when they had raised concerns and what steps they had taken to safeguard people. This demonstrated the manager's awareness of safeguarding alerts and procedures.

Where concerns had been raised these had been reported appropriately to the local authority to ensure appropriate actions were taken and people were kept safe. When safeguarding concerns had been identified, this information was shared, when appropriate, with all staff. This helped ensure staff were aware of what actions to take to protect the person and prevent a reoccurrence.

Is the service effective?

Our findings

Staff knew people well and had the knowledge and skills to look after them. One relative told us, "The staff seem to have the right skills and experience to deal with people who have a learning difficulty." Another relative said, "Staff have the right skills and experience. It's a difficult job and I believe they have a lot of training. They all undertake the mandatory training and appear up to speed with whatever they offer."

The manager identified in the PIR that staff had not received the ongoing training, updates and supervision to ensure their knowledge and skills were up to date and reflected current best practice guidance. At the inspection the manager showed us a timetable of essential and specialist training which all staff were attending. We saw training had been completed with further training planned throughout the coming months. Staff told us they had received a lot of recent training which they found very useful. One staff member told us they liked the training as it was face to face and the trainer was, "Very approachable." Discussions with staff demonstrated they knew people well and understood the support and care that people needed.

An external audit had identified that although staff supervisions had taken place previously there was no evidence of action being taken in response to identified training or support needs. The manager told us a new programme of supervision had been developed. These would take place six weekly and would include observations of staff. These observations and supervisions would also be used to assess staff competency following training.

People's equality, diversity and human rights were protected. The manager and staff understood the principles of equality and diversity and had received recent training to guide and support them. Where people living at the service or staff who worked there, had a protected characteristic staff were knowledgeable about how to support them. The manager was aware of the diverse needs of people and staff.

When staff started work at the home they completed a period of induction. This included an introduction to and the day to day running of the home. It also allowed time for staff to get to know people and complete the training programme. There was a separate induction programme in place for agency staff who were new to the home.

People were supported to eat and drink enough to maintain a balanced diet. People told us they enjoyed their food and were given choices about what they would like to eat and drink. We saw people being offered choices throughout the day. If they did not like what was offered then alternatives were always available. One relative told us, "I've seen the menus and it looks like a good balanced diet. They're careful as [name] has diabetes. I ask [name] what they have eaten and it sounds like good stuff." Another relative told us, "There's always nice choices and people are able to pick for themselves." Where people were less able to express their choices verbally then alternative menu formats had been provided in the form of photographs. This enabled them to make their own choices. Where appropriate the manager had contacted people's relatives to explore what people liked to eat. The manager told us, "We know [name] will eat anything but

it's important we know what they like and what they would choose."

Nutritional assessments were completed and where appropriate referrals had been made and advice sought from appropriate health care professionals, such as the speech and language therapist (SaLT). Where guidance had been provided this was followed. One person was living with a health condition which changed throughout the day. Their diet needed to be altered dependant on their health condition. Staff told us how they supported this person. The care plan included detailed guidance to support staff. Mealtimes were sociable occasions and people ate together in the dining room. Staff supported people appropriately and discreetly. One person who was living with sensory impairment was given some cutlery to hold as an object of reference to remind them it was mealtime. Once the person had determined what they had been given they made their way to the dining room. People were supported to maintain their independence at mealtimes and this included the use of specialised cutlery and plates. People's food and fluid was monitored and they were weighed regularly and this helped to identify if people were at risk of malnutrition or needed further support to eat and drink.

People were supported to maintain good health and received on-going healthcare support. Records, and discussion with staff, confirmed they regularly liaised with a wide variety of health care professionals. This included the GP, specialist learning disability team, community nurse, speech and language therapist (SaLT) and chiropodist. Some people were living with complex health needs, and some people's health needs were increasing as they became older. Relatives told us this was recognised by the staff and their family member's health needs were met. One relative said, "[Name] health care needs are met very well. He can have problems and they'll call the doctor and paramedics immediately. They're really on the ball there." Another relative told us their family member had been supported to attend hospital and dental appointments even though the person had previously had a phobia of attending. Another relative told us their family member required specialist healthcare appointments and staff had supported them to attend these. They said, "[Name] health care needs are dealt with absolutely fantastically by the home, [the manager] has been exemplary." Healthcare professionals who visited the service told us staff ensured people were supported to receive care from the appropriate professional. They told us referrals were made appropriately and in a timely way.

