

# Guinness Care and Support Limited Greenhill Residential Home

## Inspection report

Priscott Way  
Kingsteignton  
Newton Abbot  
Devon

TQ12 3QT







Tel: 01626 202642

Website: [www.guinnesspartnership.com](http://www.guinnesspartnership.com)

Date of inspection visit: 9 & 10 December 2014

Date of publication: 29/04/2015

## Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

## Overall summary

The inspection took place on 9 and 10 December 2014 and was unannounced.

Greenhill Residential Home provides care and accommodation for up to 36 people. On the day of the inspection 35 people were using the service. Greenhill Residential Home provides care for older people with mental health conditions which includes people living with dementia.

The service had a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection people and staff were relaxed, the environment was clean and clutter free. There was a calm and pleasant atmosphere. Comments included; "I feel so

# Summary of findings

lucky to be here, I'm perfectly content" and "I never fail to be impressed by the kindness of the staff." People told us and we saw, they had the freedom to move around freely as they chose and enjoyed living in the home.

Care records were focused on giving people control. Staff responded quickly to people's change in needs. People and those who matter to them were involved in identifying their needs and how they would like to be supported. People preferences were sought and respected. People's life histories, disabilities and abilities were taken into account, communicated and recorded, so staff provided consistent personalised care, treatment and support.

People's risks were managed well and monitored. There was a culture of learning from mistakes. Accidents and safeguarding concerns were managed promptly. Investigations were thorough and action was taken to address areas where improvements were needed. There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed.

People were promoted to live full and active lives and were supported to go out and use local services and facilities. Activities were meaningful and reflected people's interests and individual hobbies. One staff member commented, "The best thing this home has done recently is to employ an activities co-ordinator. Their work is amazing and improving people's lives." People told us they enjoyed the variety of activities the staff enabled them to take part in.

People were supported to maintain a healthy balanced diet. Dietary and nutritional specialists' advice was sought so that people with complex needs in their eating and drinking were supported effectively. People told us they enjoyed their meals and did not feel rushed.

People had their medicines managed safely. People received their medicines as prescribed, received them on

time and understood what they were for. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, physiotherapists and district nurses.

People, friends, relatives and staff were encouraged to be involved and help drive continuous improvements. This helped ensure positive progress was made in the delivery of care and support provided by the service.

People knew how to raise concerns and make complaints. People told us concerns raised had been dealt with promptly and satisfactorily. Any complaints made were thoroughly investigated and recorded in line with Greenhill's own policy.

People told us they felt safe. Advice was sought to help safeguard people and respect their human rights. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated. The manager had sought and acted on advice where they thought people's freedom was being restricted. People were asked and gave their consent to their care. This helped to ensure people's rights were protected.

Staff received a comprehensive induction programme. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. One staff member said: "The training here is amazing." The service followed safe recruitment practices to help ensure staff were suitable to carry out their role.

Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs. Comments included: "I love working here."; "The support I get is incredible and the main reason I enjoy working here so much" and "The length of time I've worked here tells me how happy I am in my job."

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

Staff managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept.

Good



### Is the service effective?

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet.

Good



### Is the service caring?

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were informed and actively involved in decisions about their care and support.

Good



### Is the service responsive?

The service was responsive. Care records were personalised and so met people's individual needs. Staff knew how people wanted to be supported.

Care planning was focused on a person's whole life. Activities were meaningful and were planned in line with people's interests.

People were encouraged to maintain hobbies and interests. Staff understood the importance of companionship and social contact.

Good



### Is the service well-led?

The service was well-led. There was an open culture. The management team were approachable and defined by a clear structure.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care.

Communication was encouraged. People and staff were enabled to make suggestions about what mattered to them.

Good



# Greenhill Residential Home

## Detailed findings

### Background to this inspection

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

The unannounced inspection took place on 9 and 10 December 2014 and was following concerns we had received.

The inspection was undertaken by one inspector. Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to

send us by law. We also reviewed information we had received from health care professionals, the local authority safeguarding team and people who had raised concerns about the service.

