

Greenhill Park Residential Care Home

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 31 December 2015 and was unannounced.

The home provides accommodation and personal care for a maximum of 34 people. At the time of our inspection 29 people lived at the home.

There was a registered manager in post at the time of our inspection. 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.

We carried out an unannounced comprehensive inspection of this service on 25 February and 3 March 2015. Breaches of legal requirements were found. After

Summary of findings

the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded with two breaches of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). These breaches were due to shortfalls in how consent to care was obtained and how people were lawfully restricted.

At this inspection we found action had been taken to ensure people who lacked capacity were safeguarded in line with the Mental Capacity Act 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. In addition the provider had taken appropriate steps to ensure people who lacked capacity gave their consent to their care. We found where necessary assessments were undertaken regarding people's ability to make specific decisions. Best interest decisions had taken place which had involved suitable people. Where people were restricted applications had been made to the local authority to legally support people in the least restrictive way.

Staff knew how to protect people from risks. People and their relatives told us they felt safe. Staff were aware of the signs of abuse and knew how to report these as well as of other agencies who may be involved. Risk assessments were in place to ensure people were kept safe. Staff were aware of these and how they could be minimised.

People who lived at the home knew the staff well and believed there were sufficient numbers on duty to meet care needs. We saw staff were kind and caring towards people at the home. Care and support was provided in a way to meet people's individual needs. People confirmed staff ensured their privacy and dignity was maintained. People's medicines were administered and managed in a safe way and as prescribed.

People were encouraged to eat and drink in order to maintain their wellbeing. Staff were aware of people's likes and dislikes as well as any specific dietary needs. People told us they liked the food and had a choice available to them.

We found people had access to healthcare professionals when they needed them as well as specialists. Arrangements were made to ensure people were able to attend appointments outside of the home.

We saw people were involved in planning care around their needs. People felt they were listened to and their views taken into account. People as well as their relatives knew how to raise concerns about the care provided.

The registered manager was well liked by people who used the service as well as their relatives and members of staff. Checks were in place to ensure quality care was provided. People and their relatives were able to participate in this to improve the service.

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.

People were cared for by staff who had the skills and knowledge to protect people from harm. There were enough staff to keep people safe and meet their care needs. People received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

We found that action had been taken to improve how people's best interests were protected in a lawful and least restrictive way. People's needs were met by staff who were trained and received support from management. People enjoyed their meals and had access to health care professionals when needed.

Good



Is the service caring?

The service was caring.

People were cared for by staff who were kind and considerate. People were involved in how their care was provided. People and their relatives thought staff cared for people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People were supported to take part in hobbies and interests they enjoyed. People and their relatives were able to raise any concerns they had and felt they would be listened to and addressed.

Good



Is the service well-led?

The service was well led.

People benefited from the registered person's leading by example and demonstrated leadership and commitment to quality care. Systems were in place to monitor the quality of care provided.

Good



Greenhill Park Residential Care 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.

We undertook an unannounced comprehensive inspection of Greenhill Park Residential Care Home on 31 December 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 25 February and 3 March inspection had been made. We inspected the service against all five of the five questions we ask about services: is the service effective, is the service caring, is the service responsive and is the service well lead. This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector. During the inspection we spoke with eight people who used the service and five relatives or friends who were visiting. We

spoke with both the providers, one of whom is the registered manager. We spoke with the deputy manager and four other members of staff as well as a healthcare professional.

Before our inspection we reviewed the information we held about the service. This included the action plan following our previous inspection on 25 February and 3 March 2015. We looked at the statutory notifications we had received from the provider. Statutory notifications include important events and occurrences which the provider is required to send us by law.

We saw how staff cared and supported people who lived at the home throughout the inspection. Some people were unable to communicate with us verbally so we used different ways to communicate with people. 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.

During the inspection we spoke with eight people who used the service and five relatives or friends who were visiting. We spoke with both the providers, one of whom is the registered manager. We spoke with the deputy manager and four other members of staff as well as a healthcare professional.

Is the service safe?

Our findings

All the people we spoke with told us they believed they were safe living at the home. One person told us, “I feel really safe living here”. Another person told us, “I am safe here.” A further person told us, “Nobody would ever hurt me here so I am safe”. Relatives we spoke with thought their family member was safe at the home. One relative told us their family member, “Would tell me if they were not treated well and they have never done that”. The same relative told us, “I have never seen anything here which worries me.” Another relative told us the family were very happy because their family member was, “Very safe” living at the home.