Health care plans had been completed and staff understood people's health needs and how to support them to live healthy lives. They were attentive to changes in people's health and contacted the appropriate professionals promptly. In addition to GP and hospital appointments people were supported to attend regular dentist, optician and chiropody appointments. Hospital passports were in place and people took them with them if they needed to go into hospital. Hospital passports are communication booklets which provide important information about the person and provide hospital staff with a straightforward guidance about supporting the person.

Staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA). They had received recent training and told us how they supported people to make their own decisions and choices. The 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. The MCA says that assessment of capacity must be decision specific and it must also be recorded how the decision of capacity was reached. Where people lacked capacity best interest decisions had been made through discussions with people, their representatives, staff and health and social care professionals. Throughout the inspection we observed staff asking people's consent prior to offering care and support.

The manager told us about one person, who may display behaviour that challenges. This had been identified as linked to changes with the person's health condition. The manager had identified the use of diversional techniques and these were in place to support the person. The manager told us there were ongoing discussions with health and social care professionals and training had been organised to ensure that staff could respond appropriately. Restrictions were minimised, as far as possible, for people. For example the routine use of night checks had been identified and discontinued by the manager where there were no specific risks to manage and people were in agreement with the change.

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. The application procedures for this in care homes and hospitals are 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 were being met. DoLS applications had been submitted for people who did not have capacity and were under constant supervision. Copies of the applications and authorisations were available to staff.

People's needs were met by the adaptations to the home and a range of equipment to meet their individual needs. There had been adaptations to the environment to meet people's individual needs. One person was visually impaired and wished to use the stairs and retain as much independence as possible. Raised markers had been placed on the stair-rail and this allowed the person to find their own way upstairs. Changes had been made to individual bedrooms to suit people's needs. This included the positioning of the room and the use of contrasting colours to help orientate the person. People were supported to spend time alone, or with others throughout the day as they chose. There was a garden which was secure and level which people were able to access. The manager told us, and it was noted in the PIR, that improvements were needed in the garden. This included the use of sensory plants and appropriate garden furniture. At the time of the inspection the manager was working with staff to develop a garden project. This was to be co-ordinated staff who had a specific interest for the benefit of people and staff.

Is the service caring?

Our findings

Feedback from people and relatives was positive. One person told us, "On the whole they're nice people (staff) here and that's what you want." A relative said, "[Name] is always treated with dignity and respect. I've never seen staff talk down to people. The resident is always the important person, they're always put first." Another relative said, "[Name] receives the care and service she deserves. She is very, very lucky to be in this home. She's always happy and I've never had to take issue with any of the staff." A staff member told us, "People are very loved here, its home from home."

There was a warm and friendly atmosphere at the home. Interactions between staff and people were caring and professional. Staff spoke with people in a way they could understand and continually offered reassurance and support. Staff knew people as individuals. They recognised people's different personalities and the different choices they made. Staff told us one person had been declining to attend their usual day centre and this had been respected. However, during the inspection this person had chosen to attend, and was supported by a staff member throughout. When they returned to the home later the staff member explained the person had enjoyed themselves initially and engaged in activities. As the time progressed the person became less interested and indicated they would like to return home. This was supported by the staff member. Relatives told us their family members were able to make their own choices and decisions. One relative said, "[Name] is supported to make their own decisions and during the recent bad weather wanted to stay home and not go out, and so did stay home."