During the inspection we spoke with five people who lived at Greenhill, five relatives, the registered manager and nine members of staff. We also spoke with a hairdresser who attended the service weekly and four health and social care professionals, a district nurse, a community support worker, a physiotherapist and a GP, who had all supported people within the service. We looked around the premises and observed how staff interacted with people throughout the two days.

We looked at four records related to people's individual care needs and seven people's records related to the administration of their medicines. We viewed five staff recruitment files, training records for all staff and records associated with the management of the service including quality audits.

# Is the service safe?

## Our findings

Prior to the inspection concerns had been raised with us regarding the safe administration of medicines, general cleanliness of the home, the safety and maintenance of equipment used to support people and whether there were sufficient staff to meet people's needs. We found that, prior to our inspection, action had been taken to address all of these issues raised.

We spoke with two healthcare professionals who had previously raised concerns to ascertain how they felt about the current situation regarding the safety of people living in the home. They commented the service had gone through a period of change following incidents that had taken place in the home. Issues that were raised had been addressed, improvements had been made and people were now safe.

People told us they felt safe. Comments included; "I can't think why I am so lucky, I feel completely safe here." and "I feel totally safe here." Relatives comments included; "I wouldn't want them to be anywhere else, I feel they are safe here." and "I can't visit every week now, but because I know they are safe and well looked after I feel fine about this."

People were protected by staff who were confident they knew how to recognise signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. For example, one staff member told us how they had recently identified a safeguarding concern. They had raised the issue with the registered manager and the local safeguarding team. Action had been taken to resolve the matter. The member of staff said they were fully supported throughout the process which, they felt, helped ensure people were safe. Staff were up to date with their safeguarding vulnerable adults training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

People were supported by suitable staff. Safe recruitment practices were in place and records showed appropriate checks were undertaken before staff began work. One staff member commented, "Before I was even able to enter the building to carry out any work, I had to wait for all my checks to come back."

People told us they felt there were enough staff to meet their needs and keep them safe. One person said; "Staff are

always there when you need them. I accidentally pressed my alarm once and staff appeared in my room straight away." A relative told us, "I feel there are enough staff. I am also aware they are always trying to get more." Staff confirmed there were sufficient numbers of staff on duty to support people. Comments included; "Any home would benefit from having more staff, but there are always enough staff present to meet people's needs." And "I feel we have enough staff to keep people safe and meet their needs, however people would benefit more if we had less agency staff and more of our own staff." The registered manager told us staffing levels were regularly reviewed and new staff were in the process of being recruited. They confirmed agency staff were being used and explained this was due to long term sickness of permanent staff who could not be replaced. Staff were not rushed during our inspection and acted promptly to support people when requests were made. For example, we observed one person who requested assistance with their toileting needs was supported immediately by staff to have their need met. Another person requested a food item whilst seated in the lounge, this was brought to them promptly.

People were supported to take everyday risks. People moved freely around the home and the service had a secure garden which people confirmed they were free to use. People made their own choices about how and where they spent their time. One person told us; "I like to go where I want to go and keep myself to myself, staff know that and respect it." People were supported to remain independent. For example, people who could walk were encouraged to go out for short walks in the community. Risk assessments recorded concerns and noted actions required to address risk and maintain people's independence. One person said, "Staff are very respectful of my wish to remain as independent as possible. I don't want to give in, despite the risk of falling. This I feel is important to me."

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines were locked away as appropriate and where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs related to medicines. For example, one staff member told us how a person had

## Is the service safe?

medicine in liquid form to help minimise the risk of them choking. They explained the person really disliked having their medicine in this way and how different methods had previously been tried to respect that fact, but had failed. The person told us, "It does not taste nice but there is no other way, I need it and I know that."

People were kept safe by a clean environment. All areas were clean and free from clutter and trip hazards. New

wheelchairs, foot rests and weighing scales had been purchased following concerns raised by health care professionals. The equipment was clean and maintained to a high standard to keep people safe and prevent the risk of them contracting an infection through cross contamination. A relative commented, "It's always so clean here whenever I visit and smells so fresh." People told us the home was always kept nice and clean.

# Is the service effective?

## Our findings

Prior to the inspection concerns had been raised with us regarding whether meals served within the home appropriately met people's needs and questioned if staff had the right knowledge and skills to carry out their roles effectively. We found that, prior to our inspection, action had been taken to address these issues raised and improvements had been made.

