

Anchor Hanover Group

# Greenhive House

## 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 ●

# Summary of findings

## Overall summary

### About the service

Greenhive House is a residential care home providing personal care for up to 48 adults. At the time of the inspection 37 people were living at the service, including older people, people with physical health conditions and people living with dementia.

Greenhive House accommodates people in one building across three units, with each person having their own bedroom and en-suite bathroom. There were also communal living and dining rooms, a main kitchen, smaller kitchenettes on each unit and access to a secure garden.

### People's experience of using this service and what we found

People and their relatives praised the kind and compassionate attitude of the staff team and how they were treated with respect. One relative said, "I can't fault them. They are treated so well, staff are amazing. They are very attentive, engaging and never ignored."

We observed a range of positive interactions between people and the staff team throughout the inspection, with staff responding appropriately and in a timely manner to changes in people's needs. There was a warm and homely environment, with people relaxed in the presence of staff.

People and their relatives told us they had been well supported throughout the COVID-19 pandemic and the provider worked in line with current guidelines to support safe visiting. One relative said, "The home is clean, staff always wear their masks and keep their distance. You can see they are very aware of the guidelines."

Staff had a good understanding of how they needed to support people to help to keep them safe. People's care records were clear about the level of risk or what actions were required to reduce any risks to their safety.

People were supported to access healthcare services and had support and input from a range of health and social care professionals if their needs changed. A health and social care professional commented positively about the care and support people received and felt staff were responsive to their changing 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 and their relatives were positive about the management of the service and the management team had a visible presence across the home. People were cared for by a motivated staff team who felt valued and supported to carry out their duties.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 15 September 2017)

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service. If we receive any concerning information we may return to inspect.

## 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** ●

# Greenhive House

## Detailed findings

### Background to this inspection

#### The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This consisted of two inspectors, a nurse specialist professional advisor and an 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 service.

#### Service and service type

Greenhive House 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 provider knew we would be returning on the second day of the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. The provider was not asked to complete a provider

information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the previous inspection report and contacted the local authority commissioning team. We used all of this information to plan our inspection.

#### During the inspection

We met and had general introductions with people who used the service and spoke with nine of them in more detail. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed the care and support provided to people in the communal areas across different parts of the day, including mealtimes and during activities. We spoke with one relative who was visiting during the inspection. We spoke with six more relatives over the phone on 3 December 2021.

We spoke with 17 staff members. This included the registered manager, an area manager and the deputy manager. We also spoke with the administrator, six team leaders, five care assistants and two domestic assistants.

We reviewed a range of records. This included 18 people's care and medicines records and six staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included incident reports, complaints, quality assurance checks, minutes of team and residents' meetings and a range of health and safety records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further records related to staff training and supervision, medicines competencies, a range of key policies and procedures and further quality assurance records.

We provided formal feedback to the registered manager and area manager via email on 21 December 2021.

We asked the provider to share a questionnaire across the whole staff team to give them an opportunity to give us feedback about their experience of working in the home and heard back from a further two staff members. We also contacted three health and social care professionals who had experience of working with the service and heard back from two of them.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection we recommended the provider reviewed the deployment of staff across the home, specifically during mealtimes, to ensure people's needs were met. The provider had made improvements.

- Staffing levels were assessed and reviewed across each unit on a monthly basis, with a dependency tool tracker in place to ensure people's needs were being met. Staff rotas were completed on a monthly basis and staffing ratios showed there were sufficient numbers of staff across the home.
- Observations throughout the inspection showed there were enough staff on duty to meet people's needs in a timely manner. Positive comments from people and their relatives included, "If I ever need to use the call bell, they come straight away and respond to what I need, they respond very well" and "I have to say, I have never seen any issues related to staffing."
- Staff told us they felt there was enough support to meet people's needs. One staff member said, "For staffing on the unit I find it is sufficient and we get the support from the team leaders and the management when needed. We have support from bank staff if needed."
- The provider followed safer recruitment procedures to ensure staff were suitable to work with people who used the service. Appropriate checks and references were obtained at the time of recruitment, with any gaps in employment discussed during the interview process. Disclosure and Barring Service (DBS) checks for staff had been also been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

