Autism Wessex

Greenways

Inspection report

61 Greenways
Highcliffe
Christchurch
Dorset
BH23 5BB

Tel: 01425275697
Website: www.autismwessex.org.uk

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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

The inspection took place on 7 June and was announced. The inspection continued on 11 June 2018 and was again announced.

Greenways 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.

Greenways is registered to provide accommodation for persons who require nursing or personal care. It is registered for up to four people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were three people living in the home.

The home was a two storey detached property which had an open plan kitchen dining area, large lounge, smaller snug, two bedrooms and a shared bathroom on the ground floor. On the first floor there were two further spacious en-suite bedrooms with a large landing area.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. When people were at risk of seizures or behaviours which may challenge the service staff understood the actions needed to minimise avoidable harm. The service was responsive when things went wrong and reviewed practices in a timely manner. Medicines were administered and managed safely by trained staff.

People had been involved in assessments of their care needs and had their choices and wishes respected including access to healthcare when required. Their care was provided by staff who had received an induction and on-going training that enabled them to carry out their role effectively. People had their eating and drinking needs and preferences understood and met. Opportunities to work in partnership with other organisations took place to ensure positive outcomes for people using the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging. People were supported to express their views about their care using their preferred method of communication and were actively supported to have control of their day to day lives. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs, their life histories and the people important to them. Equality Diversity and Human Rights (EDHR) were promoted and understood by staff. A complaints process was in place and people felt they would be listened to and actions taken if they raised concerns. No one living at the service was receiving end of life care at the tme of the inspection.

The service had an open and positive culture that encouraged involvement of people, their families, staff and other professional organisations. Leadership was visible and promoted good teamwork. Staff spoke positively about the management and had a clear understanding of their roles and responsibilities. Audits and quality assurance processes were effective in driving service improvements. The service understood their legal responsibilities for reporting and sharing information with other services.

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Greenways

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 site visit took place on 7 June and was unannounced. The inspection continued on 11 June 2018 and was announced. Both days were carried out by two inspectors.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

The care service had been developed and designed in line with the values that underpinned the Registering the Right Support and other best practice guidance. These values included choice, promotion of independence and inclusion. People with learning disabilities and autism using the service could live as ordinary a life as any citizen.

We used information the provider sent us in the Provider Information Return. 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 spoke with three people who used the service. We received feedback from one relative via the telephone and two other relatives via email. We had telephone conversations with three health professionals.

We spoke with the registered manager and deputy manager and met with four care staff. We reviewed three people's care files, three medicine administration records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at three staff files, the recruitment process, complaints, and training and supervision records.

We walked around the building and observed care practice and interactions between care staff and people. We used the Short Observational Framework for Inspection (SOFI) during meal preparation. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People, relatives, professionals and staff told us that Greenways was a safe place to live. We asked one person if they were happy living at Greenways. We used a picture of a happy smiling face and a sad frowning face to support the person to answer. The person nodded when we asked the question and then took the pen from us and wrote 'HAPPY' on our piece of paper. A relative told us, "There is no other care home in the region that we would trust more to care for and keep our loved one safe". Another relative said, "I think [name] is supported to keep safe". A professional said, "I feel the home is safe for those who live there". Staff described the service as safe and told us that safe systems in place included; clear guidelines, risk assessments, policies, audits, checks and management support.

We found that the home had implemented safe systems and processes which meant people received their medicines both prescribed and non-prescribed in line with the provider's medicine policy. The service had safe arrangements for the ordering, storage and disposal of medicines. We did however find some prescribed ear drops for a person which a staff member told us had stopped in April 2018. The registered manager removed these and returned them to the pharmacist on day two of the inspection. The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.

A staff member took us through the medicine process for administering people's medicines. We observed people's medicine blister packs were cross checked with people's medicine administration record (MAR) sheets to ensure the correct medicine was administered to the correct person at the right time. Medicine Administration Records (MAR) were completed and audited appropriately.

Medicines that required stricter controls by law were stored correctly in a separate cupboard although we found that staff had not recorded new stock of a medicine in the record book. The registered manager told us they would follow this up with the staff member and share learning in the next staff meeting on Monday 18 June 2018.

There were enough staff on duty to meet people's needs. A staff member said, "I feel there are enough staff to support people safely". We found that the registered manager assessed people's required staffing levels during pre-admission assessments. The registered manager told us they regularly reviewed this and both increased and decreased staffing levels in response to changes in need and/or behaviour. The registered manager said, "We are currently looking at reducing a recent increase in staff for a person in the community from 2:1 to 1:1. This will maximise independence and reduce restrictions".

