

East Sussex County Council

Greenwood

Inspection report

16 Dalmeny Road
Bexhill On Sea
East Sussex
TN39 4HP

Tel: 01424723020
Website: www.eastsussex.gov.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

Greenwood is a purpose built unit providing short stay and respite care to 16 younger adults. People using this service have a learning disability and may also have a physical disability, sensory impairment or mental health issues. There were at total 130 people using the service throughout the year for short stays and respite. The period of stay depended on the needs of the individual person and their relatives.

The service was last inspected on 29 August 2013. At that time we found the service was meeting the requirements of the regulations we inspected at that time.

This inspection took place on 1 November 2016. There were 10 people using the service at the time of this inspection.

There was an experienced and qualified manager at the service who was registered with CQC. 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.

The service had made a difference to the lives of people who used it and their family. One person said, "I know that when I come here, people at home are cared for too and people of my own age are here as well." We received positive feedback from family members who said their relatives were well supported, safe and treated with dignity and respect when they stayed at the service. A relative commented, "We know we are lucky to have access to this service and the care is safe as well and respectful." Another said, "The staff are supportive and helpful, they understand the impact of transitions and how people need to be with peers to develop and feel comfortable." A health professional told us, "We work closely with parents who feedback to us how valuable the service is..."

The registered manager and staff explained they referred to people using the service as "guests" and they intended to provide a 'hotel' style service, which was safe, flexible and fun to use.

Staff communicated skilfully with people using their preferred methods and displayed a warm and caring attitude. People appeared comfortable in their surroundings and quickly made themselves at home when they arrived at the service or returned from day time activities.

The service had been completely refurbished to a very high standard since the last inspection. All bedrooms were single occupancy rooms and they were spacious and had en-suite facilities. There were various aids and adaptations to support people with their mobility needs such as overhead hoist tracking, specialist bathing facilities, dining space for wheelchairs and beds specific to people's needs. All areas were tastefully decorated and furnished to a high standard.

There were systems in place to protect people from the risk of abuse and harm. The registered manager and staff were knowledgeable about safeguarding people and were aware of the procedures to follow should an allegation of abuse be suspected. Assessments identified risks to people and management plans to reduce the risks were in place to ensure people's safety.

There was a sufficient number of staff deployed to meet people's needs and preferences. Thorough recruitment procedures were in place to ensure staff were suitable to work in a care environment.

Medicines were stored, administered, and disposed of safely and staff were trained in the safe management of medicines. We recommended that the service follow the guidance issued by the National Institute for Health and Care Excellence (NICE) in relation to record keeping. The registered manager took immediate action during the inspection to improve the recording of medicines received by the service.

The service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding and knowledge of the Act, and people who used the service had been assessed to determine if a DoLS application was required.

Staff had the skills, knowledge and experience required to support people with their care and support needs. Staff received essential training, additional training relevant to people's individual needs, and effective support from the registered manager with regular one to one supervision sessions.

During their stays people were involved in menu planning and they said they enjoyed the food provided and meal times. Staff knew about people's dietary preferences and needs and promoted healthy dietary choices. People's health was monitored during their stay and they were supported to access health care services when needed.

People's care and support was planned with them and their family members (where appropriate). The care delivered was personalised and ensured people's health, welfare, social and leisure needs were met during their stay. People had access to a variety of activities which provided regular in-house stimulation, as well as trips out into the community.

The registered manager used effective systems to continually monitor the quality of the service and had ongoing plans for improving the service people received. They gathered information about the quality of the service from a variety of sources including people who used the service and their family.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse because staff were aware of their duty and responsibility to protect people and they were aware of the procedure to follow if they suspected abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and appropriately managed.

People were cared for by sufficient numbers of staff. Safe recruitment practices were followed to ensure staff were suitable to work in a care environment.

People's medicines were managed in accordance with safe procedures and staff who administered medicines had received appropriate training.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to ensure they could meet the needs of people using the service.

The service understood how to apply the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards to ensure people's rights were protected.

People were supported to have sufficient to eat and drink and maintain a balanced diet that met with their preferences.

People were supported to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring.

People had developed a positive rapport with staff, who treated people with understanding, kindness, respect and compassion. Staff promoted people's independence and encouraged them to

be involved in their care and to do as much for themselves as they were able to.

