

Somerset Care Limited

Greenhill House

Inspection report

Tweentown
Cheddar
Somerset
BS27 3HY

Tel: 01934740547
Website: www.somersetcare.co.uk

Date of inspection visit:
08 November 2016

Date of publication:
07 December 2016

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

This inspection was unannounced and took place on 8 November 2016

The last inspection of Greenhill House was carried out in January 2014. Since that inspection the home has been rebuilt and the number of people it is able to accommodate has increased from 26 to 55. At the time of this inspection 34 people were living at the home.

The home specialises in the care of older people, including older people who are living with dementia. It is divided into three sections. The main part of the home is made up of Steeple Rise which provides care to older people who need assistance with personal care and Gorge View which provides care and support to older people who are living with dementia. Mendip View is a separate building and provides accommodation to older people who require support and assistance with personal care but wish to live a more independent life.

There are also self-contained apartments on the site. These are not included in the registration of Greenhill House but staff would provide support in an emergency situation. The fire alarm system in the apartments is linked to the alarm system at Greenhill House.

There is 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.

The registered manager had only been at the home since August 2016 but was already having a positive impact on the home and staff morale. People described the registered manager as open and approachable and people and staff felt their views and suggestions were listened to.

There was a warm and friendly atmosphere in the home and people were comfortable and relaxed with the staff who supported them. Visitors were always made welcome.

The provider had a robust recruitment process which minimised the risks of abuse to people. Staff had received training and guidance to make sure they knew how to recognise and report any suspicions of abuse.

People received effective care which met their needs and ensured their safety. There were enough staff to make sure people's physical and social needs were met.

People had their nutritional needs assessed and met. Mealtimes were pleasant and sociable occasions and people had choices about the food they ate.

People received their medicines safely from staff who were trained to carry out the task. Staff monitored

people's health and sought advice from relevant professionals to make sure people's healthcare needs were met.

People were always asked for their consent before staff assisted them with any tasks. Where people lacked the mental capacity to give consent to their care or support, staff acted in accordance with current legislation.

Staff respected people's privacy and people were treated with respect and dignity. People were able to choose where and how they spent their time.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The provider had a robust recruitment procedure which minimised risks to people.

There were sufficient numbers of staff to maintain people's safety and ensure they received care and support in line with their needs.

People received their medicines safely from trained staff.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff who had the skills and knowledge to meet their needs.

People's nutritional needs were assessed and the staff involved appropriate professionals to ensure their needs were met.

People had access to healthcare professionals according to their individual needs.

Is the service caring?

Good ●

The service was caring.

People lived in a homely and welcoming environment.

Staff respected people's privacy and dignity.

There were ways for people, or their representatives, to be involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People received care which was responsive to their needs and took account of their preferences.

There were organised activities and excellent social engagement between people and staff which provided mental and social stimulation for people.

People felt listened to and were confident any complaints made would be investigated.

Is the service well-led?

The service was well led.

People benefitted from a management team who were open and approachable.

People and staff had opportunities to share their views and make suggestions about the running of the home.

There were systems in place to promote on-going improvements in the service provided to people.

Good ●

Greenhill House

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.

This inspection took place on 8 November 2016 and was unannounced. It was carried out by an adult social care inspector 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 care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in January 2014 we did not identify any concerns with the care provided to people.

During the inspection we spoke with 14 people who lived at the home, one visitor and seven members of staff. The registered manager and operations manager were available during the inspection.

Some people were unable to fully express themselves verbally due to their physical or mental frailty. We therefore spent time observing care practices throughout the home and carried out a Short Observational Framework for Inspection (SOFI) in one area. SOFI is a way of observing care to help us to understand the experience of people who could not talk to us.

We looked at a selection of records which related to individual care and the running of the home. These included three care and support plans, three staff personal files, minutes of meetings and records of complaints.

Is the service safe?

Our findings

People felt safe at the home and with the staff who supported them. One person told us "I feel safe and well looked after." Where people were unable to express their views verbally we saw they approached staff happily and appeared pleased when staff spent time with them.

Staff received training in how to recognise and report abuse. Staff had also been reminded about safeguarding procedures at a recent meeting to make sure they were fully aware of how to recognise abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where concerns had been raised the provider had worked with appropriate agencies to ensure people's safety.

The registered manager told us in their Provider Information Return (PIR) that risks of abuse to people were minimised by their recruitment policy and procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff records seen confirmed that new staff did not begin work until all checks had been received by the provider.

During the inspection there were sufficient numbers of staff to meet people's needs. Staff responded quickly to any requests for assistance and call bells were answered promptly. In all areas of the home staff spent time chatting and socialising with people as well as meeting their physical needs.