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

- There were safeguarding procedures in place with information and guidance for staff to follow. Thorough investigations had been carried out and shared with the relevant authorities when any allegations had been raised and appropriate disciplinary action taken if needed.
- Staff had a comprehensive awareness and understanding of what they needed to do to make sure people were safe from harm and potential abuse. Staff completed safeguarding training and had regular discussions in meetings and handovers to ensure they could recognise when people may be unsafe. Safeguarding information was also displayed around the home.
- Staff were confident any concerns would be followed up. Comments included, "They take safeguarding very seriously and take action right away" and "I know how to report abuse. I also know about whistleblowing and will do this if I need to."
- One person said, "I do feel safe here. I don't have to worry about things or have to lock my door." One relative said, "The home has made a huge difference as we all used to worry. I can relax because I know they are in safe hands."

### Assessing risk, safety monitoring and management

- Risks to people's health continued to be assessed upon admission into the home and were reviewed on a monthly basis or when people's needs changed. Risk assessments covered mobility, skin integrity, diabetes, choking and behaviour that challenged the service. The provider worked closely with a range of health and social care professionals to ensure any possible risks to people's health and wellbeing were reduced.
- Records were clear with guidelines in place for staff to follow to help keep people safe. Staff we spoke with had a good understanding of the support people needed and could explain in detail how they kept people safe and reduced any possible risks. During our observations, staff demonstrated safe moving and handling techniques when transferring people in a hoist.
- Where people were at risk of falls, assessments were completed where appropriate, with sensors in place, known as a 'magic eye'. These detected movements in people's rooms to help alert staff if they had had a fall. A relative added, "This magic eye has helped to keep them safe and staff can attend if they fall over."
- We saw minor discrepancies related to repositioning guidelines for two people where turning chart records were slightly different to guidelines within the care plans. Despite this, we saw staff worked closely with the district nursing team and people's pressure sores were improving. The registered manager acknowledged this and said they would ensure people's care plans would be updated to ensure they were consistent with the district nurse guidelines.

### Using medicines safely

- There were systems in place to ensure people's medicines were managed safely and in line with best practice. Observations during the inspection showed staff were aware of the correct procedures to follow and had a good understanding of their responsibilities. Medicines were stored safely, with accurate records for daily fridge temperatures and controlled drugs.
- Medicines administration record (MAR) charts were properly maintained, completed accurately and contained the relevant information to ensure people received their medicines safely. Staff followed guidance in place on managing 'as and when required' medicines which ensured people had access to pain relief and other medicines to support their health needs.
- Staff responsible for medicines administration completed training and had their competencies assessed annually. Staff confirmed this and were positive about the support and training they received. One staff member added, "We take medication very seriously and know it is a big responsibility. We get good training and have support if needed."
- There were regular checks in place which included daily checks during staff handovers to ensure people had received their medicines. Monthly audits helped identify any errors or where improvements could be made.

### Learning lessons when things go wrong

- There were procedures in place for the reporting of any incidents and accidents across the service and were discussed during daily handovers to ensure staff were aware of any action that had to be taken. Incident forms were completed and records showed the provider took appropriate action. This included referrals to health and social care professionals, care records updated and discussions across the staff team, including group supervisions.
- The provider demonstrated a thorough approach to reflective learning and staff discussed incidents to identify what went wrong and how repeat incidents could be prevented. Staff confirmed this and told us there was a supportive culture around reporting errors and learning, which they found very helpful.

### Preventing and controlling infection

- The provider had systems in place to ensure staff knew how to keep people and themselves safe and reduce any risk of COVID-19. The provider had continually reviewed their infection and prevention control



(IPC) policies and staff told us they were regularly updated with changes to government guidance and procedures to follow to keep people, staff and visitors safe.