People felt supported by well trained staff who effectively met their needs. Comments included: "I have great faith in the staff they all know exactly what to do." and "The staff are all good, they know just what I need and they do it." A relative said, "A district nurse helped train the staff to meet [...] needs and this has really improved things. They now know how to meet their needs thoroughly."

A new two week induction programme had been implemented for all new permanent members of staff. This made sure staff had completed all the appropriate training and had the right skills and knowledge to effectively meet people's needs before they were permitted to support people. New staff shadowed experienced members of the team until both parties felt confident they could carry out their role competently. The registered manager told us that all staff, regardless of their role, completed all the training arranged by the service. This was so all staff had the skills and knowledge to meet people's needs effectively. A staff member told us, "I find it really good that we have the same opportunity to learn how to support people. I recently completed a six week course in dementia awareness and I am booked to attend end of life training soon." Ongoing training was planned to support staffs continued learning and was updated when required. Staff commented; "There are a lot of training courses here. I've just completed my dementia training and found it really interesting."; "I feel fully trained and totally competent in my role." and "I definitely feel competent that I can carry out my role effectively and if you ask for any training you get it."

The registered manager confirmed agency staff received a comprehensive induction, which included a tour of the building and a summary sheet of each person's individual needs living within the home. Full checks had been carried out to ensure they had the correct skills and knowledge to support people and a senior member of staff monitored their competency. An agency member of staff told us, "This is my first time working here. I was given an induction

immediately and greeted well. I was given a list of people I would be supporting, informed of their needs and told of any current concerns. I would be very happy to come back again."

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care records showed where DoLS applications had been made and evidenced the correct processes had been followed. Health and social care professionals and family had appropriately been involved in the decision. The decision was clearly recorded to inform staff. This enabled staff to adhere to the person's legal status and helped protect their rights. The registered manager had a good knowledge of their responsibilities under the legislation. We saw documentation that demonstrated appropriate applications had been made for people. The service was awaiting authorisation on all the applications made.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Daily notes evidenced where consent had been sought and choice had been given. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. A staff member commented that everybody within the home could be encouraged and supported to make certain everyday decisions. For example, whether to take part in an activity. However, when it came to more complex decisions such as a medicine need, they explained a health care professional or, if applicable, a person's lasting power of attorney in health and welfare would be consulted. They informed us and showed us documentation where a best interests decision had been made for a person to be given their medicine covertly. They said, "This helps to ensure we carry out care treatment in line with legislation and in the person's best interests."

People were involved in decisions about what they would like to eat and drink. The chef told us feedback following



## Is the service effective?

residents' meetings was used to create the menus for the home and this helped ensure people's preferences were met. On top of this they said; "People can ask staff or come to the serving hatch at any time and request food." Catering staff were knowledgeable about people's complex dietary requirements, including those who required a diabetic diet, pureed diet or high calorie diet. Each person had a Malnutrition Universal Screening Tool (MUST) score, a researched based tool to identify if a person was malnourished or at risk of malnutrition. The registered manager confirmed this was regularly updated by senior staff so kitchen staff knew people's current dietary requirements.

The registered manager told us they had conducted some research through the Alzheimer's Society into the importance of eating and drinking for people living with dementia. They had made changes to the environment and used practical ways to encourage people to sustain a balanced diet that helped maintain their mental and physical wellbeing. For example, the staff used pictures to explain and communicate what the food was. Coloured non patterned plates had been purchased to ensure the plates were a different colour to the food and the table. This not only helped people who had difficulty with their sight, but also demonstrated the registered manager had given thought to the importance the environment plays, in people's eating and drinking experience.

People were relaxed during lunch and told us the meals were good, served at the right temperature, and of sufficient quantity. Comments included; "There is always

plenty of food. I get a healthy diet with lots of choice, it's really quite good" and "food is hot and enough to meet my appetite." People who needed assistance were given support. We saw staff gave people choice, checked people had everything they required and supported people to eat at their own pace and not feel rushed.