The service had a robust recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. All areas

of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities throughout the building and staff had access to personal protective equipment (PPE) such as disposable aprons and gloves. Throughout the inspection we observed staff wearing these. Staff were able to discuss their responsibilities in relation to infection control and hygiene. A relative told us, "There have never been any issues with cleanliness".

Staff were able to tell us signs of abuse and who they would report concerns to both internal and external to the home. There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning. We found that there were no safeguarding alerts open at the time of the inspection. A professional told us, "I have no safeguarding concerns". Relatives and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered manager would listen and take suitable action. Accident and incident records were all recorded, analysed by the registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned, shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence. A professional said, "I know people are safe by the way they [staff] are caring for them and managing incidents. They keep me informed of all incidents".

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. Staff described confidently individual risks and the measures that were in place to mitigate them. Risk assessments were in place for each person. Where people had been assessed as being at risk of seizures, assessments showed measures taken to discreetly monitor the person. For example, to keep a person safe when swimming measures included informing the life guard and staff to swim alongside the person. In addition to risk assessments for people the home had general risk assessments which covered areas such as safe storage of sharps and using the homes vehicle. A professional told us, "They complete risk assessments for example, community access and support [name] well with that". We read one person community access assessment and found the measures in place included; staff having to walk on the outside of the person on the pathway due to their reduced road and traffic safety awareness.

Some people presented behaviour which challenged staff and the service. We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service. Behaviour (ABC) charts were completed by staff; these detailed what happened before an event, during an event and what preventative actions were taken. These were then monitored and analysed by the management and internal behaviour support team. We found that Greenways had good working relations with the local learning disability teams and came together with them, the person and family in response to new trends occurring and/or a set review. The support people had received by staff had had a positive impact on their lives and had meant that they could access the community more with support from staff who had a clear understanding of active and proactive strategies to support them safely. A relative told us, "Any changes in behaviour are discussed and staff also seek our advice which is important to us".

All electrical equipment had been tested to ensure its effective operation. A fire risk assessment had been completed and was up to date. People had personal emergency evacuation plans (PEEPs) in place. These plans told staff how to support people in the event of a fire.

Good

Is the service effective?

Our findings

People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. Care records held completed pre admission assessments which formed the foundation of basic information sheets and care plans details. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes. As people's health and care needs changed, ways of supporting them were reviewed. Changes were recorded in people's care files which each staff member had access to. A professional told us, "The quality of the care plans are good and they are managing to support [name] well".

Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "I am offered enough training. This is general and specific to people here. Recently I requested to do sign a long which is a form of sign language". Training records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. We noted that staff were also offered training specific to the people they supported for example; challenging behaviour, epilepsy and autism awareness. In addition to general training some staff also had achieved or were working towards there level three diplomas in health and social care. Health and social care professional's comments included, "staff are skilled" and "I think the staff have the skills and knowledge to provide good care at Greenways".

The registered manager told us staff received annual appraisals and regular supervisions (approximately three monthly). They went onto say, "I carry out indirect observations on staff working and record these. Any areas of concerns are raised with the staff to aid learning and development. Additional support is provided". A relative told us, "I feel staff are competent and confident in their roles". A staff member said, "I receive regular 1:1's. Three to four monthly. I find them useful, a time to reflect and get things off my chest. I had my annual appraisal the other day. It went well".

There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member said, "I had a good induction and was welcomed into the team. There was lots of reading but this was useful. I did shadow shifts over two weeks. This was enough to give me the skills I needed".

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 at Greenways were living with a learning disability, autism or had needs relating to their mental health, which affected their ability to make some decisions about their care and support. Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to

make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. Staff told us how they supported people to make decisions about their care and support.

Capacity assessments and best interest paperwork was in place which covered a number of areas of care. For example, behaviour, delivery of personal care, medicines and access to the community. A relative told us, "During a room change we were fully consulted and involved. The home planned this very well so that it wouldn't impact on our loved ones anxiety".

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. 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. Applications for Deprivation of Liberty Safeguards (DoLS) had been made for each person. The registered manager told us that an independent mental capacity assessor had been to the service to meet with one person recently and that they were pending the outcome.

People were supported with shopping, cooking and preparation of meals in their home. We wrote the following question down on paper after being advised by staff on the best way to communicate with a person. The question was written in their preferred style which gave them a YES/NO option for answer. Does [name] like cooking? Yes / No – [name] read the question out loud and the options and then answered YES. We observed another person being supported by two staff members to prepare ingredients and cook a meal. The staff communicated with the person effectively using speech, signs and gesture. The person appeared to enjoy this.