Throughout the inspection we saw people were supported to make their own choices and decisions. They were able to get up and go to bed when they chose and spend the day as they wished. One relative told us, "The only thing I've seen them stick to is a medication timetable, everything else revolves around the resident. They might mention it's time to do something e.g. time for a meal but there aren't stringent set times."

Relative's told us people were treated equally. One relative told us about their family member who had complex needs. They said, "[Name] is one of the more disabled people though you wouldn't know that by the way they interact with him. They chat with him even though he's hard of hearing. He's involved as if he has sight and hearing."

People's dignity was respected and maintained. They were supported to dress well and maintain their own identity. One relative told us, "[Name] is definitely treated with dignity and respect. That's my observation and their interactions, he's always part of things, they don't assume things. They know what he likes, they don't patronise him, he gets to choose his own clothes, they make sure he's colour co-ordinated." Another relative said, "When I see [name] he's dressed differently, they buy new clothes and he goes shopping with them."

Some people required support to maintain their continence. This was provided discreetly and staff prompted and directed people.

People were listened to. Staff sat with one person who was less able to communicate verbally. They sat close to the person and spoke clearly, they gave the person time to respond and to express what they needed. Staff offered people choices and through discussions sought their views on what they would like to do during the day. We saw interactions were relaxed and respectful and demonstrated staff knew people well. Staff used their knowledge of the person to start conversations. When people were supported in communal areas staff worked at the person's own pace and engaged with them throughout.

People were supported to maintain their personal relationships with friends and family. Relatives told us they were able to visit the home whenever they wished. One relative said, "I phone [name] regularly at any time and she phones me. There are no restrictions." Another relative told us, "They're very much welcoming, they always ask if I want a drink, they're very, very good. I can see the manager or you can make an appointment to see the manager."

Is the service responsive?

Our findings

At the last inspection in January 2017 this question, is the service responsive, was rated good, at this inspection found improvements were now needed to make sure Greensleeves was consistently responsive.

The manager had identified improvements were needed in relation to what people did each day. Although people had enough to do during the day activities needed to be developed further. This was to ensure they met people's changing needs as they got older and remained meaningful and people remained involved. The manager had found that on occasions staff had purchased clothes for people without the person being present. On identifying this, the manager was now supporting staff to take people out to buy their own clothes and make their own choices. Changes had been made and now people were being involved, asked what they would like and supported to make choices. Although these changes had started further time was needed to ensure these improvements continued and were fully embedded into practice.

People were able to choose what they did each day. People had activity plans in place. Some people went to day centres and they told us they enjoyed this. Where people stayed at the home they were supported to do whatever they chose during the day. We saw one person spent their time knitting, another person told us they had 'been for a little nap' and were now looking forward to watching a movie on the television. During the inspection people engaged with each other and a staff member spent time looking at books with one person. Relative's told us their family member's had enough to do during the day. One relative said, "[Name] goes out for meals, they went to a pantomime at Christmas. There are all sorts of things going on in the home." Another relative told us their family member enjoyed attending the day centre and going out. They said, "It helps keep his mind active."

People and their relatives told us they were involved in deciding how people's care was provided. They told us that they had discussed their needs with staff and that these had been reviewed. One relative said, "[Name] has a care plan. I've been to the reviews and seen the care plan and been asked if there is anything to be added. It's absolutely followed by the staff."

People had lived at the home for a long time. The manager and staff told us before anyone moved into the home an assessment took place to ensure the person's needs could be met. We were told about a person who was due to move into the home, the person had been to visit and already knew people who lived there. The manager told us there was usually a period of transition where the person would visit the home regularly, stay for meals and perhaps overnight before they moved in. However, based on the assessment of this person's needs the transition time would be shorter.

