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# Greenview Residential Care Home

## 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 7 October 2015 and was unannounced. A further announced visit took place on 12 October 2015 to complete the inspection.

We last visited Greenview in April 2013 and found they were meeting all standards of health and safety we looked at.

Greenview Residential Home is registered to provide accommodation and support for up to eight people, any

of whom could be living with dementia. The service does not provide nursing care. At the time of this visit there were seven people living at Greenview and one person receiving regular day care.

There was 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.

# Summary of findings

We received positive feedback about the care and support provided from people who lived at Greenview, from their relatives other visitors and from healthcare professionals. A consistent view of the service was it provided caring support in a family like atmosphere.

People said they felt safe at Greenview and there were appropriate processes in place to protect them from abuse, to minimise identified risks and to ensure people received their medicines safely.

There was a sufficient number of suitable staff deployed. A strength of the service was the consistency of the staff team. There was no need to employ agency workers as existing staff covered any temporary gaps in shifts. This meant people received continuity of support from staff who knew them well.

Staff received a good range of training and their competencies were assessed to ensure they had the skills

to meet people's needs. People received prompt assistance when they needed medical intervention or support as staff liaised with health care professionals appropriately. People were supported to have enough to eat and drink that met their needs and personal preferences.

The atmosphere throughout the home was friendly, calm and caring. The staff spoke about people in a respectful manner and demonstrated a good understanding of their individual needs.

People were supported to take part in social activities and there had been some adaptations to the environment to help them to remain as independent as possible. The service maintained good links with the local community. People were confident they could raise concerns or complaints and that these would be dealt with.

# 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.

Staff had a clear understanding of what constituted potential abuse and of their responsibilities for reporting suspected abuse.

Identified risks to people were managed effectively to help to keep people safe.

Staffing levels were sufficient and recruitment processes were robust.

People's medicines were managed appropriately so they received them safely.

Good



### Is the service effective?

The service was effective.

Staff received training which was relevant to their role.

Staff sought people's consent when they provided care and support but the recording of this needed to be improved so they could more clearly demonstrate they were acting within legislation. The registered manager had already started to address this.

Staff ensured people's dietary and health needs were met.

Good



### Is the service caring?

The service was caring.

Staff had developed positive caring relationships with people using the service.

Staff communicated effectively and encouraged people to use their skills

People's privacy and dignity was respected.

Good



### Is the service responsive?

The service was responsive.

People received personalised care and support in line with their needs and wishes.

There were a range of activities and people were encouraged to take part in community events.

Complaints were listened and responded to.

Good



### Is the service well-led?

The service was well led.

There was a positive and open culture within the service and leadership was good.

There were effective quality monitoring systems in place to drive improvement

Good



# Greenview 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.

The inspection took place on 7 October 2015 and was carried out by one inspector. A further visit took place on 12 October 2015 to complete the inspection.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is where the registered manager tells us about important issues and events which have happened at the service.

During the inspection we spoke with six people who lived at Greenview and with eight visitors. We also spoke with one health care professional. We spoke with the registered manager, with the owner and with four staff. We reviewed the care records of five people, and looked at other records relating to the management of the service such as two staff files, audits, policies and staff rotas.

# Is the service safe?

## Our findings

People felt safely cared for. One person said "I'm very comfortable here" Another person said "If you have to be anywhere, this is about as good as you can get" One person said there had been a recent incident which had made them feel less safe but staff had taken action to help to ensure this would not reoccur. People said their call bells were always within reach. A relative said they had "no issues at all with the care received" Another said "I'm very happy with what I have seen"

There were safe processes in place to help to protect people. There was a safeguarding policy in place which was in line with Hampshire County Council safeguarding policy and so followed agreed protocols. This was available to all staff. Staff had received safeguarding training so they were aware of the different forms of abuse and what to do to protect vulnerable adults. Staff understood their rights and responsibilities under whistleblowing arrangements but felt confident they could raise any concern directly with the manager or owner. They knew which external agencies they could also report concerns to such as the local authority or CQC if they needed to.