People's privacy and dignity was respected.

Appropriate information about the service was provided to people using the service.

Is the service responsive?

Good ●

The service was responsive.

People's care was planned and centred on their wishes and needs and kept under continuously review.

Activities reflected people's interests and preferences and were varied and meaningful and promoted social inclusion within the service and wider community.

People's views were actively sought and any issues addressed in a timely way. People and their relatives knew how to complain if they needed to. The registered manager and provider took complaints seriously.

Is the service well-led?

Good ●

The service was well led.

The registered manager demonstrated good leadership and management by empowering people and staff to be actively involved in the running of the service.

There were effective systems in place to regularly assess and monitor the quality of the service that people received.

The service had a clear set of values which were promoted by the management team and care staff.

Greenwood

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 was undertaken on 1 November 2016. The inspection was announced twenty four hours in advance as it is a small service and we needed to ensure the registered manager was available to assist with the inspection.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service. We looked at previous inspection reports and other information about the service including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR.

During the inspection we looked around the service and met with several people using the service at the time. We spoke with five people in more detail to understand their views and experiences of the service and we observed how staff supported people. We also spoke with seven relatives over the phone during the inspection to hear their views. We spoke with the registered manager, operations manager for the service; eight staff, a commissioner of the service and a learning disability nurse specialist.

We reviewed the care records of three people who were using the service at the time of the inspection and a range of other documents. For example medicine records, three staff recruitment files and staff training records and records relating to the management of the service.

Is the service safe?

Our findings

People using the service and their family members said the service provided was safe. People using the service said, "I like it here very much. I like the staff. I love it..."; "I like to come here" and "I feel comfortable here." In addition to this we saw that people who were unable to speak with us were relaxed and comfortable and appeared to trust staff. All relatives said they thought the service was safe. Comments included, "I know people are professional, caring and knowledgeable and I know that I can feel reassured" and "The staff are really good...from start to finish. They plan care and respond to how needs change for all."

Commissioners were also confident the service provided was safe. They told us they had been "very impressed with the service. Feedback from relatives has been very positive." A specialist nurse described the service as "Fantastic" and confirmed the service liaised with the learning disability team regularly to ensure people's care was planned and delivered in a safe way. They added, "As a health team we have no concerns about the practice at Greenwood."

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff had received training and all were knowledgeable about the procedures to follow should they have any concerns. Staff were confident the manager would act immediately should any concerns be reported. They were aware of whistle blowing procedures and also well-informed about organisations outside of the service where they could report concerns. The registered manager was fully aware of their responsibilities in relation to safeguarding people. Where concerns were noted, these were passed to the appropriate authorities to be investigated and addressed. The registered manager worked in partnership with external colleagues where necessary to ensure safeguarding concerns were addressed.

The registered manager and staff confirmed that restraint or seclusion was not used at the service as a way of managing behaviours which may be challenging. Instead, staff understood that some behaviour was communication and an expression of anxiety or frustration. As such, there were strategies in place to help pre-empt and de-escalate potential incidents. Staff had received training in relation to 'Strategic Crisis Intervention and Prevention' techniques to ensure that interventions were safe and effective.

There were safe medication administration systems in place and people received their medicines when required. All staff involved in the management of medicines had received training and an annual competency check to ensure their practice was safe. Medicines were securely and safely stored, including those medicines which required additional secure storage.

As the service provided respite care people arrived with their medicines from home. This meant staff were not usually involved in the ordering or disposal of medicines, unless something was required urgently as a result of a changing need. There were detailed risk assessments in place describing the level of support each person required to manage their medicines appropriately. The medicine administration records showed people had received their medicines as prescribed. Specific protocols for the administration of medicines

prescribed 'as necessary' and 'variable dose' medicines were in place. These protocols ensured staff were aware of when this type of medicine needed to be administered. A specialist nurse said the service used the recommended protocols for medicines relating to people's epilepsy. They said, "The service is quick to identify people with epilepsy and implement the necessary guidelines." They were confident these medicines were managed safely and appropriately. Some staff had received additional specialist training from the community nurses in order to support one person with their insulin administration. A relative commented, "It is a place where I feel when handing over medication for a stay that I don't have to worry."