Care records highlighted where risks with eating and drinking had been identified. For example, one person's record evidenced an assessment had identified a potential choking risk. Staff sought advice and liaised with a speech and language therapist (SALT). A soft diet had been advised to minimise the risk and the person was to be observed whilst eating. The assessment had been regularly reviewed to help ensure it met the person's ongoing needs.

Care records showed it was common practice to make referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified.

Detailed notes evidenced where a health care professional's advice had been obtained regarding specific guidance about delivery of specialised care. For example, a district nurse had been contacted when staff had identified a person's legs appeared more swollen than usual. A GP visited the home from a local surgery on a weekly basis and carried out health care reviews. People could request to see the GP and this would be arranged for them. One person said; "The doctor comes once a week. I think this is important. Mind you, if you request any urgent support you get it. I requested the paramedics were called once and they came straight away."



# Is the service caring?

## Our findings

Prior to the inspection concerns had been raised with us regarding people's general appearance and questioned if staff respected people's dignity. We found action had been taken to address these issues and improvements had been made.

People felt well cared for. They spoke highly of the staff and the quality of the care they received. Comments included; "Staff are very caring and they know me very well."; "Staff are very good. I'm well cared for" and "I'm just pleased to be here. I'm well cared for and staff are so kind." Relatives told us; "Staff put themselves out for people and are so caring" and "Staff are caring, polite and helpful. They go over and above their duty." A health care professional commented that staff were attentive and lots of good caring interactions took place with good banter.

People told us their privacy and dignity were respected. People were well dressed and presentable. One person said; "Staff have total respect for my privacy. They always knock on my door, no complaints at all about that." Staff informed us of various ways people were supported to have the privacy they needed. For example, one staff member commented how a person liked to play a musical instrument in private. They showed us a room that had been set up so the person could have this preference met. A relative told us, "I have never seen anyone being treated disrespectfully which is important. [...] is a very private person and his dignity is respected." Another commented, "[...] is always clean and presentable which is very important to them."

Staff showed concern for people's wellbeing in a meaningful way. We saw staff interacted with people in a caring, supportive manner and took practical action to relieve people's distress. For example, one person showed signs of distress whilst with others in the lounge. A staff member promptly assisted the person. They spoke with the person in a kind manner, offered the person choices of what they wished to do and supported the person in the decision they made. Three other members of staff supported others in the lounge who had become anxious following the incident. Within a short space of time calmness had been restored and people were happily

enjoying their day. A staff member commented, "We know the people well and how things can quickly cause upset, we also know what people react positively to from past experience and this helps make people feel comfortable."

Staff knew the people they cared for. They were able to tell us about individual likes and dislikes, which matched what people told us and what was recorded in care records. Comments included; "I am always talking to people about their interests and hobbies.", "I love to hear about people's life stories. I find it fascinating and it helps me when I need to support people." and "I like any opportunity I get to talk to people and get to know them." A relative relayed how staff went out of their way to source a musical instrument for their relative when staff found out they used to enjoy playing it. They said; "He used to love to play. They somehow got one for him, I just think that is so good."

People were given information and explanations about their treatment and support when they needed them so they could be involved in making decisions about their care. For example, during a medicine round, one person asked why they needed to take a particular tablet that was offered to them. The staff member explained very clearly what the medicine was for and why it was important to take. The person happily took the medicine and thanked the staff member for helping them to understand.

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time. Comments included; "I'm always made to feel welcome, staff are so helpful" and "There is never any problem with when we can or can't visit, we are welcomed any time."

The registered manager informed us that a new member of staff had been employed to dedicate their time to ensuring people's preferences and personal histories were taken into account so their needs were met in a caring way. Each person or, if appropriate, a person who mattered to them, would be talked to and listened to appropriately. An in-depth personalised report was produced which detailed how staff could respond to a person in a meaningful way and take practical action to relieve distress. The registered manager told us how the first report had been used as a case study to give staff an appreciation of how care could be tailored to meet individual needs. A staff member said, "This new approach helps us to think of how we can support the person in an individualised way and it's not just about completing a task in hand."