- Staff completed IPC training and were observed to be wearing the correct personal protective equipment (PPE) and following best practice. There was guidance for staff displayed around the home to remind them of best practice, which was also discussed during daily handovers and team meetings. Staff were positive about the support they had received throughout the pandemic.
- There were robust visiting protocols in place to ensure the provider was preventing visitors from catching and spreading infections. Visitors needed to take a lateral flow device (LFD) COVID-19 test and were provided with the necessary PPE upon entry. This assured us the provider was facilitating visits for people living in the home in accordance with the current guidance.
- Staff confirmed they were involved in regular COVID-19 testing and the provider made sure they were following the recent legal requirement for all staff and relevant visitors, such as health and social care professionals, to have had the COVID-19 vaccine. A staff member said, "I feel they have done everything they could have done to keep us safe, and still do. We have never had an issue with PPE and we have had to show proof of our vaccine passport."
- The home was clean and hygienic, with enhanced cleaning schedules in place which we observed during the inspection. Positive comments from people and their relatives included, "They are very conscious of this, always wearing their masks and telling my visitors what they need to do" and "I visit three times a week, they are aware of the process and tell us what we have to do. They have a high standard. It gives me confidence they are keeping everybody safe."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had pre-admission assessments before they moved into the service and included information from health and social care professionals' assessments about people's health and medical conditions.
- Where required, the provider made the necessary referrals to a range of health and social care professionals to ensure people had the correct equipment, such as mobility aids. We saw one person had information from an NHS Trust with information about their health conditions, including guidelines for staff to follow.
- A health and social care professional told us the staff team were responsive to following the advice and guidelines they had provided to ensure people's needs were put first.

Staff support: induction, training, skills and experience

- People were supported by staff who completed an induction and training programme when they first started in the home. This included an orientation of the home and 'buddying up' with a more experienced member of staff for the first two weeks.
- Training was focused around the Care Certificate, which sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Staff completed a range of practical and online training courses, including monthly probationary review meetings to discuss their progress.
- Staff had further support via regular supervision to discuss their roles and if they had any issues or concerns. Staff were positive about their training and supervision and the support they received from the management team. One team leader said, "The training was spot on and it was a good quality induction. I am now a mentor for new staff."

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

- People were supported to eat and drink and care plans recorded people's preferred foods, with information about the support they needed. People's care records had information about any allergies, special diets and cultural preferences. Food moulds were also used to improve the presentation of pureed food.
- Where there were nutritional risks and people had difficulties swallowing, the relevant assessments were in place and staff had a good understanding of the level of support needed. This information was also available to kitchen staff and records in individual kitchen units identified people with specific nutritional needs.
- We observed positive interactions of people being supported at mealtimes, with staff offering people plenty of hot and cold drinks throughout the day. People were offered choices during mealtimes with regular encouragement to eat or an offer to help with more support. Where one person refused a lunch

meal, staff offered alternatives and supportive encouragement.

- Feedback about the food was generally positive and we saw that people were asked for their feedback after their meal. Comments included, "I can ask for something else if I want and they speak to the kitchen to see if they can get it for me", "It was good today, there was plenty of it, all very nice" and "I have a cooked breakfast most mornings. It is the closest thing to home cooking you can get."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a range of healthcare services. The GP visited on a weekly basis and the home was further supported from an advanced nurse practitioner team, who reviewed people's needs, along with regular multi-disciplinary team (MDT) meetings within the home.
- The staff team worked closely with a range of health and social professionals and had regular input from the district nursing team and speech and language therapists. Records showed staff reported any concerns or changes in health to the relevant health and social care professionals and made the appropriate referrals when people's needs changed.
- Staff had a good understanding of what to do if they noticed any changes in people's health and wellbeing and what action they would take in the event of a medical emergency. Staff also discussed people's needs and if there were any changes in health during daily handovers to ensure all staff were aware.
- Positive comments from relatives included, "Because of the swallowing problems, they arranged a meeting with a dietitian and put an effective plan in place" and "The access to healthcare is good and the home enabled me to speak directly with the GP, which gave me some reassurance."
- A health and social care professional told us the staff team were responsive to identifying people's needs with multiple healthcare related problems and were quick to refer to the relevant healthcare professional.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The management team had a good understanding about their responsibilities when applications were made to deprive people of their liberty and they liaised with the relevant health and social care professionals when following up applications. There were systems in place to ensure all staff were aware of this, including a daily confirmation recorded in the handover log.
- A DoLS log for each unit was in place to monitor each application, with correspondence related to the application and information about any conditions in place. This was checked on a regular basis by the deputy manager to ensure any reapplications were submitted when needed.
- We saw staff, people's relatives and the relevant health and social care professionals had been involved in best interests' meetings related to people's care and support. People's care records highlighted the day to

