

Greenhill Grange Residential Home Limited

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Inspection report

Greenhill Grange
Catherston Close
Frome
Somerset
BA11 4HR

Tel: 01373471688

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24 January 2019

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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

About the service:

Greenhill Grange Residential Home provides accommodation for up to 25 people who require personal care. The home does not provide nursing care. At the time of the inspection there were 23 people living in the home.

People's experience of using this service:

- People received care and support that was safe. The provider had a robust recruitment programme which meant all new staff were checked to ensure they were suitable to work with vulnerable people. All staff had received training in safeguarding vulnerable people.
- Risk assessments were in place to identify any risk to people and staff understood the actions to take to ensure people were safe. There were sufficient staff to support people with their daily living and activities
- People received effective care and support. Staff demonstrated a clear understanding of people's needs and received training relevant to their role and the needs of people living in the home. People enjoyed a healthy balanced and nutritious diet based on their preferences and health needs.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.
- People received care from staff who were kind and caring. Staff respected people's privacy and dignity always. Staff supported people to be fully involved in their care planning and reviews. People were supported to express an opinion about the care provided and the day to day running of the home.
- People received responsive care and support which was personalised to their individual needs and wishes and promoted independence. There was clear guidance for staff on how to support people in line with their personal wishes, likes and dislikes. People were supported to access health care services and to see healthcare professionals when necessary.
- People were supported by a team that was well led. The registered manager demonstrated an open and positive approach to learning and development. Staff said the registered manager was open to suggestions and approachable. Everybody spoken with said they felt the manager was open, approachable and the home was well led.
- There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and complaints and learnt from the issues raised.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection:

At our last inspection we rated the service good. The report was published 4 August 2016.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained Good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Greenhill Grange Residential Home Limited

Detailed findings

Background to this inspection

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

Inspection team:

This inspection was carried out by one adult social care inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE's area of expertise was in older people.

Service and service type: Greenhill Grange Residential Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced. The inspection site visit activity started on 21 January 2019 and ended on 24 January 2019.

What we did:

Before the inspection we looked at information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We looked at the information we require providers to send us at least once a year to give us some key information about the service, what the service does well and improvements they plan to make. This is called the provider

Information return (PIR). We used this information to plan our inspection. However, the latest PIR was dated 2017. A more up to date PIR had not been requested. We took this into account in making our judgements in this report.

During the inspection, we found most people who lived at the home could verbally express their views to us. We spoke with eight people who used the service and two visiting relatives/friends. We spoke with four staff members as well as the registered manager and care manager.

We looked at a range of records. This included, three people's care plans and medicine records. We also looked at three staff files, staff rotas, quality assurance audits, staff training records, the compliments and complaints system, health and safety records and a selection of the provider's policies.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

We observed safe practices during the inspection and people told us they felt safe with the staff who supported them. One person said, "I feel safe, because I get all the help needed, and the staff are always polite". Another person said, "I feel safe, the routines are good and things are fairly well ordered, on the whole the staff are good, and efficient". A relative told us, "I've got peace of mind because they [staff] keep me informed".

Systems and processes to safeguard people from the risk of abuse.

- The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm. Records showed staff had received training in how to recognise and report abuse. Staff had a clear understanding of how to report abuse and felt confident that management would act appropriately.

Assessing risk, safety monitoring and management.

- People's care plans included detailed risk assessments linked to their needs. These included the actions staff should take to promote people's safety and ensure their needs were met. Care plans included risks related to nutrition and hydration and preventing pressure ulcers. Where a risk was identified action was taken to mitigate the risk. For example, when one person was identified as being at risk of developing pressure ulcers professional advice and equipment had been sourced. Risk assessments were reviewed with people when care plan reviews were carried out and if people's needs changed.
- One person told us about how secure they thought the building was. They said they had a key to their room but only locked it when they went out for the day. The registered manager had recently invested in a finger print entry system for the front door and staff office. This meant people and their records were protected from unauthorised people entering the home.
- To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety. One person told us how people living in the home were all involved in fire safety. They said, "We have fire drills regularly, the doors on the rooms are special fire doors which close automatically. I'm told you're safe behind them for a time until someone comes to rescue you. We all know what to do and where we have to go".

Staffing and recruitment.

- People were supported by enough staff to meet their needs. People told us they felt there were enough staff in the home to respond to their needs in a timely manner. One person said, "I think there are enough staff, probably because I never get the feeling that anyone is too rushed to talk, or to do a good job". A relative told us, "If [the person] rings the bell when I'm here, the staff come very quickly". During both days of the inspection bells were answered promptly with very little delay. Staff told us they felt there was sufficient staff as they could take time to talk with people and not be task orientated.

- Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people.

Using medicines safely.

- Systems were in place to ensure people received their medicines safely. All staff received medicine administration training and were assessed as competent before they could administer people's medicines. Clear risk assessments and agreements were in place to show how and when assistance was required. Some people managed their own medicines and care plans showed any risks that the person may not be able to manage them safely had been considered.

- Medicines were stored safely and the ordering and disposal of medicines was managed effectively. There was a clear protocol in place for the use of 'as required medicines'. These gave staff very clear instructions on how and when they could be used.