We found handwritten entries on medicine administration records which had not been signed by two staff to ensure accuracy. We recommend the provider follow the guidance issued by the National Institute for Health and Care Excellence (NICE). The registered manager took immediate action to inform staff of the need to improve the record of medicines received by the service.

The service had been proactive during the warm Summer months; when the temperature of the medicines store room reached 25 degrees centigrade, an air-conditioning unit had been installed to ensure temperatures were within guidelines. The daily temperature records showed medicines were stored at the recommended temperature.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. Risk assessments covered a variety of activities for example mobility and potential falls; behaviour which might place the person or others at risk; being out in the community; environmental risks and risks to people's health. Each risk assessment included clear measures for staff about how to keep people as safe as possible. For example, one person's behaviour placed them at risk at times. Records were sensitively written and clearly showed potential triggers for certain behaviour and how staff should respond to reduce the person's anxiety, including key words to use and not to use. Other risk assessments showed the support people required when out in the community to keep them safe. This included one to one or two to one support from staff. Risk assessments had been reviewed when appropriate and updated with any necessary additional information. Staff displayed a good understanding of the risks people were exposed to and spoke confidently about the measures in place to promote the safety and wellbeing of the people they supported. We observed staff used appropriate methods to ensure people were safe when supporting them. For example, making sure the correct equipment was used and people were appropriately supported when mobilising.

Accidents and incidents were monitored to identify any areas of concern and any steps that could be taken to prevent accidents from recurring. Staff were aware of the process for reporting accidents and incidents and the registered manager reviewed all accident/incident reports and included these in a monthly audit. Where necessary, action was taken to reduce a reoccurrence. For example, where there had been errors or omissions relating to medicines. An investigation established how the incident occurred and where necessary additional staff training and support was put in place.

There were sufficient numbers of suitably experienced and qualified staff available to keep people safe and ensure they enjoyed activities and outings. There was an electronic booking system in place which showed the planned stays week by week. This helped to highlight the staffing ratio required on any given day. Staffing was determined by people's needs and was flexible as there were different people staying during the week with different needs, so staffing levels varied each day. We saw where people required one to one support this was provided. Staff said there were enough staff to help and support people using the service. One member of staff said, "We review the admissions daily so assessed needs are met. We don't run short. We can use bank or agency staff if needed." One person said, "I like the staff very much. They help me and I have a good time here..."

The service used bank and agency when necessary to cover staff vacancies, sickness or holidays. The registered manager explained that "regular" bank or agency staff were used so they were familiar with the service and the needs of people using it. This helped to provide a consistent approach to the care and support delivered.

Safe recruitment procedures ensured people were supported by staff with the appropriate experience and character. Relevant checks had been completed before new staff started their employment at the service. These included Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. References had been requested from previous employers to provide satisfactory evidence about their conduct in previous employment. There were no unexplained gaps in employment histories.

People were cared for in an environment which was safe. The premises had been refurbished to a high standard and were well maintained, homely and clean and fresh throughout. All equipment had been serviced and maintained as required. Equipment including moving and handling equipment (hoist and slings) were safe for use; they were clean and stored appropriately. Fire safety precautions were in place. Staff had received fire safety training to ensure they knew what to do in an emergency. The fire alarm, firefighting equipment and fire doors had been regularly checked to confirm they were in good working order. There was fire signage throughout the building. Where necessary windows had been restricted to reduce the risk of falls. A sample of water temperatures found water was delivered at a safe temperature in line with health and safety guidelines, which reduced the risk of scalding. All radiators were 'low surface heat' reducing the risk of possible burns.

There were systems in place to prevent and control the risk of infection. There was separate laundry facilities, which were well equipped, clean and well organised. All bed linen was sent to an external laundry service. When necessary, additional precautions were used for dealing with soiled linen. Staff had access to protective equipment, such as gloves and aprons and all had received infection control training to promote good practice. All substances hazardous to health (COSHH) were stored securely. All bathrooms and toilets had liquid soap and paper towels to promote good handwashing. Following a food hygiene inspection in September 2016 the service was awarded a rating of five. This is the highest rating and shows good standards were maintained in relation to food hygiene.