Staff knew the people they supported well. They were aware of people who were at particular risk for example of falls or because of a particular medical condition. There were written assessments to establish and monitor the level of risk to people and action was taken to reduce this where possible. For example one person who was living with dementia and who liked to walk around the village green. This risk had been assessed and minimised as much as possible so they were able to continue to do this.

There was a record of accidents and incidents. These mainly related to falls. Where the fall had resulted in a minor injury staff had taken appropriate action by contacting health care professionals for advice.

There was an established staff team with a relatively low staff turnover. The registered manager said any staff vacancies due to sickness, holidays or training were filled by regular bank staff. This meant service did not use agency staff. Two staff lived on site and were on call overnight. The owner lived in the grounds and so could also be called upon if needed. The staff rotas showed there was a minimum of two care staff on duty during the day .People

said there were enough staff on duty to support people appropriately. At the time of our inspection one person needed additional support and staffing levels had increased to reflect this. We observed there were enough staff to respond to people when they needed assistance and to give them individual attention. One person said for example "If it's night time and I press the bell they just fly." There were sufficient staff to escort people to medical appointments if family members were unable to attend.

The provider operated a thorough recruitment procedure. People who lived at the home met prospective staff at the time of their interview and they and staff members were asked for their views. Staff employed had the appropriate checks such as evidence of Disclosure and Barring Service (DBS) checks, references from previous employers and employment histories. These measures helped to ensure that only suitable staff were employed to support people who used the service.

We looked at how people were protected against the risks associated with medicines. No one at Greenview managed their own medication and staff were therefore had the responsibility to manage this for them. Most medicines were stored securely in a locked cupboard although this

was in the main bathroom. This was not ideal as bathrooms can become humid which could affect the medicines stored there. Some other medicines which needed to be kept below a certain temperature were stored in the main food fridge. The access to prescribed medicines should be restricted to authorised people and these were not being securely stored. We discussed this with the registered manager at the time of our visit. They took prompt action to order a fridge for medicine and a secure storage for other medicines so they would not need to be kept in the bathroom. They sent us further evidence to show these had been delivered following our inspection. We were then satisfied medicines were being appropriately stored.

There were appropriate arrangements in place for the safe ordering, administration and disposal of prescribed medicines. Some people needed "as required" (PRN) medicines and there were guidelines available to staff to help them to ensure these were given consistently and when they were needed.

# Is the service effective?

## Our findings

People said the care and support they received met their needs.

One relative said "I'm just pleased this is where mum is" Another said they had "no issues at all with the care received"

People felt staff had the knowledge and skills needed to carry out their roles. One person said "I've no problem with any of the staff. The staff are fine" they also said "Some are trained better than others". The registered manager said staff was encouraged to complete the care certificate. The care certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Records showed one staff had recently completed this and two others were working on it. Staff said it was very thorough and required them to evidence their understanding of key subjects such as safeguarding, duty of care and how to support people's privacy and dignity. Other staff had already completed other qualifications such as NVQ's in care (National Vocational Qualifications)

Staff said other training provided was of a high quality. This training included general health and safety matters such as food hygiene and moving and handling. Staff had also received training in specific areas when a particular need had been identified, for example in catheter care or in caring for people with diabetes. Staff we spoke with said they received regular support from the registered manager and this included supervision and appraisals.

Staff sought people's consent before they provided care and support. Staff said they always ensured people could choose when they wanted to be supported in their personal care. They said if people refused they would respect their decision and would go back later to ask again.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (Dolls) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Staff we spoke with had received some training in

the requirements of the MCA and we observed they respected the decisions people were able to make. It was not always clear from care records how staff had made judgments if they suspected people did not have the capacity to consent to aspects of their care.

We discussed this with the registered manager as we felt this information could be made clearer. The registered manager said further training had already been organised for the staff team so any necessary improvements and clarifications would be made following the completion of this training. This included further consideration of whether the service needed to apply for any Deprivation of Liberty Safeguards (Dolls) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm.

Staff said they had taken advice from a dietician about the meals provided for example they discussed how many carbohydrates were in each meal. They said they found this advice helpful in assisting them to provide people with a balanced diet.

People were mainly happy with the food, one person after lunch said for example "that was very tasty". One person said of the food "I make sure I'm satisfied" and said they were never hungry and always had plenty to drink. We observed people were offered regular drinks during the day.

