

Leonard Cheshire Disability

Green Gables - Care Home Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 24 September 2015 and was unannounced.

Green Gables is a care home registered to provide accommodation and personal care to 28 adults with physical and learning disabilities. They are not registered to provide nursing care. At the time of our inspection 25 people lived there. The service is set over two-stories and has an internal lift. It is situated on the outskirts of the market town of Alfreton, Derbyshire.

At our last inspection in February 2014 we found that the essential standards of quality and safety were being met at this service.

There was a registered manager in post, although they were on annual leave on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People told us they felt happy and safe living at the service. Staff had received training to safeguard people from abuse and knew how to report any concerns they may have. There were effective recruitment procedures in place and these were followed to ensure staff were suitable to work with vulnerable people. There were arrangements in place to ensure staff numbers were suitable to meet the needs of the people.

There were plans and guidance in place to ensure people were safe if an unforeseen event, such as a fire occurred. Specialist equipment and the environment was well maintained to ensure people were kept safe.

Staff attended training to ensure people's medicines were stored, administered and disposed of safely. Potential risks to people's health were monitored and reviewed.

Staff respected and promoted people's dignity and privacy. Staff had developed caring and compassionate relationships with people and their relatives. Staff were knowledgeable about people, their background, histories, likes and dislikes and understood their needs well.

Staff were able to explain to us how they maintained people's safety and protected their rights. Staff had been provided with training such as the Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS) and safeguarding.

People received care that was personalised and took into account personal preferences and choice. People and relatives felt able to raise concerns and had confidence it would be dealt with promptly.

Staff understood their roles and responsibilities. There were effective systems in place to audit and monitor the quality of the service being provided.

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.

There were safe and effective recruitment processes in place to ensure staff were fit and suitable to work with vulnerable people.

Sufficient numbers of staff were available to safely meet people's needs. Safeguarding policies and procedures were in place and followed.

People were supported to take their medicines by staff who had received training.

Good



Is the service effective?

The service was effective.

People received care by staff who understood their needs well. Staff were provided with training to meet people's needs effectively.

The service was fully accessible and adapted to meet people's needs

Staff ensured people's consent was sought before any care and support was provided. Principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) were followed.

People had access to health and social care professionals when necessary.

Good



Is the service caring?

The service was caring.

People were cared for in a kind and compassionate way and by staff who knew them and their needs well.

Staff were aware of promoting people's dignity and respected people's right to a family and private life.

Good



Is the service responsive?

The service was responsive.

People received care that was personalised, met their needs and took into account personal preferences.

Detailed information was available to enable staff to provide individualised care.

People and their relatives were able to raise concerns and were confident they would be dealt with in a prompt manner.

Good



Is the service well-led?

The service was well-led.

Effective systems were in place to audit and monitor the quality of the service as well as manage risk and make improvements.

Good



Summary of findings

Staff understood their roles and responsibilities and felt supported by the management team.	
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Green Gables - Care Home Physical Disabilities

Detailed findings

Background to this inspection

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

This inspection took place on 24 September 2015 and was unannounced. The inspection team consisted of one inspector and an specialist advisor. The specialist advisor on this inspection had a care background with expertise in nursing and care of people with physical and learning disabilities.

Before this inspection we looked at key information we held about the service. This included notifications the provider held about the service. A notification is

information about important events which the provider is required by law to send to us. We also spoke with local authority contracts and commissioners responsible for the contracting and monitoring of people's care at the home.

During our inspection we spoke with eight people living at the service and six relatives. We also spoke with seven staff, an agency chef, a deputy manager and two service managers from other services. We observed how care and support was provided by staff in communal areas and we looked at three staff files, three people's care plans and other records associated with the management of the service. For example, training records, meeting minutes, medicines records and checks of quality and safety.

As some people at Green Gables were living with communication difficulties, we used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people who could not talk to us.

Is the service safe?

Our findings

People told us they felt safe and secure living at the home. One person told us, “I love it here.” They went on to say, “It’s the best place I’ve lived.” They told us the staff were really helpful and made sure they were looked after. Another person told us, “Staff always help when I need help.” People’s relatives were confident their family member received safe care with staff they trusted. One relative told us they were more than happy with the care and support their family member received.

In our conversations, one person told us they understood what to do in an emergency, such as a fire alarm sounding. They explained the procedure to us and knew they needed to leave and go to the assembly point. Staff were fully aware of what to do in an emergency. Systems were in place to effectively manage emergency situations.

During the morning of our inspection, the fire alarm activated and we saw people, relatives and staff put their understanding of procedures into practice. We were satisfied and reassured that everyone’s safety was paramount and fire procedures were effective.

