

# Greenside Health Care Limited







## Greenside Court

### Inspection report

Greenside  
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#### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

#### Overall summary

The inspection took place on 26 May 2015 and was unannounced. Our last scheduled inspection at this service took place in January 2014 when no breaches of legal requirements were identified.

Greenside Court is a care home with nursing. It can accommodate up to 20 people with physical disabilities and/ or mental needs associated with Huntington's Disease. People living with Huntington's Disease are

carer'd for in a specially designed 10 bedded unit. The home was purpose built in 2003 and is situated in Greasbrough, a residential area of Rotherham. The home is near local shops and facilities.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

‘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.

We spoke with staff who had a clear understanding of safeguarding adults and what action they would take if they suspected abuse. Staff we spoke with were confident the manager would act appropriately to safeguard people from abuse.

Care and support was planned and delivered in a way that ensured people were safe. The support plans we looked at included risk assessments which identified any risk associated with

people’s care. We saw risk assessments had been devised to help minimise and monitor the risk.

We spoke with staff and people who used the service and found there were enough staff with the right skills, knowledge and experience to meet people’s needs.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had some knowledge of this and said they would speak to the registered manager for further advice.

People were supported to eat and drink sufficient to maintain a balanced diet. Meals were appropriately spaced throughout the day with snacks in-between. Meals were flexible to meet the needs of the people who used the service.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. We looked at people’s records and found they had received support from healthcare professionals when required.

People who used the service were supported to maintain friendships. Support plans contained information about their family and friends and those who were important to them. We saw that people had their own interests and hobbies and took part in several activities and events on a weekly basis.

We saw staff were aware of people’s needs and the best ways to support them, whilst maintaining their independence.

People’s needs were assessed and care and support was planned and delivered in line with their individual support plan. The support plans were person centred and some contained pictures to assist the person to understand their plan. Support plans included information about healthcare, communication, personal hygiene, mobility and activities.

The service had a complaints procedure and people knew how to raise concerns.

Staff we spoke with felt the service was well led and the registered manager was approachable and listened to them. Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The provider had appropriate arrangements in place to manage medicines.

The service had policies and procedures in place to protect people. Staff we spoke with confirmed they had seen the policies and had discussed them in staff meetings.

Care and support was planned and delivered in a way that ensured people were safe. We saw support plans included areas of risk.

We spoke with staff and people who used the service and we found there were enough staff with the right skills, knowledge and experience to meet people's needs.

The service had robust arrangements in place for recruiting staff.

Good



### Is the service effective?

The service was effective.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had some knowledge of this and said they would speak to the registered manager for further advice if needed.

People were supported to eat and drink sufficient to maintain a balanced diet.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Good



### Is the service caring?

The service was caring.

We saw staff were aware of people's needs and the best ways to support them, whilst maintaining their independence.

People who used the service were supported to maintain friendships. Support plans contained information about their family and friends and those who were important to them.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan.

We saw that people had their own interests and hobbies and took part in several activities and events on a weekly basis.

The service had a complaints procedure and people knew how to raise concerns.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

Staff we spoke with felt the service was well led and the registered manager was approachable and listened to them.

We saw various audits had taken place to make sure policies and procedures were being followed.

There was evidence that people were consulted about the service provided.

**Good**



# Greenside Court

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 26 May 2015 and was unannounced. The inspection team consisted of an adult social care inspector and a specialist in Huntington's Disease.

Before our inspection, we reviewed all the information we held about the home. We asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the local authority and Healthwatch Rotherham to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with three people who used the service, and two of their relatives. We observed care and support in communal areas and also looked at the environment.

We spoke with eight staff including the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We also looked at quality assurance systems and the systems used to manage people's medication, including the storage and records kept. We saw the quality assurance systems to check if they were robust and had identified areas for improvement.

# Is the service safe?

## Our findings

We spoke with three people who used the service and two of their relatives. They told us they were happy and felt safe. One relative said, “The staff can’t do enough for my relative, I know they are safe.”