There were arrangements in place to keep people safe in an emergency. Personal emergency evacuation plans were in place, which provided staff and emergency services staff with information about what to do for each person in case of an emergency evacuation of the building. There was always a first aider on duty to ensure these types of emergencies were dealt with effectively.

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. People said they liked and trusted the staff. One person said, "The staff are lovely. I like them." Another said, "The staff know me and I know them..." Feedback from relatives and professionals showed they had confidence in the staff team and they described a skilled and knowledgeable team. One said, "The team is motivated and well trained." Another said, "The manager and staff are terrific. Staff are well trained and well informed about people's needs."

Staff said they were well supported and received training to enable them to do their jobs safely and effectively. One said, "The training and support really is excellent here." Another commented, "It is a fantastic place to work. We are encouraged and supported in every way..." Staff had access to a range of training and learning materials to develop the skills and knowledge they required to meet people's needs. Training was delivered in a number of ways, for example, face to face courses, on-line learning, DVDs and 'on the job' training. The training matrix and information in the PIR showed essential training was included, such as moving people safely, safeguarding people from abuse, first aid, food hygiene and infection control. Other training included; the management of epilepsy; nutrition and malnutrition (including the use of supplements and tube feeding); understanding learning disability and communication. A small number of staff had also attended specialist training in relation to Autism; posture and respiratory care for people with learning disabilities and working with people who self-injure. 62% of staff had obtained a nationally recognised qualification in health and social care. The registered manager had a system to monitor staff training and this alerted him when staff required refresher training. This meant people experienced effective care to support their individual and diverse health and social care needs.

New staff completed an induction programme which involved training and shadowing experienced staff followed by competency tests. New staff were working towards or had completed the Care Certificate. The Care Certificate is a nationally recognised induction for people working in health and social care who have not already had relevant training or experience. The induction training was designed to support each individual member of staff.

Staff received regular supervision with the registered manager or senior care staff. These were one to one meetings held on a formal basis with their line manager. Staff said they could discuss their development and training needs, as well as their thoughts and ideas on improving the service. They said they were also given feedback about their performance. This helped to ensure staff were supported to deliver effective care to people and had regular opportunities to discuss their roles and seek feedback on their practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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.

Staff had received training and were aware of the Mental Capacity Act and worked within the principles of the act and people's best interest. Staff knew people well and were aware of their communications needs and how best to enable them to make decisions for themselves. During the inspection staff constantly involved people in decisions about their care, support and activities. One person had been fully involved in the decision to use a 'monitor' to alert staff at night should they have a seizure. Records showed staff explained the issue clearly and the person consented to the use of the equipment at night.

People's capacity to consent to care and support had been assessed. Where a person lacked capacity to understand the need for interventions, best interest decisions had been made with professionals, relatives and staff. For instance, one person received 'covert medicines', which meant their medicines, were given with food or drinks. This approach had been agreed using a best interest approach.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under MCA. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). At the time of inspection one person had an authorised DoLS in place. The registered manager was aware of their responsibility to ensure the least restrictive options were considered when supporting people and they ensured people's liberty was not unduly or unlawfully restricted.

People's nutritional needs had been assessed and their needs, likes, dislikes and any allergies had been recorded. Menus were planned with people and reflected their likes and dislikes, while offering a healthy and balanced diet. All meals were 'home cooked' by the kitchen staff and staff preparing meals were aware of people's dietary requirements and preferences. One relative explained, "We have talked to the staff about gluten needs and about repetitive patterns with foods. It is hard to manage, but the staff have listened and responded and sharing communal time with other people has meant the range of meals tried have increased."

People said they enjoyed the food provided. One person said, "I love the food here!" Another said, "We had a Halloween party and the staff understand that I have certain foods and types which make me unwell. There was plenty of choice and staff clearly knew what I was able to choose from, so I still really enjoyed myself." The main meal was served in the evening when people arrived or returned from activities during the day. An alternative to the main meal was always offered, which included a vegetarian option. Packed lunches were provided for those people attending day care during the day and there were snacks, drinks and fresh fruit available throughout the day for people.

Where people were at risk nutritionally the service sought guidance from parents and advice from external professionals. For example, one person required their nutrition via a tube (Percutaneous endoscopic gastrostomy (PEG)). Staff had been trained to ensure this technique was managed safely and there were clear instructions about the regime used by the person to ensure they were adequately nourished.