People we spoke with told us there were enough staff to meet their needs. One relative told us the staff numbers were sufficient. Another relative told us, “Staff work very hard to make sure everyone is looked after.” We saw there were sufficient staff on duty to meet people’s needs safely. The deputy manager explained staff numbers were determined by people’s needs and numbers were adjusted when people required additional support. The deputy manager explained the staffing levels for each day. We could see from the rota this had been maintained.

There were suitable arrangements for the safe storage, management and disposal of medicines. Staff who administered medicines had completed recognised training in medicines. There were detailed instructions regarding each person’s medicines and how and where they preferred to take them. There was also information and protocols relating to individual risks and potential medical emergencies.

Staff involved in medicines administration had received training in safe administration procedures as well as training relating to specialist medicines administration. We saw medicines were stored safely and medicines

administration records (MAR) had been correctly completed after people took their medicines. This demonstrated to us that safe and effective systems were in place to manage medicines.

Safe and effective recruitment practices were in place to ensure all staff were suitable to work with vulnerable people. Relevant pre-employment checks were carried out prior to a new staff member commencing their employment. The checks included written references, proof of identification and checks with the Disclosing and Barring Service (DBS). When new staff commenced employment at the service they undertook a period of induction and worked with more experienced staff. This meant people and relatives could be reassured that staff were suitable to work with vulnerable people.

We asked staff how they would respond if they believed someone was being bullied or abused or if the person disclosed abuse to them. Staff were very clear about their responsibilities and role in such cases. Staff told us they would have no reservations in reporting any concerns and fully understood their role in protecting people from potential harm or abuse. A social care professional told us the registered manager reported any concerns to the local authority and awaited advice to ensure people were protected.

There was an infection control and health and safety policy and procedure in place at the home. Staff were clearly aware of it and followed the guidance. We saw staff using gloves and aprons at times when required to prevent cross infection.

There were effective systems in place for maintaining the building and equipment. There was a variety of specialist equipment used to assist people to move and transfer safely. Records confirmed the equipment had been checked and serviced within the appropriate timescales. This meant that people were accommodated in a well maintained building and specialist equipment was fit for purpose.

Plans of care were supported by risk assessments. Staff were able to tell us how they supported people individually to ensure their safety was maintained, mitigated risk and without taking away people’s independence. An example

Is the service safe?

we saw was people independently moving around the home in specialist wheelchairs. All the doors were operated using an electric touch pad, so people could move around freely and not be reliant on staff.

Is the service effective?

Our findings

One person told us, "I'm really happy here and staff always ask me and include me." Another person told us, "I've lived here for years and it is my home." They went on to say, "The staff listen to us and help us when we ask." A relative told us, "Staff are understanding and make sure people have what they ask for and what they need." Another relative told us the staff are, "Helpful and understanding and know about people's needs."

We spoke to people about their health needs. One person told us, "If I feel poorly I tell the staff and they help me or get the doctor." Another person told us, "If I don't feel well the staff send for the doctor." One person also said, "Staff always make sure I see the optician, dentist and chiropodist when I need too." A relative confirmed their family member had checks carried out with the dentist and optician when necessary. A relative also told us they had confidence that staff always contacted health and social care professionals in a timely way to make sure their family member received treatment and assistance at a time when it was needed. Staff knew people's care and health needs and what was significant to them in their lives. Staff were knowledgeable about the people they cared for.

Staff told us they attended a variety of training courses and listed a number of courses they had attended. Staff understood the need to attend training and put the knowledge gained into practice. One staff member told us they were keen to further their own personal development and hoped to continue to attend courses that would help to meet people's needs. We saw from the training records that staff were supported and encouraged to attend training deemed necessary by the provider and the local authority.

New staff completed an induction period when they commenced employment. A staff member told us they had completed a 12 week induction period. During this period they had completed all training the provider felt important. This demonstrated to us the provider recognised the importance of ensuring staff were trained and inducted to be able to work with people.

The principles of the Mental Capacity Act 2005 (MCA) had been followed. The MCA is a law that provides a system of assessment and decision making to protect people who do not have the capacity to give consent themselves. We

discussed the MCA with staff and found they had an understanding of this legislation. Care records showed that capacity assessments had taken place in relation to specific decisions. The staff had a good knowledge of the MCA and understood the need to ensure people were involved with decision making about their treatment and care. Staff were able to give examples of when people had been included in decision making and people's rights in relation to capacity was respected. We saw and heard staff establish people's wishes and gained their consent before providing any assistance or support.