The service had policies and procedures in place to protect people. Staff we spoke with confirmed they had seen the policies and that these had been discussed in staff meetings. Staff we spoke with told us that they had received training in safeguarding vulnerable adults and this was repeated on an annual basis. The staff records we saw supported this. Staff we spoke with told us they would report any concerns to the manager and they all felt she would act on the concern raised.

The registered manager was able to explain the procedure for reporting safeguarding issues. The registered manager kept a log of safeguarding concerns and the action which had been taken to protect people.

The provider had appropriate arrangements in place to manage medicines. Medicines were delivered on a four weekly cycle and booked in using the Medicine Administration Record (MAR). There was a separate book to record the disposed or returned medicines to pharmacy.

Medicines were stored in line with current regulations. Medicines were kept in appropriate safe storage. The service had a fridge to store medicines which required storage at a cool temperature. Fridge temperatures were taken on a daily basis and we saw the record for this to be accurate. The service had appropriate storage for controlled medicines and kept some on site which had been prescribed to people who used the service. We looked at the records for these medicines and checked the stock and found them to be accurate.

The service had a staff recruitment system which was robust. Pre-employment checks were obtained prior to people commencing employment. These included three references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS checks helps employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. We spoke with the registered manager who told us that new starters were initially on a three months probationary period. New starters were able to shadow experienced staff until they were confident in their role.

We spoke with staff and people who used the service and we found there were enough staff with the right skills, knowledge and experience to meet people’s needs. We found staff were available when people needed support. The staff we spoke with felt there were always enough staff around and the service operated in a flexible way. We checked rotas and found the staffing levels were as determined by the provider. More staff were roled to work if needed, for example, to assist people with activities and appointments. People we spoke with told us there were always staff around.

Care and support was planned and delivered in a way that ensured people were safe. The support plans we looked at included risk assessments which identified any risk associated with

people’s care. We saw risk assessments had been devised to help minimise and monitor the risk. Risk assessments worked out the likelihood and consequence of the risk and stated the activity, the hazard and controls in place to manage the risk.

# Is the service effective?

## Our findings

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge. For instance, we spoke with staff and found they received appropriate training. Staff found the training they had was valuable and felt it gave them confidence to carry out their role effectively.

We looked at training records and found the each staff member had a learning and development plan which was updated following their annual appraisal. The registered manager showed us a training matrix which identified training completed. Staff we spoke with told us they were involved in lots of training and were encouraged to identify any training needs.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had an awareness of the Mental Capacity Act 2005 and had received training in this area. Staff were clear that, when people had the mental capacity to make their own decisions, this would be respected. The service had a policy in place for monitoring and assessing if the service was working within the Act.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards (DoLS) are part of MCA 2005 legislation and ensures that, where someone may be deprived of their liberty, the least restrictive option is taken. The staff had knowledge of this and said they would talk to the registered manager for further advice if needed.

We observed staff working with people and saw they offered choices and respected people's decisions. We observed a person giving consent prior to the staff interacting with them. We looked at care records and found that people had a consent form for photography which had been signed by the person or their representative.

People were supported to eat and drink sufficient to maintain a balanced diet. Staff assisted people to eat on a one to one basis, with an additional member of staff observing due to the risks of choking which had been identified. Staff supported people at their own pace and made the meal time enjoyable. Meals were appropriately spaced throughout the day with snacks in-between meals. Meals were flexible to meet the needs of the people who used the service. We spoke with people who used the service and were told they could have what they wanted to eat. One relative said, "Nothing is too much trouble, they eat what they fancy."

We spoke with the cook who informed us that they had a dietary requirements form for each person. This gave information about people's nutritional needs and likes. The cook was knowledgeable about risks associated with swallowing difficulties and prepared food accordingly.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. We looked at people's records and found they had received support from healthcare professionals when required. For example, we saw involvement from the Huntington's Disease nurse and GP's on a regular basis.

We saw the environment was calm and spacious and reflected the support required. The corridors and rooms gave plenty of space for people to move freely and allowed for specially adapted chairs and wheelchairs.