Care plans contained information about people's needs in relation to personal care, communication, mobility, nutrition, physical and mental health. There was information about people's preferences, and what was important to them. They were accessible to people and developed in a way that was meaningful to people, for example a pictorial format. These were reviewed regularly with people and their relatives and updated when people's needs changed. One relative told us, "There's a review every six months when you're presented with a massive great big folder. I sit down with [name], the manager and key worker and go

through the last six months. Things like medication and any changes are included in the folder. We then cover what's planned for the next 6 months." Another relative said, "[Name] has a care plan and I have seen it. I can't get to the meetings so they send me a copy and I comment on it." Another relative told us they were updated if anything changed with their family member's health or support. They said, "If anything changes or there is anything untoward they phone and keep me up-to-date with what's going on."

Care plans provided guidance for staff on how best to support people. Staff knew people well and were able to tell us about the care and support people needed, their interests and choices. Staff responded appropriately to people's needs. One person's care plan stated they liked to carry a magazine with them whilst they walked around. We saw this person had a magazine with them. On occasions the person offered their magazine to other people. Both staff and other people were aware of the importance of the magazine to the person and ensured it was returned to them. Where people required support with their mobility and continence this was provided in a way that met people's needs and preferences.

The manager had identified that aspects of the care plans needed to be developed to ensure all information included was person centred and fully reflected the individual. However, this did not impact on people because staff knew them well and had a good understanding of their support needs and choices.

A handover took place at each shift change to ensure key information on people's needs were shared and discussed. This ensured staff had up to date and accurate information on people in order to meet their changing needs.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they ensured people's communication needs had been assessed and met although this had not always been recorded. Where appropriate staff supported people to make choices through the use of pictorial aids such as picture menus or objects of reference.

Through the audit system it had been identified the complaints policy had not been recently reviewed and there was no evidence of any previous complaints having been recorded. A new complaints book had been commenced and we saw people's concerns were addressed promptly. During the inspection one person told us their call bell had not been answered during the night. The manager investigated immediately and found the person's call bell was not working. All staff were alerted and alternative means of contacting staff at night were introduced for this person, until the call bell was repaired. The manager told us in the PIR about a complaint that had been raised and the actions taken to address this. Relatives told us they had no complaints. They said they were confident their family member would bring any complaint to the attention of staff, or themselves. One relative said, "[Name] doesn't complain about anything, but would tell me if something was wrong." Another relative told us, "[Name] would tell me if things were not good or the treatment was not good."

As far as possible people were supported to remain at the home until the end of their lives. The manager told us about the support provided to a person who had recently passed away. People and staff from the home were planning to attend the person's funeral and celebration of their life.

Is the service well-led?

Our findings

At our last inspection in January 2017 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because quality monitoring processes were not robust enough to ensure the safety and effectiveness of the service. At this inspection we found improvements were still needed and this was a continued breach of Regulation 17.

There had been significant changes at the provider and at the home since the previous inspection. There was a new chief executive officer (CEO) for the provider organisation. This person had also become the nominated individual. A nominated individual (NI) is the responsible person within the organisation. The registered manager had also left the company and there was no registered manager at the service. However, there was a manager working at the home and responsible for the day to day running of the service. They were supported by the NI, a deputy manager and senior care staff.

Following their appointments the NI and manager had identified concerns at the service. They found that the quality monitoring process which had been in place was not effective. They had provided us with all this information in the PIR. A series of audits had been undertaken by external consultants where further areas that needed to be addressed were found. An action plan had been developed in November 2017 however the NI and manager told us this was not complete and a further action plan was sent to us following the inspection. The action plan showed who was responsible for completing some tasks but there was no date when this should be achieved by. The audit had not identified all the issues we found, this included the lack of gas and electrical servicing and legionella risk assessment. There was no evidence of previous works having been completed for example in relation to the fire risk assessment in 2016 and electrical service in 2012.

The action plan did not show that some work had commenced so it was difficult to identify progress that had been made. For example, the action plan stated that PRN protocols were not in place. However, at the inspection we saw that work had started and some protocols were now in place. It had been identified that training for staff was not adequate or effective. A robust training programme had commenced but this had not been recorded within the action plan to demonstrate work completed.