Staff we spoke with were aware of their responsibility to report any incidents or allegations of abuse. One member of staff told us, “I’d report anything to the management or a senior.” The same member of staff was aware of other agencies who may need to be informed regarding allegations of abuse. Staff were confident the registered persons at the home would take immediate action if they were informed of any concerns. Information on the safeguarding of people was on display within the registered manager’s office for staff to use if needed. This information included useful telephone numbers for staff to use in the event of having to report an incident. We found staff to be knowledgeable about the different types of abuse people may be subjected to and confirmed they had received training.

We spoke with staff and they were aware of potential risks to people. We saw risk assessments were in place and were regularly reviewed and evaluated. For example some people were identified at risk of developing sore skin. We saw people were sat on specialist cushions to reduce the risk. When people moved to sit elsewhere such as to participate in a game in the dining room staff ensured these items of equipment were in place. We saw staff took time to make sure the equipment was used correctly for example by ensuring it was the right way around in the person’s chair.

We saw staff undertake safe procedures when they cared for people. People we spoke with who needed support from staff and the use of a hoist confirmed two members of staff always assisted them in line with their risk

assessment. We saw footrests were in place on wheelchairs when people were moved from one location to another. In addition we saw safe techniques used when staff used equipment such as a hoist.

People who lived at the home as well as their relatives told us they believed there were sufficient staff on duty to meet people’s needs. Throughout our inspection we saw people’s care needs were met in a timely way. One relative told us, “I have never seen anyone left”. Additional staff had been made available to meet the needs of people during the night. The registered manager had also identified times of the day when additional staff were needed to meet the needs of people who used the service and had ensured these staff were in place.

We spoke with people about how their medicines were managed. People confirmed they received their medicines on time. One person told us, “If your medication doesn’t suit you they take notice and get it sorted for you.” Another person told us they had regular medicines prescribed and added that staff always brought them. A further person told us, “Staff always apply my cream. They are very good at bringing me my medication”. The same person also told us staff signed for medicines once they had received them. A relative told us staff were, “Exceptionally good at giving out medication which is important and at the right time.” The same relative told us, “The manager is really on the ball with people’s medication and is always up to speed with what is happening.” Another relative told us they were aware of regular reviews of their family member’s medicines to ensure their healthcare needs were met.

We saw the senior on duty check the medicine records before they administered them to people. Some people had medicines prescribed for certain times throughout the day. Staff were aware of the importance of administering these medicines at an allotted time and knew why the times were important to maintain people’s wellbeing. Records were maintained and completed correctly and medicines were stored securely. The provider had systems in place to record any medicines no longer needed and to be returned to the pharmacy.

We spoke with staff about newly appointed members of staff. Staff told us new employees were not able to start work at the home until pre-employment checks were

Is the service safe?

carried out. These checks included a Disclosure and Barring Service (DBS) check. The DBS is a national service and holds records of any criminal convictions and is in place to help employers make safe recruitment decisions.

Is the service effective?

Our findings

At our inspection in February and March 2015 we identified shortfalls in how consent to care was obtained and how people were lawfully restricted. These were breaches of Regulations 11 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the registered providers what action they were going to take. We received an action plan telling us of the actions undertaken. At this inspection we found action had been taken to ensure the regulations were met.

We looked at how staff sought consent before they provided care and support for people. 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 interest and as least restrictive as possible.

We looked at how staff sought consent before they provided care and support for people. We spoke with staff and found they understood the principles of the MCA. Staff were aware of the need to speak with people to gain their consent before they provided care and support. Staff we spoke with were aware people may have the capacity to make some decisions while they may not have capacity in relation to other areas. The registered manager had assessed people's capacity in making decisions regarding aspects of their care. The registered manager had involved family members and healthcare professionals as needed in coming to decisions in people's best interests.

One person who lived at the home told us, "They (staff) ask my permission before they do anything". Another person told us "Staff always ask for my permission." A relative told us, "Staff are very polite and seek consent." One member of staff told us, "I always ask people first. I wouldn't assume."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us they had submitted to the local authority DoL applications. The registered manager

was aware of the applications which had been authorised by the local authority and of one which had not been assessed at the time of our inspection. The registered manager had recorded the date when the authorisations expired so additional applications could be made if needed.

People we spoke with told us they believed staff knew how to care and support them correctly. All the staff we spoke with told us they enjoyed working at the home and they believed they received suitable and sufficient training to carry out their job. The registered manager told us they were confident staff undertook the necessary training and were able to remind staff when they needed an update. One member of staff was trained to train other staff in how to provide safe moving and handling for people. A member of staff told us, "I feel I have received sufficient training". One member of staff told us they had learnt the need to give people time to respond to any request following their training in dementia care.