Preventing and controlling infection.

- Staff were aware of the importance of minimising people's risk of infection when providing care and support. Staff received regular training and were supplied with personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong.

- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was recorded to establish patterns and monitor if changes to practice needed to be made.

- The results of the falls audits were discussed with people living in the home at falls awareness meetings. People talked about what could have caused a fall and how they could keep themselves safe. Because of regular falls awareness meetings, the incidents of falls in the home had reduced by 36%.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this. One person said, "They ask you all about yourself when you first come, and they also get to know you over time. I feel they [staff] understand me and my needs and they generally do a good job". Another person said, "The staff are generally well trained and they know what they're doing. I know they get a lot of training because they tell me about it, and we get training too".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Supporting people to live healthier lives, access healthcare services and support.

- Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met. They also showed how risks would be minimised. Everybody we spoke with told us how they were always involved and they knew what staff had written. One person told us how they shared information with staff and how interested they were.
- People's changing needs were monitored to make sure their health needs were responded to promptly. Staff supported people to see health care professionals according to their individual needs. People were supported to attend regular health checks. Records showed staff assisted people to go to the dentist and the opticians. One person told us how they preferred to visit their own dentist and chiropodist. They were aware these professionals also visited the home. A nurse practitioner visited the home weekly on behalf of the GP and reviewed people's care needs and medicines.
- Staff were supported to deliver care and support in line with best practice guidance. Information on supporting people living with specific health conditions was available. This meant staff could provide appropriate and person-centred support according to individual needs.
- People were supported by a consistent staff team who understood their needs. This meant people could build meaningful relationships with staff they knew and trusted.

Staff support: induction, training, skills and experience.

- People were supported by staff who had access to a range of training to meet their needs. The provider had a full training programme which staff confirmed they attended. One staff member told us the training opportunities were good and they could suggest additional training they were interested in. People told us they also had training. A falls awareness group was popular and people were involved in fire drills, and staying safe in the event of a fire.
- Staff told us they were supported by the registered manager through regular supervision and an annual

appraisal. Records showed staff were given the opportunity to discuss working practices, what went well and what did not go well and explore ways of improving the service they provided.

Supporting people to eat and drink enough to maintain a balanced diet.

- People's nutritional needs were assessed and they were supported to have a well-balanced diet. The staff sought appropriate advice regarding people's food and fluid needs and put recommendations into practice.

- Everybody spoken with was complimentary about the food served in the home. One person said, "The food is excellent, I've eaten things here that I'd never tried before and liked them. There's enough to eat and if you don't like the choice on offer they will find you something else. I've never left the table thinking that was horrible". A relative explained how staff had supported their loved one to eat when they had first moved into the home. They said, "[The person] was very hungry when they first came and they [staff] seemed to know, and would bring a sandwich in late. They don't need to do that now because [the person] has settled down and eats well and enjoys the meals".

- We observed lunch which had an informal, social feel. People were offered drinks of their choice including a pre-lunch sherry or wine. There was a warm cheerful atmosphere and people were supported in a dignified way.

Adapting service, design, decoration to meet people's needs.

- The home was adapted to meet the needs of the people living there. People did not need additional signage/adaptations to help them recognise where their room or the toilet was. One person said, "It is homely, home from home. I love the décor". Another person said, "I've been able to bring my own furniture, my bed and chair and other things, so it feels very much like my private home, I feel very comfortable and settled". A relative said, "The décor is like [the person's] own home. It's not up to the minute, but it's what [the person] is used to and it's relevant to [the person's] age group".

Ensuring consent to care and treatment in line with law and guidance.

- People only received care with their consent. One person said, "I definitely have choice and can do what I want to do here. I don't have to do anything I don't want to. They [staff] are brilliant they always ask if it is ok to do anything".

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Where appropriate they had involved family and professional representatives to ensure decisions made were in people's best interests. Care plans included assessments of people's capacity to make certain decisions and where necessary, a best interest meeting was held with appropriate people involved in their care and decision making. Staff also carried prompts to remind them of the principles of the MCA.

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). Records showed the registered manager liaised with the local authority to find out the progress for existing applications and to renew those that may have expired.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care. One person said, "The staff are very helpful, friendly and welcoming. Nothing is too much trouble and I can't fault them, they're really good". Another person said, "The staff are all very kind, I know I could tell anybody anything, even the most intimate things, and they'd listen and accept it. Everybody is nice".

Ensuring people are well treated and supported; equality and diversity.

- We observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. We saw there was a strong rapport with staff which could be seen when they were talking and laughing with people.

Supporting people to express their views and be involved in making decisions about their care.

- There were ways for people to express their views about their care. One staff member explained how people were involved with all their care reviews when possible. One person said, "I don't think I've looked at my care plan recently, but I'm definitely involved in talking about the way things are done, or could be done, and there aren't any problems".

- People contributed to decisions about the activities they attended or wanted to attend. People decided on what they wanted to do and what trips they wanted to go on at resident meetings. Minutes showed people had recently discussed new venues and past activities they had enjoyed.