Staff provided appropriate assistance when one person needed some support to eat. The registered manager said she was also often in the room at mealtimes and so was quickly alert to

anyone who needed assistance. People had adapted cutlery if this was needed to help them to eat more easily. People chose to eat either in their communal dining room, or if they preferred could take their meals in private in their bedroom.

Staff had a good knowledge of any allergies people had and of people's food preferences. They catered appropriately for people requiring particular diets, for example for a person who was vegetarian. They were also aware of the importance of providing people with their preferred portion sizes. They described one person who

## Is the service effective?

liked to be presented with small portions of food as they found bigger platefuls of food off-putting. We observed the person concerned was provided with a smaller portion in accordance with their wishes.

Any conditions affecting people's health were recorded and staff liaised appropriately with health professionals when needed to maintain optimum health, for example one person whose memory was felt to be deteriorating was reviewed by the memory nurse and their medication had been reviewed as a result. People also had regular

screening checks when they needed them such as with opticians and podiatrists. A health care professional said staff provided them with a good picture of people's health needs and said they followed any advice given.

There was clear information to guide staff about how to manage specific health care conditions on people's plans of care. Staff were able to describe what symptoms they would look for which would prompt them to alert nurses or the GP. They worked well with health care professionals to ensure people maintained as much independence as possible, for example, one person had been given exercises to do to keep them as mobile as possible and staff were supporting them to carry these out.

# Is the service caring?

## Our findings

People said the service was caring.

People said staff were kind and we witnessed a lot of positive and respectful interactions between staff and people who lived at the home. Visitors described Greenview as being "welcoming and friendly" another relative agreed it was a friendly home where "everyone mucks in." They described how they were always made welcome even when they arrived unannounced. Visitors said staff kept them fully informed of any changes in their relatives wellbeing. A health care professional said "staff are caring and responsive."

Staff had time to spend with people individually and provided reassurance when this was needed, for example they reminded one person when their relative was visiting. We observed staff checking on people's comfort for example by moving cushions and checking they were in the right place for them. Staff had a very good knowledge of people's previous lives such as their jobs and interests and talked about this with them. They were gentle in their approach. People's rooms were personalised to suit their tastes and reflected their interests.

Care records described how staff provided thoughtful care. For example, records for one person said they were "feeling weak this morning, gave breakfast and stayed until they had finished". Records said this person was given a "hand massage as hands quite cold."

There was a friendly and welcoming atmosphere throughout. We observed visitors exchanging pleasantries with everyone living at the home.

People's privacy was respected. The registered manager had a small workstation in the corner of the lounge. People did not appear to mind this. We discussed with the registered manager if this had any negative consequences

in terms of confidentiality. The registered manager said confidential records were never on display and any telephone calls were made and responded to in private. Any meetings were conducted either in the bedroom of the person concerned, or if preferred they could take place in the owners bungalow so confidentiality was maintained.

Staff were respectful. They did not talk over people and discussed with them any assistance they were going to provide, for example we heard one staff say to a person a mealtime

." if you don't mind I'm just going to push you a little nearer the table." When people carried out small household tasks staff thanked them for doing this. We observed food was nicely served and people had fabric napkins and a good choice of condiments on the table.

The importance of maintaining people's dignity and privacy was discussed at staff meetings, for example during the most recent staff meeting there was a discussion about how best to maintain the dignity of people when they were being assisted to bathe.

People were involved in the running of the service when they wanted to be, for example one person tended to the fish. Staff said another person helped with bedding plants. Others took part in household tasks such as clearing the table. This helped to ensure people maintained as much autonomy and independence as possible. Relatives were also encouraged to participate, for example staff described how visitors were involved at Christmas to make the time particularly special. Previous staff sometimes visited and were welcomed. We spoke with one ex staff who was visiting at the time of our inspection. They said how much they had enjoyed working at Greenview and how much they missed the people living there so they continued to visit. We observed they spent time in the lounge entertaining people with magic tricks. This was well received and promoted a happy atmosphere



# Is the service responsive?

## Our findings

People said as the service was small it could respond to their individual needs well. One relative said it made people feel independent not institutionalised.