Staff told us they had received induction training when they first started work at the home which included shadowing experienced members of staff. Staff confirmed they had attended one to one meetings with a senior member of staff to discuss their work and their training needs.

One person told us they enjoyed the food available to them and confirmed they had a choice of food and drink. One person told us, "The food is marvellous. It is very good." Another person described the food as, "Excellent" and told us, "They (staff) come and ask what you want. We have a choice of two meals. They (staff) are very obliging if you change your mind." A further person told us, "The food here is a good standard and always warm."

One relative told us, "The food I have seen is very good". The same person told us they liked the cakes because, "They are all homemade and are so good." Relatives told us they had the opportunity to make a cup of tea when they arrived at the home to make themselves and their family member a drink.

People were seen to receive support and assistance with the meal as required. Drinks were available for people throughout the day. Staff including those who worked in the kitchen were able to describe people's dietary needs. Staff were aware of people's special dietary arrangements and how these were to be monitored to ensure people's wellbeing.

Is the service effective?

People we spoke with confirmed they were able to access healthcare professionals such as doctors, dentists and chiropodist as well as other specialists. One person told us, "If necessary they (staff) send for the GP for me." Another person told us, "If you don't feel well you just tell them (staff) and they get a doctor for you." A further person told us, "I have appointments arranged for the chiropodist and the dentist." One relative told us, "They (staff) do monitor

healthcare and that's really good." Another relative told us the registered manager was, "Very good at taking (their family member) to hospital and escorting to medical appointments."

The registered manager told us they were proud of the good working relationship they had developed with healthcare professionals who were involved in the care and support of people who lived at the home. The healthcare professional we spoke with was complimentary about the quality of care provided at the home.

Is the service caring?

Our findings

People who lived at the home, their relatives and a healthcare professional told us they were happy with the care and support provided by staff at the home. People told us staff were caring and kind to them. One person told us, "Staff are very helpful." Another person told us, "The staff are all very kind." A further person told us, "Staff take very good care of me." A relative told us, "The staff are just lovely" and, "The staff here are exceptionally caring. I can't speak more highly of them and the care". Another relative told us, "I am really impressed with the staff."

We also spoke with a healthcare professional who described the care provided as, "Lovely" and "Very caring". We saw staff seek guidance from the healthcare professional regarding the care of one person.

We saw staff were patient and caring to people. Staff engaged with people in a friendly and understanding manner. For example we saw times when people showed signs of anxiety and upset. Staff members including the registered manager saw these and comforted people and reassured them. We saw the registered manager put their arms around the person and spoke with them in a calm way. The person concerned responded well and showed signs of becoming more settled and smiled and responded to the registered manager.

Staff had available to them information about people's likes and dislikes as well as information on their family

history. People told us they were involved in their care and were able to make decisions about how they spent their time. For example one person told us, "I can get up and go to bed when I want to". The same person confirmed staff were aware of their likes and dislikes and encouraged them to remain as independent as possible. Where needed family members were involved in the development of people's care.

Visitors were welcomed at any time. One person told us, "My visitors are able to come here anytime." We saw relatives make themselves as well as their family member of hot drink. The registered manager told us they had held events for relatives to attend to discuss care practices for people who live with dementia. One relative confirmed they had attended a meeting and told us they believed it to be important to have items familiar to their family member available to them.

People told us staff maintained their privacy and dignity. One person told us staff, "Always knock on the door. They don't just walk in." Other people we spoke with confirmed that staff always knocked on their bedroom door before entering. Throughout our inspection we observed staff carry out this practice. Staff had an understanding of how they were able to uphold people's privacy and dignity and demonstrated throughout our inspection how they valued people. For example staff were aware of people's preferred name. People we spoke with confirmed staff used their preferred name and this was heard to take place during our inspection.

Is the service responsive?

Our findings

People told us they were happy with the care they received and how their care was planned. One person told us, “They (staff) will do anything for you.” Another person told staff, “If you ask for anything they get it for you at any time of the day.” A further person told us, “I am very happy and content living here.” Another person told us, “I get all the attention I want”.

People told us they were involved in their care and support. People confirmed staff had asked how they wished to be cared for when they first came to live at the home. One person told us staff, “Made me happy and relaxed from the start”. The same person continued, “I was offered my care plan to look at”. We spoke with relatives who told us they had involvement in their family member’s assessment and believed staff at the home had gained sufficient information to care for their family member. One relative told us their family member had improved since they arrived at the home. Another relative told us, “We couldn’t have chosen anywhere better.” A further relative told us, “I was involved in the care plan.” The same relative spoke about their involvement in reviews of their family member’s care plan and told us they were confident their family member’s needs were met.