People's health was monitored during their stay at Greenwood and reviewed if any changes had occurred. Staff liaised with health care professionals when required. A nurse specialist said, "As a health team we don't have any concerns. We work closely with parents who feedback to us how valuable the service is..." People's health needs and medical history were recorded along with detailed information for staff to follow to meet those needs. For example, there were clear guidelines about how to support one person who lived with diabetes, including their dietary needs and what to do should their health change as a result of their diabetes. There were detailed protocols in place for the safe management of epilepsy. A health professional said referrals to them were appropriate and timely and the service acted on any advice given to improve people's health. They said, "I have been impressed by how the staff adapt to the care required..." Relatives

said people's healthcare needs were well managed and action taken when needed. They said there was good communication with the service and they were up-dated about any changes to their loved one's health.

People's individual needs were met by the adaptations, design and decoration of the premises. Comments from people using the service and their relatives included, "I like my room"; "They have even made the decoration more "hotel" like..."; "The environment is fantastic..." and "The accommodation is first class..." Two professionals commended the environment, one saying, "The refurbishment and relaunch of the service has been very impressive and thoughtful in meeting people's needs..." Another said, "The environment is fantastic. Lots of space for people to use...it has a homeliness..."

The accommodation had been refurbished to a very high standard since the last inspection and was spacious, comfortable and welcoming. The premises were well decorated and maintained. There was ample communal space, which included a large 'activity room' where people gathered on arrival and where a variety of activities took place. This was a vibrant and bright space, which had been decorated extensively for Halloween. There were also a number of quiet spaces where people could sit and relax. There was a spacious dining room which could accommodate 16 people. All areas were wheelchairs accessible and furnished with comfortable armchairs.

The majority of bedrooms had en-suite facilities and 'wet rooms' had good access space for staff to give assistance as needed. Peoples' bedrooms were spacious, comfortable and well furnished. There were slight variations in room environments to cater for diverse sensory needs. There were two 'low stimulation' rooms which had integrated blinds set in toughened glass. These rooms also had sunken electrical sockets for people who required this type of environment. There were three en-suite rooms with kitchenettes for people who were able to be more independent. Staff had considered what facilities in bedrooms were better suited to the needs of some people. People had access to an enclosed garden which had comfortable garden furniture.

Specialised equipment had been fitted, including ceiling track hoists to assist staff to safely transfer with complex physical disabilities. Staff had received training to enable them to use the hoists safely.

Is the service caring?

Our findings

People, their relatives and professionals were consistently positive about the caring attitude of the staff at the service. One person said, "I like coming here. I like the staff. I know (the registered manager) he is nice." Another said, "I enjoy my stays here. People are nice and we have a good time..." Comments from relatives included, "The staff know how to discuss how people feel and experience the visit. They also learn from our understanding. That makes us as people feel secure and all of us get the most from the service"; "I can tell it is liked.....people are happy to go and be part of the activities" and "You can also see it in how staff make people happy and there are always activities, which I know they are trying to develop further." Visiting professionals told us, "The registered manager and staff are passionate about people and the provision of the service..." and "People are at the centre of the service...my experience is that people have no concerns about staying there...people enjoy themselves there..."

People said how much they enjoyed coming to the service to meet with friends. The service offered an opportunity for people to meet with and enjoy the company of peers. One person said, "We are all friends. I like it here very much." Another said, "I have a nice time here. It is fun..." The atmosphere at the service was friendly and relaxed and people felt comfortable. The staff demonstrated genuine affection for people and understood their needs and preferences.

Throughout the inspection staff took time to listen and understand what people were saying and wanted. People at the service had different methods of communication, and some people could not communicate their needs verbally. The staff had an excellent knowledge of the way each person communicated and there were clear and detailed records about this. For example, some people used hand gestures, objects of reference or body language to express how they were feeling. The team were practiced at Makaton (Makaton is a language programme using signs and symbols to help people to communicate); and other methods of communication such as the picture exchange communication system (PECs). When communicating with people, staff ensured they were at eye level with the person in order to enhance the interaction. We saw interactions elicited smiles on many occasions and people looked relaxed and happy with staff.