The registered manager had made a number of appropriate applications to the local authority under the Deprivation of Liberty Safeguards (DoLS) 2009. The DoLS are a law that requires independent assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The registered manager had recognised some people may have been cared for in a way that was restrictive and deprived them of their liberty. The registered manager had followed the appropriate process to ensure deprivations of liberty had been lawfully authorised and people were being protected from potential risk of harm.

People we spoke with all said the food was, "Excellent." Relatives told us they were always offered a meal when they visited. One relative told us, "I always make myself a cuppa when I want one." We spoke with the chef, who was employed by an agency but had worked at the home for over a month. The staff and chef were very knowledgeable about people's nutritional needs and planned the menu to ensure people were provided with a healthy and balanced diet, that took into account individual preferences and dietary requirements.

Breakfast was not at a set time, but was flexible to meet people's needs and personal preference. The meal served at lunchtime looked appetising and people confirmed it was. There were two main choices available, however we saw people were offered alternatives should the menu not be to their taste. People were heard to comment on how nice the meal was. The dining room was very large and people sat where they chose. People were supported and helped to eat their meals by staff who were calm, patient and took time. We saw there was specialist equipment that

Is the service effective?

was tailored to meet individual needs. We saw and heard people socialising together and with staff and people clearly enjoyed the meal in a pleasant, relaxed and calm atmosphere.

People who were not able to eat and drink because of their medical condition received their nutrition by enteral feeding. This is the delivery of a nutritionally complete food directly into the stomach, through a surgically fitted device. Staff responsible for administering the person's nutrition in this way had received specialist training for this to ensure that it was given safely. A written care plan provided clear

instructions for staff to follow to ensure the person received their nutrition correctly. Discussions with staff responsible for this aspect of people's care and supporting records, showed nutritional needs were being properly met.

Bedrooms included a variety of adaptations and equipment to help with safe and effective moving and transferring, such as ceiling hoist and specialist beds to assist in pressure reduction and comfort. People's bedrooms were very much their own space and decorated and although equipment was in place, bedrooms were personalised to people's own individual choice and taste.

Is the service caring?

Our findings

People spoke with confidence and familiarity about the staff. One person told us, “It’s really good here.” Another person told us, “This is the nicest place I have lived at.” They went on to tell us, “The staff are lovely. They are always there when I need any help.”

The staff we spoke with were very knowledgeable about the people they supported and cared for. One staff member told us, “As a home we always put the person first,” and “We go the extra mile.” Another staff member told us, “We always put the person first.” They went on to say, “We want to help people achieve their goals.” People told us about holidays they had been on in the past and special days out that had been arranged, such as attending family weddings. We spoke with relatives who told us they had been fully involved in people’s lives, including care planning and decisions relating to care and treatment. We saw relatives being actively encouraged to be involved in people’s care and lives.

We saw and heard staff using effective communication with each person and in a way that was familiar to them. We heard people and staff speaking to each other in a way that led us to believe there was good rapport between them.

We saw staff always knocked and made themselves known before entering people’s rooms. We saw there were signs in place on people’s doors which alerted staff and visitors as to whether the person was resting in their rooms and did not want to be disturbed or whether it was ok to visit. We also saw when people were in their rooms and being assisted with personal care, screens were placed in the corridors covering the persons door. This was to provide extra dignity and privacy due to doors being electric touchpads that were highly sensitive to touch. We saw the home had been awarded the Derbyshire Dignity Award in the past and staff were beginning to collect evidence again to renew the award. This demonstrated to us how staff took dignity and privacy seriously.

The dining room was large and had three wide large open sections that helped with access for people’s wheelchairs. At mealtimes we saw a curtain was pulled across the wide open sections. We asked why this happened and were told it was to provide people with some privacy and dignity. It was explained that people had requested the curtains as the open sections were on the main corridor and anyone visiting and walking through would look in as they walked through. The closing of the curtain meant people could eat their meals without intrusion. This showed us how the staff had listened to people’s requests and were treated with dignity and respect.

Is the service responsive?

Our findings

People told us they were involved in decisions about their care. One person told us, “I get help when I want it. I don’t ever want to live anywhere else.” They went on to say, “I love it here, I am really happy.” Relatives were complimentary about the staff. One relative told us their family member, “Always looks settled and comfortable.” They also said, “Staff have become our friends.” They went on to say if they had any worries or concerns they would speak with the staff and things were sorted. We saw relatives coming and going throughout the day. Relatives we spoke with told us they visited their relatives regularly and staff always made them feel welcome.