day decisions people could be involved in. People's relatives, where appropriate, had also been involved in obtaining consent for COVID-19 testing and the vaccine.

- Staff completed MCA training and told us they found it very helpful and educational. Staff had a good understanding of supporting people with capacity issues and ensuring all decisions were made in their best interests.

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

- The home was accessible to people who used the service and purpose designed to support people living with a range of health conditions. There was a lift to support people with mobility issues and useful equipment including specialist baths, grab rails and different height chairs and wheelchairs.

- Floor areas were observed to be uncluttered with space for manoeuvring chairs, hoists and other mobility aids. Walkways were wide and free from hazards where people used wheelchairs and zimmer frames.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were positive about the kind and caring attitude of the whole of the staff team. Comments included, "Without reservation, the ladies who look after us are all very nice, hardworking and talented", "I feel well looked after. The staff make us feel very comfortable" and "The staff are angels. I cannot begin to say how much they have done for my [family member]."
- One relative told us about the positive impact the staff team had had on their relative and their health and wellbeing since they had moved into the home. They told us before moving in, they had been isolated and did not speak with anybody. The relative added, "They now interact with the residents and staff, they are a totally different person. The staff treat them so well, they are amazing. They are very compassionate, attentive and engaging. It has been a phenomenal experience."
- We observed positive and caring interactions throughout the inspection between people and the staff team. Staff spent time with people showing care and concern for their wellbeing. Staff reacted appropriately and provided warm and gentle reassurances when people became distressed or upset. It was clear to see that people felt comfortable in the presence of staff.
- Staff knew of the importance of building positive relationships with people and respecting their equality and diversity. A team leader said, "We make sure people are spoken to in a respectful way and we discuss this in supervision to remind them of the importance of this." It was also observed and monitored during the registered manager's daily walkaround.

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

- Records showed that people were involved in making decisions about their care and support. As not all people were able to tell us they were involved in making choices about their care and support, staff had a good understanding of people's needs and explained how they supported people to be involved and express their views.
- Relatives confirmed they were always involved and were kept updated if there were any changes, especially during times when visiting was restricted due to the pandemic. Comments included, "It is good living here as I have choices, they always ask me and respect my wishes" and "The staff support our wishes on whatever we agree on and get it done. They are knowledgeable about this."

Respecting and promoting people's privacy, dignity and independence

- We observed positive interactions during the inspection. People were actively encouraged to be as independent as they wished to be. Staff knocked and waited before entering people's rooms and meals and drinks were served to people to manage independently throughout the day. Where one to one support was

needed, staff maintained people's dignity.

- People were asked during residents' meetings if they felt their privacy was respected during personal care and if staff understood this. It was also discussed with staff during handovers, team meetings and supervision.