We observed people eating at different times and found that there was a relaxed atmosphere. Food looked appetising, was plentiful and overall it appeared to be a pleasurable experience. The table was nicely laid and drinks were available to people. People requiring assistance were helped in a manner which respected dignity and appeared to demonstrate knowledge of individual dietary and food consistency needs. For example, we observed a person gesturing to a staff member who got up and said, "do you want me to cut it for you". The person nodded to the staff member and they did it. After this the person continued to eat.

People could choose whether to have their meals in their own rooms, the communal dining or living area or outside in the garden. We observed, a staff member asking a person if they would like to eat their dinner outside on the patio. The person nodded and went and sat outside. The staff member returned with the person's meal and their own food and they ate their dinner together.

People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. A health professional said, "They [the service] do seek advice from us and we recently signposted them when they wanted to get a new bathroom for a person. The manager is active when they need things done for people". Recent health visits included; district nurses, a community learning disability nurse, GP and a continuing health care professional.

The service worked effectively with people, professionals, families and local authorities during admission and move on. At the time of our inspection a person was in the process of moving to a single persons supported living setting. The registered manager told us consistency is important to us and we are pleased that the organisation will still be providing support to the person with the potential of current staff transferring with them. The family member told us, "The service is working well with us to keep us involved and up to date on progress".

The home was split across two levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible. Due to behaviours the home decoration was minimal. The lounge carpet had been taken up by a person in response to behaviours. The registered manager had made the area safe and ensured any trip hazards had been removed. There was an open plan kitchen dining area and large enclosed garden with a swing which staff told us people enjoyed.

Good

Is the service caring?

Our findings

There was a total communication environment within the home. People each had their own preferred methods of communication and this was understood, respected and used by staff. Methods of communication included, sign language, whisper, speech, written text, photos and picture exchange communication system (PECS). The service was in the process of reviewing people's communication needs and creating communication passports with them and their families. Questionnaires had been sent to relatives to gather their input and meetings had been held with people. We observed staff using these communication preferences throughout the inspection with people to aid and enable them to be as independent as possible and make choices and decisions for themselves.

People, professionals and their relatives told us staff were kind and caring. We wrote the following question down on paper after being advised by staff on the best way to communicate with a person. The question was written in the persons preferred style and we gave them a YES/NO option to answer. Does [name] like the Greenways staff? Yes / No – [name] read the question out loud and the options and then answered 'YES'. A relative said, "Staff are kind caring and patient. They respect our loved one as an individual". A professional told us, "The staff are patient and caring. I think they understand what people's needs".

During the inspection there was a calm and welcoming atmosphere in the home, punctuated with moments of singing and laughter. We observed staff interacting with people in a caring and compassionate manner. For example, a staff member was sitting with a person who had predicted thunderstorms for that evening and had written this on his whiteboard. The staff member moved herself down to the person's seated position and spoke with whisper tones which was one of their preferred methods of communication. The staff member returned with sun cream, put their gloves on and supported the person to apply cream. A social care professional told us, "I think that it's a young, fun team. There is always laughter and joking going on there, but between the staff and people, not just between the staff. I think the staff are patient and caring, they have to be patient with [name]".

People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately. Where appropriate, bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends. There was a snug room so people were able to meet privately with visitors in areas other than their bedrooms. A relative told us, "I am always made to feel welcome when we visit. There is always a positive atmosphere". Another relative said they came when they wished and were always greeted politely by staff and made to feel welcome. Staff were aware of who was important to the people living there including family, friends and other people at the service.

People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. We found that people's

cultural beliefs were recorded in their files and that they were supported to attend services and meetings of their choice if requested.

Good

Is the service responsive?

Our findings

Greenways was responsive to people and their changing needs. Throughout the inspection we observed a very positive and inclusive culture at service. Promoting independence, involving people and using creative approaches was embedded and normal practice for staff. We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. People's support plans included information about people's personal history, their individual interests and their ability to make decisions about their day to day lives. Support plans provided guidance as to individual
goals for people to work towards to increase their independence and reduce their reliance on staff for support. A professional said, "Care staff know [name] well and managed their needs and work well with the family".

The registered manager alerted staff to changes and promoted open communication. Staff actively supported people as their needs and circumstances changed. For example, a professional told us, "Staff are very responsive, when a person's relative passed away it was unexpected and they needed a lot of support from the staff. The staff were so good with [name] and every single one went to the funeral to support [name]. It's like a family there". A staff member said, "Since I first started a year ago I have found that one person's confidence has been boosted. Before they were quiet now they are more expressive. [Name] use to not want to participate in activities but now they will. It's great".

Staff were able to tell us how they put people in the centre of their care and involved them and / or their relatives in the planning of their care and treatment. A relative said, "I'm involved in my loved one's care. The home keep us fully involved and up dated". A professional told us, "Staff know about people's preferences as they have worked very closely with them and their family". The registered manager told us that annual review meetings took place with the local authorities, families and people where possible. In addition to these the registered manager said that families like to get together quarterly for a more informal review and catch up on their loved ones progress and support needs. In these meetings the manager, families, people and staff are present.