People told us they understood they could complain and raise concerns should they have any. Relatives we spoke with told us they knew how to complain and who to complain to. One relative told us, in the past they had made complaints, but these had always been sorted out. They told us, “If I have any concerns I just mention it to [name] and they sort it straight away.” They went on to say, “They [the staff] are very good and work hard around the home.” We saw the provider had a complaints policy and procedure in place. Three complaints had been documented, with details of actions and how the complaint was resolved. This demonstrated to us the provider and staff had an effective complaints system in place.

We saw staff take time to ensure people’s needs and requests for assistance were understood and met. Staff were patient and ensured they completely understood what people were trying to communicate to them. Staff clearly knew people well. An example we saw was when staff recognised one person seemed quieter than was usual. Staff discreetly chatted with the person to find out if they were okay. The person made the staff aware they had a headache and staff quickly responded and offered the person to move to a quieter room or their bedroom. Staff

also offered the person pain relief and a drink and kept a check on their welfare. This demonstrated to us that staff knew people well and used a number of communication and observation skills to ensure people’s well-being.

Care records we looked at held a large amount of information about people and included their personal preferences, likes and dislikes. We saw care plans were regularly reviewed and updated by staff. Staff had recognised the care plans were large and held lots of correspondence along with day to day information. The staff recognised the correspondence information was important but would have been better kept separately. The staff were in the process of developing person friendly and more accessible care plans. The new care plans were much more person specific and showed the staff understood they had to be focused on individual needs and wishes.

We saw staff responding to the needs of people in a timely manner. At a mealtime, we saw staff ensure people had the meal they had requested. Some people were heard to have changed their mind and staff promptly offered alternatives. During the meal staff checked on people’s welfare and made sure people had enough to eat and drink. Each lounge area of the home had a small kitchenette and people were offered drinks and snacks throughout the day. This showed us staff were responsive to people’s individual needs.

There were opportunities for people to participate in a variety of activities. One person told us they had been a trip to a local riding stables recently and they were heard discussing a trip to an ice-skating rink the following day. The person told us they were really looking forward to going on the trip as it was something they had always wanted to do. We saw an activity co-ordinator providing activities to people in an informal manner that suited the individual choices and preferences of each person. We saw some people played skittles, some made decorations for Halloween and some people participated in arts and crafts. The people joined in for as long as they wanted and people we spoke with commented on how much they enjoyed themselves.

Is the service well-led?

Our findings

People told us the home was well managed and well run. One person told us, “Any time I have any worries the staff are there to help me out.” Everyone we spoke with was positive about the staff, the management team and in particular the deputy manager who was described as knowledgeable, approachable and supportive. One member of staff told us they felt fully supported by the staff and the management team. They told us, “I love my job.” They went on to tell us they felt part of the team and work together to “put the needs of the people first.” Relatives confirmed that staff worked together to ensure the needs of the people were being met. A social care professional told us the management structure and their actions were positive, proactive and beneficial to people. They went on to say they had noticed improvement in management and attitudes of staff. This led us to believe the staff and management were aware of the need to develop and implement change to benefit the experience for the people.

The registered manager ensured the home was monitored for continuous improvement. We saw a number of records associated with the running and management of the home. The records were well maintained and stored safely. There were a number of audits and checks that were carried out to ensure a quality and safe service was provided. Examples of such audits were, health and safety audits including falls, food safety, infection control and household utilities. We also saw that medicines audits took place. It was recognised that there was an on-going need to assess, evaluate and reduce any potential risks relating to the health, safety and general welfare of people.

People were encouraged to share their views about the home in residents meetings. The people were also invited to attend debate meetings to discuss and debate popular news. In the reception area there was a suggestion box for people and visitors to provide their thoughts and suggestions about the home. The information from the suggestion box was periodically collated and responded to as necessary. People’s views and concerns had been considered and responded to

There was effective recording of complaints and concerns with documented actions and resolutions. The registered and deputy manager ensured we were notified of any changes or important events that had taken place at the home. For example, written notifications regarding the death of a person or a serious accidental injury.

The deputy manager and staff were clearly knowledgeable about the people who lived at the home, their complex health needs, their backgrounds and personal circumstance. Staff were very clear about their roles and understood their responsibilities and what was expected of them. A staff member commented, “We are here for the people and we have to remember it is their home.” They went on to say, “Good teamwork is important.” Staff told us they received supervision, support and appraisal. Some staff felt they could have had supervision more often, although they recognised they did feel supported and knew they could speak with a senior carer or the deputy manager if they had any concerns.