## Is the service caring?

The report was personalised, creative, compassionate and helped clearly express the person's views. It detailed how the person who lived with dementia found it very difficult to communicate and frequently displayed signs they were frightened and distressed. The person was very tactile and whilst they had lost the ability to take part in hobbies, the family informed the staff they used to enjoy. Staff noted that just holding objects that related to past interests calmed the person and even encouraged words to be

spoken. A staff member carried out some research and an item was purchased that appealed to the person's interests and sense of touch. The person was offered the object to provide them with comfort. A staff member commented, "When the person is given the aid, it has an instant, calming and soothing effect." They informed us similar aids were being purchased and trialled with other people to try and provoke thought, communication and positive emotion.

# Is the service responsive?

## Our findings

Care records contained detailed information about people's health and social care needs. They were written using the person's preferred name and reflected how they wished to receive their care. The registered manager told us they believed further improvement could be made to make the records more personalised. They showed us a new style care plan that had been developed to achieve this. The registered manager confirmed they were in the process of updating every person's record to this standard.

People were involved in planning their own care and making decisions about how their needs were met. For example, one person wrote in their care plan, they wished to get up in the morning at a certain time and detailed what drink they would like to have brought to them. Daily notes showed and staff confirmed this was respected. Another person said they wished to attend to their own personal care and would use their alarm if they needed assistance. They told us, "Staff are always there if I need them. They respect how I like to do things."

People told us they were able to maintain relationships with those who mattered to them. Comments included, "My friends are always able to visit and my family are due today. They are always made welcome and staff help get me ready in time when we know they are coming" and "Staff help me to remain in contact with my family. That means a lot to me." Several relatives and friends visited during our inspection and people, where possible, went out for the day with their families. One relative said, "This is the fourth relative we have had live here. We are always made welcome." Each care record highlighted friends and family in a section titled 'Circle of support'. The registered manager understood the importance of this and told us the staff helped people to have contact with their families and friends, including those who lived in other parts of the country.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. A staff member explained how they supported people to attend places of interests. For example, one person was taken to a local pub to enjoy a drink, whilst another went to watch people take part in a sporting activity they once played. A church service was held fortnightly within the home for people who were unable to attend church in person. A

member of staff told us; "We try and do whatever people want to do" The registered manager confirmed they were negotiating the use of a mini bus so the service could offer more choice to people on a regular basis to access areas of interest in the community.

People were supported to follow their interests. Individual preferences and disabilities were taken into account to provide personalised, meaningful activities. For example, one person with a sensory impairment could no longer read for themselves as they once enjoyed. The staff obtained talking books for the person and discovered their passion for horse racing. They sourced books from the library that reflected this interest. A member of staff then spent time with the person reading to them on a one to one basis. They said, "I really enjoy making activities mean something for the individual person, matching their own unique interests." The registered manager told us the service had employed an activities co-ordinator to help ensure people were given time to express their views about how they wished to spend their time and what could be done to provide them with a better quality of life. A relative told us; "[...] is always thinking of new ways to involve people and provide activities that people enjoy. Recently they managed to get a local potter to give pottery sessions for the residents which was really, really good."

People and, where appropriate, those acting on their behalf contributed to the planning of care. Information about a person's personal history was learnt and used to provide activities that responded to people's need. For example, through discussion with family, it was discovered that one person who lived with dementia had done a certain job all their life. The staff provided opportunities for the person to use their skills inside and outside of the home. They asked the family to bring in the person's own tools to carry out the tasks, in the hope it may evoke memories from the past. A staff member commented, "When we obtained their own equipment for them, it seemed to make a difference. They appear to really enjoy the time they spend doing what they have always done."

The service had a policy and procedure in place for dealing with any concerns or complaints. The policy was clearly displayed in several areas of the home and in each person's room. People knew who to contact if they needed to raise a concern or make a complaint. People who had raised concerns, had their issues dealt with straight away. Comments included; "I had a concern about when I wanted

## Is the service responsive?

to have my tablets. I spoke to the staff and now I have them as I would like”; “I made a complaint about my light not working, it was fixed straight away” and “I know how to complain, but there’s never been an occasion where I have needed to.” A relative told us; “If I have any concerns, I go to the office and it’s always sorted. Staff are always very helpful like that.” A healthcare professional commented that they had previously had concerns, a meeting was called, the concerns were addressed and now they had no concerns.