When one person became restless, staff were aware and used techniques in order to engage the person in an enjoyable activity. One person was anxious about their stay as they were worried about the family at home. Staff took time to reassure the person and explain the benefits of them being at Greenwood. Later we saw the person enjoying an activity and it was clear their initial anxiety had reduced.

It was clear that positive relationships had been established between the staff team and people and their relatives using the service. There was lots of banter and laughter as people prepared to go to the day time activities. When people arrived at the service in the afternoon, there was a warm welcome from staff and people enjoyed greeting their friends too. There was lots of chatting. A member of staff said, "We want people to feel welcome, to be able to talk to us and to give people an experience that they enjoy and feel supported... and have positive memories in which they are respected." A relative said, "The staff are excellent in their interaction and are very good...I know it is enjoyed, I see it in the happiness and how the staff work well with my relative and myself. They know us as people."

The registered manager and staff understood the importance of respite care for parents and families and the service was flexible in order to meet their needs. One relative explained their experience, "I have to book respite in one go for the year....and I had a family event arise which I needed to attend. The staff found space in the booking and made an adjustment and understood about "real life". That makes the difference to me and my family.....understanding."

The registered manager and staff were mindful of the dynamics and characteristics of people using the service and tried to ensure respite stays were harmonious. The service used a database to help plan people's stays, which took into consideration friendships (and possible personality clashes) between people who used the service. This was recorded as part of the booking system and detailed from feedback from people and their families. The registered manager said "This enables us to plan room space and allocation, so everyone is supported equally and can feel included."

Staff treated people with dignity and respect at all times. Any personal care was delivered in private. People looked well-presented and cared for. Relatives we spoke with confirmed their family member's dignity and privacy was respected. One said, "...it gives me confidence to relax as someone at home....knowing things will be done...and with care."

Staff worked to promote people's choice and freedom. They had recognised one person's choice and freedom was being limited during their stay as they required an insulin injection from the community nurses. In order to improve the person's experience a number of staff had attended specialist training with the community nurses in order to safely monitor the person's condition and administer their medicines. This meant the person's chosen activities were not interrupted.

People were given the opportunity to express their opinions in a variety of different ways, and to make choices about things. For example people who came to stay regularly could state a room preference, which meant they returned to a familiar and safe environment. One person said, "I know I can stay in the same room and the rooms are really nice here." A relative told us, "The staff also understand that people have or get used to favourite rooms and they are all different..."

Communication between the service and family members was very good. One family member said, "The staff are good at sending information and managing my needs as a family member. They go out of their way to maintain trust and offer clear information about things." Another said, "The level of information is second to none.....nothing is too much trouble and there are plenty of staff who are always willing to listen."

People were given information in a format to help them understand what to expect of the service. There was an introductory 'welcome pack' in each room with pictorial design to assist their understanding. The registered manager explained, "We understand that people will not always read such a pack of information that is not its only purpose. It is to also act as a subtle prompt for staff to understand people`s needs and to think about the experience they may wish to have and to also support and explore any concerns they may have."

'Guest meetings' were held weekly to find out what people wanted from their stay and to plan activities. There was a pictorial agenda and a pictorial activities programme on display plus pictorial minutes of the meetings held, which were shared with people.

Is the service responsive?

Our findings

People received consistent personalised care and support and they and their family members were actively involved in developing their care and support plans. The ethos of a person centred stay at the service was underpinned by the responsive and safe, empowering assessment of both the needs of people using the service and those offering informal care, such as relatives or families. People said the care which was offered was supportive and understanding of their needs.

A relative said, "The staff also are able to be flexible and respond to our changing need and that is something which supports my trust." Another said, "When I have to talk to the staff, I know someone listens and I can make them act to change things. That is good."

There was an effective and comprehensive admissions process in place for people who were thinking about using the service. People's needs had been assessed before they stayed at the service. Senior care staff met with the person and their family members to discuss their needs and preferences in detail. Relatives confirmed they had been fully involved. Assessments identified people's needs, setting out how to support each person so that their individual needs were met.

Care records contained detailed information about each person's level of need, such as their health, mobility, personal care and medication. There was also an 'about me' document, which contained information relating to the person's background, likes and dislikes, life story, and important people in the person's life. Care plans were regularly assessed to ensure they were up to date and captured any changing needs. Information was regularly shared with relatives about any changing needs, worries or wider issues effected people since their last stay. This ensured staff had relevant information to be able to deliver safe and effective care and support.