People were supported to access the community and participate in activities which matched their hobbies and interests and reflected in individual support plans. Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone. During the inspection we noted that people were supported to play football and basketball in a local park, attend the gym and local swimming pool, go shopping, and two people were supported to go to college and a local farm. Whilst we were reviewing records a person came in and signed with a staff member. The person told them they had just been to the gym and enjoyed it. They explained that they had used the rowing machine, stepper and weights. We showed a person a question card which asked; does [name] go out with staff? Yes / No – [name] read the question out loud and the options and then answered YES. A relative said, "[name] is given opportunities to get out into the community".

One person had a regular local magazine delivery round which another person sometimes supported them

with. The deputy manager told us they were working with a person to find a voluntary or paid job and said, "It's about giving the people here a sense of purpose to live more meaningful lives and have good access to their local community".

The service met the requirements of the Accessible information Standard. The Accessible Information Standard (AIS) is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. People's assessments made reference to people's communication needs, this information had been included in people's support plans where a need had been identified, and communication passports were being put into place.

Communication aids were used effectively which supported people to express their feelings. For example, the service used a mood board. This was made up of two tools. One had visual emotions on it such as happy, sad, pain and upset. The other had a body map with visual images of the body for example, arm, tooth, throut, stomach and elbow. We were told that one person had recently used it to indicate that they had a sore throut and the service responded to this promptly. The deputy manager told us, "Visual choices enable people with autism to express themselves themselves as well as supporting them to make better informed choices and decisions". A relative told us, "The staff are great with communication. Social stories are used for events and changes. These include images, short sentences and written information. This is really effective for our loved one and help them understand things better".

The service promoted Equality Diversity and Human Rights (EDHR). Staff had received equality and diversity training. The registered manager explained that they were proactive about people's rights and access to the community. They said, "People's disability isn't seen as an obstacle. For example, if we are supporting a person to purchase something in a shop we make sure the cashier hands the change and item to the person not us [staff]". The registered manager went onto explain that they had a diverse staff team with different cultures, genders, sexualities and ages. They said, "This promotes inclusion in itself and gives people more of an understanding of diversity".

The registered and deputy manager told us that they welcomed complaints and saw these as a positive way of improving the service. The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome. We found that there were no live complaints at the time of our inspection. A relative told us, "I have no concerns at the moment but if I had a complaint I would go straight to the registered manager. I am confident they would listen and act on it". People were supported to understand the complaints procedure which was also available in an easy read pictorial format.

People who lived at Greenways were young adults and therefore not supported with end of life care.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. 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.

Quality monitoring systems and processes were in place and up to date. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; care plans, staff files, infection control, medicines and health and safety. The registered and deputy manager told us that they regularly worked care shifts with staff which enabled them to observe practice, make sure staff were completing records and take action to improve as and when necessary.

Staff, relatives and professionals feedback on the management at the home was positive. Staff comments included; "The registered manager is amazing. Very supportive both with work situations and personal ones too. They are always responsive and there for people and staff", "The management are really good. They have people and staff's best interests at heart" and "There is a good management team. I always feel supported". A relative said, "The management are open, approachable and always listen". A professional told us, "the manager is doing all he can to support [name] and they keep in touch" The registered manager told us that the provider was open and supportive. We were told that they always listened to staff and the management and would fund any resource required to deliver the best care to people living at Greenways.

The service worked in partnership with other agencies to provide good care and treatment to people. Professionals fed back that they felt information was listened to and shared with staff. A health professional said, "when we send paperwork the registered manager is proactive in completing and returning it". Another professional told us, "The registered manager always call and keeps me up to date and also passes on information".

The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They fulfilled these obligations where necessary through contact with families and people. The registered manager told us, "We have a policy on the Duty of Candour. It's all about making sure we say sorry when we make mistakes and letting people and families know what we are going to do to mitigate reoccurrences. We followed this following an incident where the back gate was left open. We apologised to the family and person and have now risk assessed and alarmed it". A relative told us, "The home is transparent and keep us informed of incidents and learning".

Relatives and staff told us that they felt engaged and involved in the service. A relative said, "The home is really supportive. I feel I can raise ideas and am involved in improvements. I can't think of any examples now though". A staff member told us, "I feel involved in the home. Management will listen to us and ask for our ideas. For example, the new office which has been built in the garden. We have been asked to name it". Another staff member said, "I feel listened to and feel they [management] take things on board. They will

also explain why if they don't take us up on our ideas".