The audit showed there had been no care plan audits. Therefore it had not been identified as what information was missing from people's care plans. During the inspection we found best interest decisions had not been recorded and information about people's capacity and DoLS status was not in their care plans. Some best interest decisions made before the manager started work at the home had not been recorded to demonstrate they continued to be in the person's best interest.

Daily notes did not fully demonstrate what people had done all day. We observed staff spending time with one person, talking and engaging with them. This was an important interaction for the person, however this had not been recorded. Other records had not been fully completed. Sensor and monitor checks were in place to ensure people who used them had them in place. These had not been completed since February 2018. There was a temperature chart to record room temperature for medicine storage but this had not

been completed since November 2017. Cream charts for people who had been prescribed body creams had not been fully completed.

Although a detailed care plan audit had not been completed the manager identified to us that care plans were not always person-centred and did not contain all the detailed information staff may need. For example, communication plans did not always include the detailed information staff may need. One person had swollen legs due to their sleeping position. Although staff knew about this and how to support the person this detail had not been recorded.

It was recognised that there was a large amount of work required at the service. The audit had itself identified that further audits were needed for example, a care plan audit and a housekeeping audit. These in turn were likely to generate further work.

These issues are a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had identified concerns within the staff team and was working hard to address this. During the inspection staff shared their experiences with us. Staff told us they had felt frightened by, and had a lack of confidence in, the previous senior management team. They told us the effects of this continued to impact on them. One staff member told us that when concerns had been raised previously they had not been addressed. Another staff member told us issues raised previously were not treated in confidence. Supervisions had taken place previously but there was no evidence of any training or performance needs being identified for staff. The manager told us they had tried to commence supervisions but staff had been reluctant to attend. One staff member had asked the manager, "What am I being told off for this time." The manager recognised staff needed time to build their confidence with the new management team. The manager told us arrangements were being made by the provider for staff to have access to confidential counselling sessions. This was to allow staff the opportunity to discuss and address their concerns.

We asked staff whether they had noticed improvements and all staff were positive. One staff member told us the changes were "positive so far" and the new NI had done "amazing work." Another staff member said, "The changes are positive, I'm settling into new routines. I feel more confident and more involved." Staff who were new to the home told us they were well supported by the manager and NI. They said they could speak with them at any time and know their concerns would be taken seriously. Relatives spoke highly of the manager. One relative said, "[The manager] has been instrumental in making some positive changes. They've gone in as a new broom. They've energised the place, previously the staff lacked initiative and [name] said you don't need to wait to be told what to do. They've empowered the staff and made them take ownership." Relatives spoke of the transparency of the manager and the open door policy. Comment's included, "I've not met the new manager yet. They seem very transparent about plans and what they're doing." "I like the fact the manager has an open door policy. I can phone and come on in to see them. They're never too busy and are very accommodating."

The manager was working hard to drive improvements for people and the staff. They worked at the home on a daily basis. They knew people very well and understood their individual needs. The manager had a good knowledge of individual staff strengths and interests and where reasonable adjustments were needed. Previously, staff had provided handover for the next shift in their own time. This had been addressed and staff were now paid for an extra 30 minutes each shift to allow this to happen. Staff meetings had commenced and the manager was encouraging staff to identify areas for discussion and bring these to the meetings. The manager identified staff needed time to fully embrace this idea. Recent feedback surveys had not been sent out to people, relatives or staff. This had been recorded as part of the action plan as an area

to be addressed. Policies were not in place. This had been identified and work had commenced to ensure these were up to date and reflected current guidance. The NI told us these would be personalised to each service run by the provider. Staff told us they enjoyed working at the home. There was clear commitment from all staff to ensure Greensleeves was a happy place for people to live.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. There was a procedure in place to respond appropriately to notifiable safety incidents that may occur in the service. The rating from the previous inspection had been displayed at the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the safety of the premises or that medicines were safely managed. 12(1)(2)(a)(b)(d)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not assured appropriate systems and processes were in place to fully assess, monitor and improve the quality and safety of the service provided. 17(1)(2)(a)(b)(c)(e)(f)