Staff were very knowledgeable about people's individual needs, preferences and how they should be met. They said care records contained all of the information they needed to deliver safe personalised care. One said, "The care plans are excellent...they are a living document. We revisit the support plan at every visit so it is up-to-date and reflective of people's needs." Relatives said the transition between home and the service was well managed.

People participated in a variety of different activities, according to their interests and preferences. The majority of people used community day services and they were able to continue to attend their day care during their stay at Greenwood. People said they enjoyed the activities at the service. One person said, "There are lots of different things to do here..." Another said, "There is Wifi and different things to do. For example, last night we had a Halloween party, the staff made so much effort, drinks that looked like slime and different Halloween foods.....I had burgers. It was a good time... The decorations were really good as well.....you can see them all around the room."

The leisure equipment throughout the service reflected the interests of people who lived there, for example there was a room with a pool table, gaming console, televisions, computers and music equipment. The service had an interactive computerised mat which displayed images and interactive games and people

could interact with the visual and audio stimulus. This had the capacity to engage people of all ages and abilities. We saw one person particularly enjoyed using this equipment.

The service had access to two mini-buses which enable people to enjoy trips out to places of interest. Activities also included people using the local facilities, such as cafés and shops. Other outings had included a visit to the fire station; visits to the sea front and disco evenings. Pampering sessions were also offered, including nail painting and foot spas. One person had expressed to staff that they "wanted to hang out like normal kids..." Staff had arranged a visit to a local skating park, which the person had enjoyed enormously. A staff member said, "Just getting a smile from them is enough for me."

Themed evenings were organised, like the Halloween party. There was also a 1930`s style Cocktail Night held, with differing drinks suitable for people needs, including milkshakes. People told us how staff members dressed in bartenders outfits to make an effort for an evening of fun which was enjoyed and shared by all at the service.

The service was in the process of developing a day care service called 'Greendays', which was due to start operating early in November 2016. A member of staff had been tasked with developing the new service and spoke with us about the ethos. They said, "It will be geared around the interests, needs and abilities of people." The new day service was aiming to provide a 'woman's group' to support young women with basic health and hygiene needs. Other planned activities aimed to develop people's independence and living skills, for example cooking classes, money management, road safety and use of public transport.

The service had a complaints procedure which was made available to people and their families on admission. People using the service and their family members were aware of how to raise a concern or complaint. One person said they would speak with registered manager or staff if they were worried or unhappy during their stay. They said, "The staff listen to me..."

The PIR showed there had been two complaints in the past 12 months. We discussed these with the registered manager. One had been fully investigated and resolved to the person's satisfaction. A second complaint was on-going and was being dealt with by the local authority following an investigation by the registered manager. The service had received 41 compliments during this same period. The PIR showed there were three themes to come from the compliments. For example, people enjoying events at the service and finding them to be fun and well organised; the general level of support that the team provide for people and the levels of happiness with the service as a whole; and the positive impact that coming to Greenwood has on an individual. For example comments included, "so much happier"; "relaxed" and "...looks forward to coming to Greenwood."

Is the service well-led?

Our findings

The registered manager had embedded an open culture within the service and demonstrated good leadership and management by using empowering approaches with people and staff. People told us how much they enjoyed staying at the service and relatives expressed their confidence and trust in the registered manager and staff. Professionals said the service was managed well. Their comments included, "It doesn't matter what time of the day I ring staff are always on the ball...feedback from families is very positive..." Another said, "The registered manager comes across very well with us. It feels like he is really passionate and takes staff with him...they are passionate about people and the provision of the service and how the service has been developed..."

The registered manager was visible within the service and known to the people using the service. During the re-development the registered manager's office was relocated to the ground floor. They told us in the PIR this had meant they were more visible to 'guests' and staff and were better able to embed their leadership. They added "This move has enabled us to have regular formal and informal contact with staff and guests alike. This in turn, allows for observation, coaching, information sharing, instant practice correction, leading by example and guest feedback."