# Is the service caring?

## Our findings

We spoke with people who used the service and their relatives and observed care workers interacting with people. People were complimentary about the staff and one person said, “The staff are lovely, very kind and considerate.”

We saw staff were aware of people’s needs and the best way to support them, whilst maintaining their independence. For example, we saw staff were involved in assisting people with food and drinks, but maintained a level of independence where possible and safe to do so.

People who used the service were supported to maintain friendships. People’s support plans contained information about their family and friends and those who were important to them. People’s relatives were involved in the home and invited to join special events and parties. A social event had taken place on the day prior to our inspection. The relatives attending the event told us they had enjoyed being a part of the day and spending quality time with their family member.

We spoke with the skills co-ordinator who was employed to provide activities and develop skills. The skills co-ordinator saw the service as part of the community and supported people to access social events which took place in the local area.

The service had appropriate outside garden areas which had been developed for people to sit outside. The lounge provided pleasant views of the garden area.

The service supported people to express their views and be actively involved in making decisions about their care and support. People were involved in their support plans, which included their views and choices. Each person had a team of staff assigned to them who worked with them closely, and ensured the person received appropriate care. They also supported the person with values such as privacy, dignity, independence and choice. Staff we spoke with were keen to ensure that people made their own choice where possible and to respect the decision they had made.

We observed staff working with people and found they were supportive, caring and compassionate. Staff responded to people in line with the information they had expressed in their individual support plans. Staff were patient and offered choice, waited for a response and then preceded with the option expressed. Staff showed a great deal of patience and the atmosphere was very relaxed.

The service had dignity champions in place who would challenge other staff if they felt dignity was being compromised.

# Is the service responsive?

## Our findings

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. Support plans included information about healthcare, communication, personal hygiene, mobility and activities.

Support plans were informative and gave information about the persons assessed needs and ongoing needs. They gave specific information about how the person needed to be supported. For example, one person's nutritional support plan stated that their food needed to be of a soft consistency. The person required assistance with eating and was prone to weight loss, therefore the persons favourite foods were highlighted. Another person's support plan stated that they preferred their hair cut short and did not like to wear shoes. We saw these requests were met.

We saw that people had their own interests and hobbies and took part in several activities and events on a weekly

basis. The service employed three skills co-ordinators who provided activities which promoted the skills of people. For example, visits to the local community and using the computer. There was a great importance placed on enabling people to retain their skills for as long as possible.

The service had a complaints procedure and people knew how to raise concerns. The procedure was available and displayed in the reception area of the home. People we spoke with told us they would talk to staff if they had a worry, and felt they would sort it out. We spoke with the registered manager about concerns received. We saw a log of complaints which had been addressed in an effective manner. The registered manager also told us that lessons learnt from concerns were used to develop the service.

People were confident that issues would be resolved. One relative said, "I have never had a concern but I could talk to any of the staff and they would sort it out."

# Is the service well-led?

## Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

Staff we spoke with felt the service was well led and that the registered manager was approachable and listened to them. They felt people were involved in the service and that their opinion counted. One care worker said, “The manager is so helpful and she listens to us and offers guidance.”

We saw various audits had taken place to make sure policies and procedures were being followed. A quality assurance toolkit was used which was completed by the registered manager every month. On completion this was sent to head office for audit purposes. The toolkit included areas such as health and safety, catering, safeguarding, medication and care planning. An action plan followed stating what areas required improvements. Every month a senior manager within the company visited the home and completed an audit choosing a specific area to focus on.

Every three months a food forum was held to discuss catering requirements. This involved catering staff, care staff and people who used the service and their relatives. We saw minutes for these meetings and saw that suggestions made had been acted on. Some comments from the last meeting held in February 2015 were, “The food is excellent,” and “The menu is perfect.”

There was evidence that people were consulted about the service provided. Questionnaires were sent out by head office on an annual basis and outside agencies, staff and people were able to voice their opinions. An action plan was available to reflect the findings of the audit and to address any outstanding issues.

Staff meetings took place on a frequent basis for heads of department, qualified staff, care staff (night and days) and domestic staff. Resident and relative meetings.

Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level.