The registered manager explained there had been difficulty recruiting the staff needed to meet the increased size of the home but they had now been able to recruit additional staff. One member of staff said "All of us have worked hard to fill in the gaps but it's great to have some new staff."

Care plans contained risks assessments which outlined how risks to people would be minimised and how people had been involved in decisions. For example; one person chose not to follow a recommended diet and this had been fully discussed with them. Other people had risk assessments because they liked to keep their bedroom doors open during the night. These assessments helped to enable people to make choices with minimum risks to themselves and others.

People received their medicines safely from senior staff who had received training and supervision to carry out the task. The home used an electronic system for administering people's medicines. Staff told us they liked the electronic system and thought it was "Very safe."

Staff supported people to apply prescribed creams and lotions. Records of where these should be applied, along with records of application, were kept in people's en suite bathrooms to make them easily accessible to care staff. Records we saw were correctly completed.

Some medicines which required additional secure storage and recording systems were used in the home. These are known as 'controlled drugs'. We saw these were stored and records kept in line with relevant legislation. We checked a sample of stock levels during our inspection and found these to be correct.

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. People said staff regularly offered them pain relief to make sure they remained comfortable. At lunch time we heard staff offering people their prescribed pain relief.

Staff were trained to deal with emergency situations and there was information about the support each person would require if they needed to be evacuated from the building. The registered manager had implemented regular fire drills for staff to make sure they able to appropriately respond if the alarm sounded. During the inspection the fire alarm from the self-contained apartments on the site sounded and staff responded calmly and efficiently. They dealt with the situation and provided reassurance and support to people. Although this could have been a distressing situation for people, with the alarm sounding for some while, it became a talking point. One person told us "It was rather nice to see a few firemen in uniform."

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People told us staff were very good and they felt well cared for. One person said "They look after everyone very well here."

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for.

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. The registered manager acknowledged that staff training had not been kept up to date in the period when there had been no permanent manager at the home. They had an action plan in place to address this and several staff attended training on the day of the inspection. However we found staff to be competent in their roles and knowledgeable about the people they supported.

Part of the home, Gorge View, provided a specialist service to people living with dementia. To make sure staff had the skills required to effectively support people all staff received specialist training in dementia care. To ensure training was put into practice the provider carried out dementia mapping. Dementia mapping is an observation tool which monitors interactions between staff and people using the service. Our observations in this part of the home showed staff constantly engaged with people and provided on-going social stimulation to everyone which created a happy and pleasant environment.

Staff were extremely complimentary about the training they received. One member of staff said "The dementia training was fabulous. It really helped you to know how to interact with people." Another member of staff said "The training makes you look beyond the dementia and see the person. It helped me to see what might be triggers for people becoming upset or anxious." During the inspection one person had periods when they became anxious and disorientated. Staff offered distraction such as helping with small household tasks and physical reassurance which helped the person to remain calm.

Many staff had nationally recognised qualifications in care which ensured they were competent in their roles. One member of staff said "The training here is very good. You can't fault it. It makes you feel valued." One person told us "The staff are well motivated and well trained."

People had their healthcare needs monitored and staff supported people to see healthcare professionals according to their individual needs. Records showed people saw healthcare professionals including, community nurses, GPs and opticians.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where staff identified concerns about a person's food or fluid intake they monitored this and sought

advice where needed. For example one person had lost weight and the staff had implemented a food and fluid chart and arranged for the person to be seen by their GP.

At lunch time we saw people were able to choose where they ate their meal. The majority of people ate in the main dining rooms but some people liked to eat in their rooms. One person told us "I like to be on my own. They bring my meals to me and always have a smile and chat." People were offered a choice of main meal, vegetables and condiments. This enabled them to make choices about their food and portion sizes. One person told us "I can eat what I like and drinks and snacks are available throughout the day." Meal time was a relaxed and sociable occasion with staff chatting and encouraging people to eat. Where people needed assistance, such as help to cut up food, this was provided in a discreet and dignified way.

People were always asked for their consent before staff assisted them with any tasks. We saw a member of staff asking a person if they would like to be helped with a personal care task. The person agreed and the member of staff assisted them to their room. Another person needed the support of a mechanical hoist to assist them to move. Staff asked the person if they were happy to be supported with the hoist and the person gave their consent.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff were aware of the MCA and worked in accordance with the principles of the act. Care staff told us the majority of people were able to make day to day decisions but if they could not they would talk with a more senior member of staff. Senior staff said where necessary they involved family members and professionals to help them to make a best interests decision. Care records showed where best interests decisions had been made for specific decisions needed to be made on behalf of a person.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications where people required this level of support. A recent staff meeting showed the registered manager had discussed the Deprivation of Liberty Safeguards to make sure staff were fully aware of the legislation.