The registered manager was a good role model and promoted a positive culture within the service. In the PIR they told us, "...of course we cherish our open culture towards all incidents and events so that, collectively, we can continually learn and improve..." The registered manager and staff were aware of their duty of candour; they had received training and were able to describe how they had established an open and transparent culture. One staff member said, "If mistakes or errors are made (the registered manager) has instilled in us that we are human and we make mistakes but we must be open about these and learn from them..."

Staff demonstrated they had a good understanding of their roles and responsibilities and lines of accountability were clear. 'Champions' had been appointed within the service who actively supported the staff team to make sure people experienced good, safe care. For example a champion for diversity and equality; records; staff training; fire safety; moving and handling and infection control. These lead roles gave staff a sense of ownership and enabled them to contribute their knowledge and skills in the development of the service. Staff with lead roles had attended attentional training and supported staff with 'best practice'. They also produced a monthly report for the registered manager and team detailing progress, any issues raised during the month and what was planned for the following month.

Staff consistently described the service as a good place to work; a place where they received good support and relevant training. Comments included "We have an excellent team and wonderful guests...it's a pleasure to come to work..." Another said, "Morale is brilliant...excellent support and a real team ethos here..." To boost staff morale the registered manager had developed a 'staff...don't spare your blushes' board. This enabled staff to share experiences and celebrate good outcomes. For example, one member of staff had supported a person who was anxious and missing home. Their creative and supportive intervention had enabled the person to settle into bed and sleep well.

People and their relatives' views were sought about the service. 'Guest meetings' were a regular feature of people's stays and enabled them to make suggestions, share ideas and raise any worries. People were also involved in regular reviews of their care and support. They had also helped to create a board on display which expressed their comments about why they liked to stay Greenwood. Comments included, "A great welcome"; "Sleeping well and feeling relaxed"; "A place to see my friends" and "A place where people know me." Feedback from people showed they were happy with service provided and looked forward to their stays at Greenwood.

Relatives were invited to give feedback at any time and we received and saw very positive comments from them, which demonstrated how valued the service was. The registered manager demonstrated that improvements were made at the service as a result of observations or feedback about people's experience. For example, following observations at mealtimes, they had identified the service was slow at times, which could cause people to become restless and impatient. Improvements were implemented to ensure that meals were served quickly and the delays were significantly reduced.

Staff said the registered manager welcomed and sought their views and opinions and regular monthly staff meeting were held. One said, "We can add to the agenda. (The registered manager) is welcoming of our input. We feel valued and listened to." Another said, "There are no egos here. It is very open, led by (the registered manager). We can speak our mind and differences are respected..." A third said, "I feel happy here, I love coming to work.....I am able to make a difference and feel valued." The registered manager said, "At all levels we pride ourselves on our communication, availability, and openness to debate."

The registered provider had procedures in place to monitor the service provided. A number quality assurance audits were undertaken on a monthly basis to check the safety and quality of the service. These included monitoring the environment and equipment, maintenance of the building, staff training, infection control, reviewing care plan records, and medicines management. Any issues found during the audits were acted upon and any lessons learnt to improve the service going forward. For example, where staff training required up-dating this was highlighted for action. A monthly internal audit was produced which collated the outcome of all audits and served as an overview of the service for the provider. The operations manager for the service visited regularly and supported the registered manager and obtained an overview of the quality of the service for the provider.

The service demonstrated that learning from incidents was part of the culture. Appropriate investigations of all accidents and incidents were undertaken and actions were implemented where necessary to reduce a reoccurrence. For example, adjustments to procedures for the management of medicines aimed to ensure people were protected from harm. Where errors had been made, these were investigated, acknowledged and staff were offered support with additional training and supervision.

The service worked in partnership with family members, health and social care professionals and local day centres for people with a learning disability. Health and social care professional said people benefitted from the working relationships which had been established and ensured people received appropriate support to meet their health and social care needs. They were confident the service minimised any risk to people's health, safety and wellbeing.

Records reviewed during the inspection, for example staff files, care records, daily notes and audits were up to date. Staff personnel records and individual care records were securely stored. All records requested during the inspection were readily available.

The registered manager was aware of their responsibilities to notify CQC about certain events, such as

deaths, serious injuries or allegations of abuse. This enables CQC to monitor the rates of these incidents at the service and how these incidents were being dealt with.