We looked at the written complaints made to the home in the last 12 months. Each complaint had been responded to

in a timely manner and thoroughly investigated in line with Greenhill’s own policy. Appropriate action had been taken and the outcome had been recorded and fed back. The registered manager told us and we saw evidence that they used complaints to improve their service and raise standards of care. For example, a complaint had been raised by healthcare professionals that the wheelchairs within the service were not fit for purpose. The registered manager had disposed of all of the existing wheelchairs and purchased 12 new ones.

# Is the service well-led?

## Our findings

People, friends and family, healthcare professionals and staff described the management of the home to be approachable, open and supportive. People told us; “The manager is so nice, I can ask him anything” and “I see the manager about things and they always help me.” A relative said; “You can ask anything to the management. They are all so approachable.” Staff comments included; “I’m very well supported by the manager. [...] listens and I feel I can ask them anything” and “I find the management are approachable and problems are quickly rectified.” A healthcare professional commented that the management acknowledged problems, they held their hands up when mistakes had been made, genuinely listened and were approachable.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. Staff comments included; “There is always somebody senior around to offer support” and “The management are always around and know people well.” A healthcare professional commented that the management structure of the service was clear and they knew who to approach to get the answers and help they needed.

People were involved in developing the service. Meetings were regularly held and satisfaction surveys conducted that encouraged people to be involved and raise ideas that could be implemented into practice. For example, changes to the food menu within the home had been implemented. Minutes from the meeting were fed back and displayed on notice boards around the home.

People were kept up to date with what was happening in the service by the use of a monthly newsletter titled ‘Greenhill Gazette’. Information contained within the newsletter helped communicate recent and forthcoming activities and events. The registered manager told us it was an idea one of their staff had. They welcomed the suggestion and fully supported its development. The staff member had taken time to produce the newsletter and ensured people were fully involved in the process.

Staff meetings were regularly held to provide a forum for open communication and the registered manager held a drop in centre weekly, where staff could raise any concerns

they had in private. A member of staff said, “Staff meetings are great. They give you a good opportunity to air your views.” Staff told us they were encouraged and supported to question practice and raise suggestions where improvements could be made. For example, one staff member commented how they felt some staff were apprehensive about joining in on activities within the home. They mentioned it to the registered manager. It was raised as an agenda item, discussed with staff and improvements were made. We saw all staff were confident to assist people with the activity of their choice. If suggestions made could not be implemented, staff confirmed constructive feedback was provided. One staff member said, “I asked for a rota to be changed. It was explained to me clearly why this couldn’t happen at the time. The manager said they would look into this for the future. They did this and the rota has now changed to make things easier for me.”

The service had notified us of all significant events which had occurred in line with their legal obligations. The service had an up to date whistle-blowers policy which was displayed on notice boards within the home and supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately. One member of staff commented, “The manager is very open about the whistle blowing policy. It’s a good policy and I would have no hesitation in reporting any incident I felt needed to be addressed.”

Information following investigations was used to aid learning and drive improvements across the service. Daily handovers, supervision and meetings were used to reflect on standard practice and challenge current procedures. Examples included Mental Capacity Act and end of life training had been set up for all staff to attend following an investigation into the care and support a person had received by staff at the home. And, following a concern raised by a district nurse that people’s weights were not being recorded, a new weighing machine had been purchased to address this issue and the Malnutrition Universal Screening Tool (MUST) had been implemented into practice to help ensure people’s change in any dietary needs were identified.

The registered manager inspired staff to provide a quality service. Staff told us they were happy in their work,

## Is the service well-led?

understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included; “I really enjoy working here, I’ve learnt so much and management are brilliant, really, really helpful”; “I love it here. It is the best job I have ever had.” And “I love my job. One of the best things is that staff are praised. This really helps boost morale.”

There were effective quality assurance systems in place to drive continuous improvement of the service. The

management carried out regular reviews which assessed the quality of the care provided to people. We saw evidence this had been recently completed and recommendations to improve practice had been identified and actioned. For example, we saw that areas of the home had been identified as requiring a deep clean. New cleaning rotas had been implemented and spot checks had been carried out to help ensure cleaning was completed to a higher standard.