Is the service caring?

Our findings

People were supported by kind and caring staff. One person told us they had been at the home a number of years. They said "I have always found the staff very kind and caring." Another person told us "The staff understand my needs. Nothing is too much trouble and they show me great respect. In my book that means they cannot be more caring." One person displayed behaviour which was repetitive and staff attended to their needs in a caring and sensitive manner.

People benefitted from a friendly and welcoming staff group. A number of people commented on the friendliness of staff and we were made very welcome in the home. The visitor we spoke with said they were able to visit whenever they wished and were always greeted warmly by staff.

People were very much encouraged to treat Greenhill House as their home. There was a no uniform policy and we saw this had been discussed at a staff meeting. The minutes showed the registered manager explained to staff that they felt it broke down barriers between staff and people. They said "Not wearing a uniform creates a relaxed and home like atmosphere and gives mutual respect to residents. It gives stimulation and forms a topic of conversation whilst bringing your own personality into the lives of residents."

The registered manager and staff team aimed to make the building and atmosphere as homely as possible taking account of people's differing needs. The home was a new build and the staff had made all areas homely and inviting. Each area had a small kitchen area and throughout the day we saw staff constantly making hot drinks and sitting with people chatting. A member of staff said "It's nice to be able to make cups of tea. It's what you do at home." One person said "There's always tea and a natter on offer."

In Steeple Rise and Mendip View there were pictures and comfortable seating areas which enabled people to spend time in small groups or with family and friends. We saw two people sat in a quiet area chatting and laughing together.

In the area known as Gorge View pictures and items of interest had been put up around the area to make it a stimulating and interactive environment for people living with dementia. For example one person liked to remain in their upstairs room but enjoyed a walk along the corridor. The corridor had been made interesting and inviting by covering one wall in a forest mural and placing seating in a wide area. There were cushions in the lounge with interesting bits that people could feel and fiddle with. One person spent time holding one of the cushions and discussing patterns on it with staff members. This all helped to promote conversations and build relationships between people and staff.

All bedrooms in the main part of the home were for single occupancy with full en-suite facilities. In Mendip View some rooms and suites were large enough to accommodate two people if people wished to share. This gave people flexibility in the type of room they chose. People had been able to personalise their rooms which helped to create a homely feel. One person told us "I've bought my home with me."

People were able to spend time in communal areas or the privacy of their rooms. Staff respected people's right to privacy and always knocked on bedroom doors before entering. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and affectionate way.

Staff supported people to keep in touch with family and friends and assisted them to celebrate special occasions. For example staff had helped one person to purchase flowers and gifts so they could celebrate their wedding anniversary when their spouse visited. One visitor told us they had lunch with their relative every day.

On the day of the inspection one person celebrated their birthday. We heard a number of staff wishing them a happy birthday and sharing a joke with them. At tea time they were presented with a birthday cake with candles. They told us "I'm having a really nice birthday. The staff here are so kind."

People were cared for by staff who knew them well. Staff chatted to people about their families, local news and their interests. Staff offered people physical comfort and reassurance to ensure they felt safe and content. Staff held people's hands and gave them a hug when people requested it.

People all appeared very well dressed and clean, showing staff took time to assist them with their personal care. When staff assisted people into the lounge other staff complimented them on their clothing and jewellery. One person said "They are so friendly with you."

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. Care plan reviews were signed by the person or their representative to show they had read and understood their care plan.

Is the service responsive?

Our findings

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met.

The home used a computerised care plan system and care plans were personalised to each individual. There were also hard copies of care plans so they could easily be shared with people and their representatives. The registered manager told us they planned to make care plans more detailed to make sure staff had comprehensive information about people and their lifestyle choices.

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People were able to get up when they wanted and go to bed when they chose to. One person said "It's very good here and all the staff are very good, I can do more or less what I like."

Staff helped people with personal care when they requested it. The home employed care support workers who did not provide personal care but assisted people with other tasks. The care support workers meant that when people got up there was always someone available to help them with breakfast and hot drinks whilst care staff assisted other people with personal care. This enabled people to have breakfast whenever they were ready.

The staff responded to changes in people's needs. For people who were living with dementia the staff adjusted their care according to people's needs and abilities. One member of staff said "The training we had taught me that you have to adjust to whatever people want on the day." Where people's physical abilities and needs changed care plans were up dated to make sure people received care according to their current needs.

If people needed more complex care than the home was able to offer the staff liaised with other professionals to make sure their needs were met. This could on occasions result in the person moving to a different care setting where more appropriate care could be provided.