- People were supported to maintain some level of independence. For example, when people were assessed as safe they administered their own medicines. People told us they had keys to the doors of their rooms and could come and go as they wished.

Respecting and promoting people's privacy, dignity and independence.

- Staff told us how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care. The staff arranged an annual 'DigniTea', when people, staff and relatives got together and discussed what dignity meant to them. At the last session they had developed a 'DigniTree' with people's comments recorded on leaves.

- Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of other people. Staff understood the

need to respect people's confidentiality and to develop trusting relationships.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care plans included clear information about the support they required to meet both their physical and emotional needs. They also included information about what was important to the person and their likes and dislikes. People told us they had been involved in developing their care plan and were kept involved during reviews and when updates were required. Staff were knowledgeable about people's preferences and could explain how they supported people in line with their care plans.

- Information was shared with people and where relevant the information was made available in formats which met their communication needs in line with the Accessible Information Standard. The registered manager explained how she was in the process of producing the 'resident information' pack on a DVD providing the information in the spoken word supported by film. They also planned to do this with their statement of purpose and a filmed tour of the premises involving people living in the home.

- People participated in a range of activities to meet their individual needs. People told us that they enjoyed joining in with the morning 'flexercise' session. These are exercises designed for people to remain fit whilst sat in chairs. In the afternoon of the first day of the inspection several people enjoyed a film afternoon and were heard joining in with the songs. The minutes of resident meetings showed people were involved in deciding on activities and trips, as well as the day to day running of the home. One person said, "I like the morning flexercise, and there's a film this afternoon. Sometimes we play bingo, or carpet bowls and entertainers come in, like Pom Pom dancers. But you don't have to go, and we're always asked". On the second day of the inspection we saw people were joining in with the 'pom pom' dancer.

- People were also supported to be involved in the local community. The registered manager explained how they were building on their relationship with the local school. Whilst people told us they kept up to date with local events. For example, the activities organiser explained how people took part in the 'Frome in Bloom' competition each year and attended the presentation evening to collect their prize.

- People with religious and cultural differences were respected by staff. The local church supported people with Holy Communion in the home regularly. The registered manager was also aware of how they could access community links for people with other religions or cultural needs.

Improving care quality in response to complaints or concerns.

- There was a concerns, complaints and compliments procedure in place. This detailed how people could make a complaint or raise a concern and how this would be responded to. People and their relatives had

access to the policy and knew who they could raise a concern or complaint. One person said, "If I had a serious issue, I'm confident that it would be dealt with. [Registered manager's name] is very good and in fact all the staff have their individual jobs and I feel able to talk to any of them".

- Compliments received included, "It's a wonderful care home. Lovely, helpful, friendly staff and, "Excellent activities programme. Residents are treated with care and their dignity is material". A comment left by a healthcare professional said, "Greenhill Grange are very organised and informed about their residents. They work extremely well with the medical practice and are able to tell us any details when requested".

End of life care and support.

- People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. People were supported to make choices about the care they received at the end of their life. The staff worked closely with local healthcare professionals to ensure people's comfort and dignity at the end of their lives was maintained.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Everybody spoken with said the home was well led. A strength mentioned by several people was the friendliness of the staff and the approachability and responsiveness of the manager.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility. Working in partnership with others.

- The registered manager told us about their vision for the home. They said, "My aspiration is to have a home where people are able to live freely, happily and able to make their own choices in a homely environment. Maximising everyone's potential, with an open culture for residents, staff and relatives". Staff explained how their person-centred approach meant people were fully involved in decisions made about the day to day running of the home. Records showed people were consulted regularly at resident meetings and their input was valued.
- The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- The service had good working links with other resources and organisations in the community to support people's preferences and meet their needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The service was well run. Staff at all levels were aware of their role and responsibilities. An on-call system was available so all staff could contact a manager at any time of the day or night for advice and support. A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter.
- Staff spoke positively about the registered manager. All staff spoken with said they felt listened to and involved in all aspects of the care and future plans for the home.
- Staff personnel records showed they received regular contact with the registered manager as well as one to one supervision meetings. Supervisions were an opportunity for staff to take time out to discuss their role within the organisation and highlight any training or development needs.

- To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People and their families could comment on the service provided. The registered manager carried out six monthly satisfaction surveys as well as the regular resident meetings. Comments were largely positive. Where issues had been raised action had been taken and fed back to people living in the home. For example, people had commented on food being cold or just warm when they received it. The registered manager had purchased trays that kept people's meal warm. Feedback from people showed this had been a successful move.

- One staff member said they could make any suggestion and they were listened to. They said, "The registered manager and senior staff are all very approachable. It is like a home from home, working with family. I love working here you are so valued." The registered manager explained how they had moved their office so it was more accessible to people in the home.

Continuous learning and improving care.

- There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged. Staff members confirmed they had attended staff meetings to discuss ways to improve the service provided and how they worked.
- The registered manager demonstrated an open and positive approach to learning and development. The management team kept their skills and knowledge up to date, through research and training. The registered manager also attended meetings with other care home managers in the area. This meant they could share what worked well and what had not worked well and how they had managed it.