- Positive feedback from people and relatives included, "They help me in the shower and understand how to respect my privacy. It isn't rushed and they are good with this" and "They really help with their independence. They can choose what they want and for them, it is just like being home from home."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

### End of life care and support

- There were procedures in place to ensure that people were cared for in a culturally sensitive and dignified way when they were at the end stage of their life. Staff had access to training and there was information in people's care plans for staff to be aware of, what their wishes were and how they would like to be supported.
- People were encouraged to remain in the home via the provision of specialist equipment and if required, were supported by the GP, the palliative care team and local hospice. A health and social care professional told us they worked very closely with the staff team to support people at this stage and the provider was very responsive to keeping people out of hospital unless it was in their best interests.
- They added, "They made heroic efforts in managing the residents who contracted COVID-19 and provided fantastic end of life support, who were supported by the district nurses, the palliative care team and the GP."
- Where appropriate, people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documents in place which showed people's relatives and the GP had been involved in the decision. Staff were reminded about this during the daily handovers so all staff were aware, including any support people needed who were at the end of their life or if they needed to contact the GP.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care records which included information about people's personal histories, preferences, routines, interests and aspirations. Along with physical support needs, there was detailed information for staff to know what was important to each person.
- Staff had a good understanding of people's needs and could tell us about people without having to review their records. Staff were observed to be responsive to people's changing needs and their knowledge of people enabled them to provide personalised care.
- For example, for people living with dementia, there was information about how this might impact their care, what might cause them distress and how staff could support them to help reduce their anxiety and provide the support they needed. People's relatives and those close to them were also encouraged to contribute to these assessments to ensure their needs were met.
- One relative told us staff had a good understanding of their family member. They added, "They are cleaner, happier and have more energy. If I had not seen the transformation in their health for myself, I'd never have believed it."

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and information about effective ways to communicate with them were highlighted in their care records. Staff had a good understanding of how to meet their needs and how they communicated with people during the inspection.
- Where there were specific communication needs, staff used visual aids where needed to support people's understanding. The registered manager told us information could be provided in other formats if needed. They also told us if a person struggled to retain information during medical appointments, a staff member would escort them to take notes related to the information provided and relay back to the person at a later date to aid their understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were protected from social isolation as the staff team provided companionship and encouraged contact with other people who lived in the home. We observed a range of activities going on across the home during the inspection. One person said, "The atmosphere is the best thing here. I can get involved in all the activities, have a sing song, do some art. I can join in whenever I like."
- People were supported to maintain relationships with their family and we saw this had been very important during periods where visiting was restricted. We saw staff supported people to stay in contact via video calls. One relative said, "I have joined Zoom calls with other families and have been able to keep in touch by Zoom and over the phone during lockdown."
- Staff told us they understood the importance of social contact and stimulation, especially for people living with dementia. One staff member added, "We can do one to one activities, have life story discussions, ask people about their life and look at photos to help bring back their memories."
- The provider supported people's religious and cultural needs. We saw people had alternative meal options available to them to meet their cultural preferences, including African and Caribbean dishes. For one person, we saw a staff member was able to communicate with them in their own language. A relative told us staff had helped to ensure their family member's religious needs were met when they moved in as this was important to them.

Improving care quality in response to complaints or concerns

- There was an accessible complaints policy in place and this was discussed with people during residents' meetings to find out if people had any issues or concerns. Complaints information was also displayed around the home and highlighted they welcomed any feedback about the service.
- We saw the provider acknowledged complaints and where applicable had apologised and taken appropriate action to ensure there was learning. We saw the registered manager responded in a polite manner, with empathy for complainants, even when complaints were not upheld.
- People and their relatives told us they would feel comfortable raising any concerns and were confident they would be listened to and action would be taken to resolve their issues. One person said, "If I'm not happy with anything, I can speak with the team leader, the deputy and even the manager. I know her well and they all listen to me."