To make sure people were supported in line with their wishes if they moved to another care setting staff had completed The Alzheimer's Society document called 'This is me' for people living with dementia. This is a record of people's personal history and current needs. It can be used by other professionals who are providing care, such as hospital staff. It aims to make sure people receive care and support in line with their needs, beliefs and lifestyle preferences even if they are unable to verbally communicate their wishes.

People were able to take part in a range of activities according to their interests. There was an activities worker who assisted people to take part in group activities and visited people who chose to spend time in their rooms. An additional activity worker had just been employed to provide additional support to people. On the day of the inspection several people took part in a cake making session. One person said "I wouldn't

say I'm the world's best cook but we always have a laugh." Another person said "It's nice to get together for a bit of fun."

The staff helped people to keep in touch with news and orientate themselves to the time of year and specific events. We saw staff reading the newspaper with a small group and chatting about various issues. We also heard staff sharing local news with people. Some people had been involved in knitting poppies for Armistice day and there was a display in the main entrance. The staff were planning special events for Christmas such as a bazaar and a party.

A hairdresser visited the home on a Saturday. We were told that the new activity worker would work on a Saturday to make sure there were social events for people to attend on a Saturday evening.

In addition to organised activities there were excellent levels of engagement between people and staff. This meant that people received ongoing social and mental stimulation. People who were unable to fully express their views to us were animated and smiling.

The registered manager sought people's feedback and took action to address issues raised. There were coffee mornings in the home where people could share their ideas with the management and staff and meetings for people and their families. One visitor said "There's regular meetings and the new manager is very good. I feel she listens."

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. All complaints were recorded and there was information to state what action had been taken to resolve any issues raised. Where complaints highlighted areas that could be improved these were put into action. For example there had been some complaints about how fees were paid to the home and the registered manager was in the process of setting up a new invoicing system.

People told us they would be comfortable to make a complaint if they were unhappy with any aspect of their care. One person said "I have raised some issues and they have been sorted." Another person told us "I know who the manager is and I know who to complain to if I need to."

Is the service well-led?

Our findings

The registered manager had only been at the home since August but was already having a positive impact on the home and staff morale. One member of staff said "Its like a breath of fresh air sweeping through the place." Another staff member said "The new manager is fabulous they have just clicked with staff and residents. The staff feel better which has a real impact on people who live here. The whole atmosphere has been transformed."

The registered manager had many years' experience of working in the care sector and managing care homes. They kept up to date with good practices and changes in legislation through training, reading and meeting with other manager's within the provider group. They received supervision and support from one of the provider's operational managers who visited the home regularly.

The provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The provider informed us in their Provider Information Return (PIR) that they operated an open door policy which enabled people and their families to discuss issues at any time. At the inspection we saw people were extremely comfortable and relaxed with the registered manager and the operations manager.

There was a staffing structure which provided clear lines of accountability and responsibility. The registered manager was supported by a deputy and a group of care supervisors. This meant there was always a senior member of staff on duty to monitor people's well-being and respond to concerns.

The registered manager had put in place a new supervision structure which would ensure all staff received regular supervision. Supervisions are an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They are also a chance for any poor practice or concerns to be addressed in a confidential manner. Staff told us that since the new registered manager had been in post they felt well supported and able to discuss issues and make suggestions.

There was a clear vision for the home which was to provide person centred care in a warm and friendly environment. The vision and values were communicated to staff through staff meetings and formal one to one supervisions. During the inspection we saw that people were treated as individuals and were able to follow their preferred lifestyles. A number of people commented on the friendliness of staff which demonstrated the vision for the home was being put into practice.

The registered manager had carried out a full audit of the service when they began work at the home. From this audit they had put in place an action plan to address the shortcomings which had been identified. Many of the issues identified had been addressed by the time of the inspection such as implementing regular fire drills and ensuring staff had up to date training. The registered manager was fully supported by the provider's operations manager who monitored progress being made against the action plan to ensure

ongoing improvements.

Other areas identified were in the process of being addressed. These included developing the activity programme and reviewing people's care plans to make sure staff had comprehensive information about people's lifestyle choices and past histories. An additional activity worker had been employed to enhance activities and keyworkers had been identified to spend time improving personal information in people's care files.

In order to make sure people and staff were fully involved in any changes made the registered manager held regular meetings to seek people's views and share information. The registered manager was very visible in the home and people and staff felt able to approach them at any time to discuss their ideas. One member of staff said "We all feel we can say what we think. She makes you feel that we are all part of the same team and she is really passionate about making it a great place to live and work."

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