Relatives we spoke with confirmed staff had sought information from people who lived at the home as well as family members to ensure they were aware of people’s personal history. One relative told us, “Staff know all about (family member).”

People we spoke with told us staff responded well to their requests for care and support. People confirmed call bells were answered promptly. One relative told us, “When buzzer goes off staff are down (to their family member’s bedroom) within two minutes.” Throughout our inspection we heard the call alarm sounding. On each occasion we noted they were silenced within a few minutes meaning staff had responded.

The registered provider had sought the views of people as well as their family members. An analysis of the results from the most recent questionnaires was on display for people to see. We looked at these and found that the responses were mainly positive.

People told us they were able to take part in hobbies and interests. One person who lived at the home told us, “We do different things every day like painting or exercises”. The same person also told us “We play games. Yesterday we played hoopla.” One relative told us, “I like the amount of entertainment provided” and “Staff do their best to keep people occupied”. Another relative told us, “All the staff try and give people a good time.” A further relative told us, “People here have a lot of outings they can go on and they have a lot going on such as entertainment and things to do such as the knitting club.”

Throughout the day we saw people engaged in hobbies or interests. For example we saw people were playing a word game while others were doing jigsaw puzzles. Some people told us they liked spending time in their own bedrooms either reading or watching television but enjoyed having meal times in the dining room and taking part in some of the activities arranged. At breakfast time we saw people eating their breakfast while at the same time reading a newspaper. During the day we saw people relaxing in the lounge with either a paper or a book. Photographs were on display in the entrance hall which showed people engaged in craft making or while on days out.

People we spoke with and their family members told us they were aware of the provider’s complaints procedure. One person told us, “If I had a complaint I would be able to tell them (management team).” A relative told us, “I have never needed to complain about anything. They (staff) would however listen to me if I did.” A further relative told us, “I would be quick to say if anything wrong. Also I would tell the Care Quality Commission.” We spoke with the registered manager who told us they have received no complaints about the service provided at the service since March 2015. When a complaint was received we saw they were taken seriously and were investigated to prevent future reoccurrences.

Is the service well-led?

Our findings

People who lived at the home knew the registered manager and the registered provider well and were complimentary about how the home was managed. When we were introduced to people they were pleased to see the registered manager and spoke highly of her and the standard of care provided as a result of the management of the home. One person told us, "I think it is very nice here and very well run." Another person told us the registered manager, "Really loves people. She will do anything for you."

Throughout our inspection we found the registered manager had a clear vision of how they wished the home to be run and showed they were open to suggestions and ideas. For example the registered manager told us they had made changes to the night time arrangements following comments from staff. We found the registered manager to have a good awareness of the needs of people who lived at the home and was able to describe how staff were to meet people's needs.

We spoke with family members of people who lived at the home. Everyone we spoke with was complimentary about the management of the home and believed the service to be well lead. One relative told us, "The home is very well organised" and "The management are all very nice and caring." Another relative told us the registered manager was, "Very hands on" in assisting staff provide care to people. During our inspection we saw the registered manager take an active part in the support provided to people.

We spoke with staff and they told us they felt involved in the running of the home and felt they were able to raise any issues with the registered manager. Staff told us they had recently highlighted the need for changes with staffing levels during the night. Staff stated they were listened to and as a result changes had taken place in order to provide an improved service for people.

Senior staff had specific roles for them to undertake as part of the management team. For example in relation to having an oversight of medicines and health and safety. Systems were in place to ensure the number of tablets held in their original containers was corrected. We saw staff counted the stock remaining each time they administered medicines to ensure the amount held was correct and safely managed.

Meetings which involved people who used the service were available. We looked over the minutes following the most recent meeting which showed discussion had taken place regarding people's wishes for forthcoming entertainment to be arranged.

Staff confirmed they were supported by the registered provider and registered manager to provide quality care and support for people who used the service. One member of told us, "I am very well supported. The boss is very good and helpful." Staff we spoke with confirmed they received regular supervisions and these contained updates on particular matters. For example safeguarding including the protection of children. Staff also confirmed spot checks on their practice took place.

The provider was aware of the requirement to have on display the rating from the previous inspection. This information was available by the front door as well as with other information on the service provided. This showed the provider was open about the findings of their previous inspection.

Audits were in place including regular routine checks as well as spot checks on people's medicines. The registered manager had taken suitable action in event of errors with medicines to ensure people remained safe and the staff concerned received suitable training where needed to improve practice. Other audits including a monthly review of accidents and incidents to identify any trends and reduce risks to people of future occurrences.