

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Greenways

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SK11 8QA

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Cheshire and Wirral Partnership NHS Foundation Trust
Overview of the service	Greenways is a inpatient Assessment and Treatment Centre run by Cheshire and Wirral Partnership NHS Foundation Trust for patients with a learning disability. Greenways can accommodate up to 12 patients all of whom may or may not be detained under the Mental Health Act. Located in a residential area of Macclesfield the building is within walking distance of local facilities and transport links. It is purpose built and has a central lounge, smaller lounges and activity rooms.
Type of services	Community based services for people with a learning disability Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 March 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke to two people who used the service and two family members. People using the service commented that they were happy staying at Greenways but were looking forward to the future.

People told us that the staff team were good and helpful and that they felt safe being there. Family members told us:

"Our relative is in good hands"

"They have met his needs and meet our needs too and provide emotional support"

"We can leave here knowing that our relation is safe in their care"

"They involve us at every step".

We observed care practice and found this to be centred on people's needs and that every effort had been made to achieve this. We found that staff were quick to intervene calmly and safely when they needed to.

The care and welfare of people was promoted with practice being centred on the needs of people. Emphasis was made on involving people in their care and ensuring that they remained healthy. People's health needs were promoted through the safe management of medication.

We saw that the service provided a safe environment with staff having access to procedures and training to ensure that people were protected from harm. People were further protected by the recruitment of qualified and experienced staff whose suitability to perform their role had been robustly checked. We found that people were encouraged to comment on the support they received. This enabled action to be taken to address issues before they reached the formal complaints stage.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at the way the service promoted the health and wellbeing of the people it supported. We spoke to two family members and one person who used the service. They confirmed that they were happy with the support that they experienced at Greenways. We also met with people who used the service who were unable to provide an account of their experiences. Our observations noted that people appeared to be relaxed and at ease with the staff team. Where people needed direct support from staff, this was provided in a prompt and safe manner.

We looked at three support plans relating to the people who were receiving support from Greenways during our visit. We saw in all cases that assessment information had been provided from agencies such as community nurse teams and local authorities. We also saw evidence that the service used its own assessment processes in order to gain a detailed view of the needs of people as well as what their future needs would be once they had left. We saw information in pictorial form as a welcome document for those who had come to use the service. These documents had been signed by individuals where possible.

Support plans provided details on how specific aspects of people's needs would be met by the staff team. These included reference to positive behaviour support plans. These plans included reference to the communication needs of people, their specific routines and what to do if physical intervention would be needed as a last resort to ensure people's safety. We saw that other support plans included reference to speech and language therapy needs and had input from psychologists, psychiatrists and physiotherapists. All support plans were subject to review on a daily and periodic basis. Family members confirmed that they were involved in regular reviews of their relation's support plan and felt fully involved and informed of progress.

We saw evidence that the service took the risks faced by people in their everyday lives into account. This included risks posed by the environment as well as risks faced in their

everyday support. We found that risk assessments were up to date and regularly reviewed.

We looked at how the health needs of people were promoted by the service. We saw evidence of regular input from in house and external medical agencies. All interventions were recorded and retained. We saw that the general health needs of people were assessed, for example, nutritional needs. These assessments were reinforced by records relating to weight and body mass indices

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We looked at the way the service protected people from harm. We looked at our own records and found that there were no safeguarding concerns or referrals relating to the service. We spoke to one person who used the service and two relatives. All stated that they considered that the service provided a safe environment.

We interviewed a staff member. They confirmed that they had received safeguarding training and had been involved in a safeguarding concern. As a result they were aware of the procedure to follow. Whilst no safeguarding referrals had been received from the service, an arrangement was in place for care concerns to be reported to the local authority. We saw that the service had its own safeguarding procedure as well as the procedure with the local authority. The member of staff also understood about whistleblowing and was aware of the role that the Care Quality Commission had in this.

We saw evidence through training records that staff had received safeguarding training as well as training in managing violence and aggression. We saw that there were occasions when physical intervention was needed by the staff team to ensure that safety of individuals and others was maintained. During our visit, we observed physical intervention being used by the staff team. While this intervention was short lived, we saw that attention was paid to ensuring the safety and the comfort of the person involved.

We saw evidence in care files that the best interests of people had been put first. This was evidenced through minutes of best interests meetings involving all people connected with the support as well as the individual themselves. In addition to this, where individuals had required additional support, deprivation of liberty applications had been made

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the way the service promoted the wellbeing of people through the safe management of medication. We found that no patients self-administered medication and that they relied on staff to assist with this. We saw evidence on care files indicating that two patients had been assessed to receive some medication covertly and these assessments had been completed in the best interests of the people involved.

We looked at how medication was stored. A secure medication room was available and this was locked when not in use. All current medication was stored in a locked trolley which was tethered to the wall when not in use. We looked at current medication and found that it was within its expiry date. Other medication which needed to be maintained at a set temperature was stored in a separate refrigerator. We saw evidence that the temperatures of this were monitored on a regular basis. While no controlled medication was prescribed at the time of our visit, there was evidence that separate controlled medication storage was available as well as a controlled medication register.

We looked at how medication was recorded. We found evidence that received medications had been recorded and all medications administered had been appropriately recorded. We saw evidence that medication that was returned to pharmacy suppliers had been recorded. The manager advised us that the pharmacy supplier had visited to check systems and that no concerns had been identified. As part of the quality assurance system, the service checks medication arrangements. The results of this had been put on display in the main foyer and some issues had been identified. There was evidence that these issues had been addressed.

We looked at training records. These suggested that staff had received training in medication management. Registered nurses dealt with medication and were bound by their professional accountability as a registered nurse. The manager confirmed that they had access to information if there were queries in relation to medication prescribed.

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Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the way the service protected the people who used the service through the recruitment of staff. We looked at three personnel files relating to people who had come to work at Greenways since our last visit in 2012.

We saw evidence that individuals had been the subject of a police check (known as a DBS) before they had come to work at the location. We saw evidence that written references had been sought and that the identity of the individual had been retained in order to confirm their identity. We saw that an application form had been submitted in each case and that this provided information about the person's skills and experience. In particular candidates had been asked to provide a full employment history.

We found evidence of a systematic interview process including a scoring system to confirm the person's suitability for their role as well as notes of their responses during the interview. All personnel files we looked at related to registered nurses. We saw evidence on file that they were registered with the nursing registration body (known as the NMC) and that all were currently registered to practice. Personnel files were stored off-site from Greenways in the Trust building of Cheshire Wirral Partnership and were very securely stored.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We looked at the way the service managed any complaints it received. We looked at our own records and found that no complaints had been received about the service since our last visit. We spoke to one person who used the service. They said that they were happy there and did not have any complaints. We spoke to two relatives. Again they said that they were happy with the service their relation received and felt that the service had listened to them at every stage.

We saw that complaints procedures were available and that these were available in pictorial formats to meet the communication needs of people who used the service. We saw that a complaints, comments and compliments book was available in the main foyer of the building inviting any comments about the service.

We saw evidence that the service encouraged people to comment about aspects of the support they received through the use of patient meetings. We saw evidence of patients meetings which included those areas in which patients were not entirely satisfied with aspects of the service. These included reference to food and the environment. We saw that these comments were acted upon ensuring that the issues did not develop into more formal complaints.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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