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

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

- The registered manager was aware of their responsibilities regarding notifiable incidents and had a good understanding of when notifications had to be submitted. There was further support from senior management to ensure regulations were being met.
- The management team, including team leaders carried out regular walkarounds across each unit to ensure staff were aware of and following best practice. A team leader said, "If we observe any issues, we discuss it and explain why, we can have a one to one as well and offer further training and support if needed."
- Daily handovers gave the registered manager and staff teams opportunities to discuss each person, any health issues and what staff needed to be aware of. Staff were reminded of their key responsibilities that needed to be completed and were monitored by team leaders, with support and training available to promote staff development.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were positive about the management of the service and told us the staff team helped to create a relaxed and homely environment. Comments included, "Management is fantastic. They always put themselves out to help you and speak with you" and "The manager is warm and friendly. I've never had to express any concerns and I'd recommend Greenhive to other families."
- One relative told us about the positive impact the home had had on their relative since they had moved in. They added, "They have provided a happier and healthier environment and encouraged and supported them. It's the first time in years we can all sleep at night and is a big relief for all the family."
- Our observations showed the management team had a visible presence across the home and were approachable and available to people and staff if needed. One person told us they could speak with the registered manager at any time and always felt listened to.
- Staff also spoke positively about the positive culture across the home and the support they received. Comments included, "We have a good team morale and it is a good company to work for", "I have good colleagues and there is a good work environment. They support me and help me to learn" and "I was attracted to the home when I did an agency shift. Staff are friendly, loyal and like a happy family."

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

- People and their relatives had opportunities to give feedback about their experiences of living in the home. There were regular residents meetings, which were jointly chaired by people and staff. Samples of meeting minutes showed they were structured around key areas of the CQC inspection methodology. For example, one meeting had a clear emphasis on safety across the home and how safe people felt.
- Relatives told us despite the restrictions, they attended monthly virtual meetings where they were provided updates and any important information about the home. Comments included, "They have been brilliant at communicating with us during COVID, always finding ways of passing on information" and "The pandemic has changed our lives and restrictions have been difficult but the weekly emails have really helped."
- We saw people enjoyed spending time with staff and staff were observed to be enjoying their work, despite the current challenges across the sector. Staff told us they were well supported and appreciated. Comments included, "We are treated equally and as individuals" and "They have provided rewards and incentives to make us feel valued for our hard work during the pandemic."

#### Continuous learning and improving care

- The provider had robust systems in place to monitor the service to ensure people's needs were met, were receiving safe and appropriate care and address any areas of improvement. Team meetings and regular discussions with staff provided opportunities to discuss issues and learn from incidents that occurred across the home.
- There were a range of daily, weekly and monthly audits in place to ensure people were safe and records were up to date and in line with best practice. This included people's care plans, medicines records, infection control practices and a range of health and safety checks.
- The provider also carried out regular checks on the dining experience across the home to ensure people's feedback was listened to and to help improve the overall experience. Monthly checks reviewed food choices, room environment and support from staff. Staff also asked people for feedback about the quality of their food on a daily basis and shared it with the kitchen team.
- The management team also carried out a number of unannounced visits at the home, including weekends, evenings and early mornings. We saw this had resulted in an improved culture across the home after finding poor practice during an early morning visit in December 2020.
- The registered manager told us the deputy manager had also worked a couple of night shifts that had not been announced as an opportunity to monitor staff. They told us they had carried out a number of checks and both night and team leaders have been proactive, reporting and responding to issues as necessary.

#### Working in partnership with others

- The staff team worked with a range of health and social care professionals to discuss people's health and wellbeing and ensure their needs were met. This included regular multi-disciplinary team (MDT) meetings. One health and social care professional said, "We work closely with them and in my opinion, they provide a high standard of care for the residents they look after."
- The provider had created links with local organisations, including the local school. They had also been involved in an external visit from Age UK, who provided positive feedback about their visit.
- The registered manager attended regular provider forums with the local authority and other care home providers in the local area. This was to provide advice and guidance for COVID-19 and discuss best practice across the local borough.
- The provider had also worked closely with the local authority, people and their relatives regarding a proposed takeover for a new care provider. Although some relatives had some anxiety over this, the provider ensured they kept people and their families involved and updated with the ongoing situation.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager understood the importance of making sure they were open and honest with people when they needed to be. We saw relatives and healthcare professionals had been informed and updated when any incidents occurred, including findings in December 2020 when poor practice was found during an unannounced visit by the management team.