People and their families were encouraged to visit Greenview and discuss the support they needed before they made a decision about whether to move in. This helped to ensure the service provided would be appropriate for them.

People's care needs were assessed and a plan of care was drawn up from their initial assessment. Care plans had been discussed and agreed with the person concerned and where appropriate with their relative to ensure this was an accurate reflection of their needs and wishes. People's independence was promoted as care plans described what they could do for themselves as well as what support and assistance they needed. We witnessed people were encouraged to do as much for themselves as possible during our visits.

Staff said care plans contained enough information to ensure they all cared for people in a consistent way. There were additional care plans put in place when people had different short term care needs such as if they were unwell. This gave staff further guidance about how to support people appropriately when they had a temporary change in their needs.

Staff knew people's preferences. People's preferred daily routines had been discussed, for example, how people liked to take their tea and coffee and what sort of time they generally liked to get up or go to bed. We observed these wishes were respected. People's food preferences were known. A visitor said staff had spent time with them and their relative when they moved in to ensure they knew what food they liked and any food they did not like. Staff confirmed this happened with everyone when they arrived. The main meal was generally served at lunchtime but as staff knew

everyone's preferences they provided food accordingly. Staff said if a person did not feel particularly hungry or if they wanted something else to eat they could be offered a choice of lighter meals such as an omelette or salad.

We asked people about social activities provided at Greenview. People were generally satisfied. A visitor said "I like that staff are flicking through a magazine with them. There's a presence there" Some people said more outings would be nice. We saw there were occasional trips out for a pub lunch and occasional visits to local places of interest such as a museum. A visitor felt the home met needs well for people who were living with dementia.

We observed people playing table tennis with staff. They looked to be enjoying this. Staff said people enjoyed playing this outside in the summer. We observed people during our visit who were using the patio areas and enjoying the garden. The entertainment plan for October 2015 included a visit from a musician, some cooking and reflexology sessions. A hairdresser was also visiting.

There were good links with the local community, for example, one person who liked to go out was well known by neighbours and others joined in a weekly adult health walk with a local walking group. People could attend a local over 60s club if this was their wish. A local vicar also visited to spend time talking with people and people had the opportunity to attend the Baptist church and also attend coffee mornings there.

We saw a lot of compliments and cards with people thanking staff for the quality of the service and for the care provided. People were given information about the service, for example they received a contract detailing the terms and conditions of the service. People were also given information about how to make a complaint should they need to. Most people said they did not have any complaints but felt confident they would be listened to if they did have any concerns about the service. Visitors mainly said any concerns were responded to quickly and effectively.

# Is the service well-led?

## Our findings

People were involved in developing the service, for example, they were able to meet prospective staff and were asked their views before staff were employed.

There were meetings for people who lived at Greenview to check if they were happy with the care and support provided and to see if there was anything which could be done to improve life for them. Discussion topics included the meals, staff support and the environment. Staff checked with everyone whether they were warm enough at night. Changes had been made as a result of people's comments at previous meetings, for example one person had their meal portion increased as they had commented they were hungry sometimes between meals.

There were Greenview newsletters available to all connected with the home. These kept people up to date with changes and developments to the service. The most recent one included information about changes to the garden, new innovations the service was using regarding supporting people living with dementia, and information about staffing changes.

Staff were committed to provide a good service. One said for example "We want to make this as much of a home as possible" another said "The care home is small and we have time to focus on each resident"

There were regular staff meetings every three months. Staff said there was good morale amongst the team. One described "a nice vibe" and said all staff got on well together. Staff had a good understanding of their role and responsibilities and were encouraged to take the lead on areas where they had expressed they had a particular interest, for example, one staff was leading on a new system to support people living with dementia.

There was an established registered manager in post. Staff felt well supported. They said of the registered manager and provider "They are very easy people to talk to" and "You know you can ask for help." Another said "The manager is very much hands on".

The registered manager and the provider kept up to date with new developments in care by, for example, attending relevant meetings and training held by the local authority and by other social care organisations.

The provider and registered manager had a great interest in promoting the wellbeing of people living with dementia. This interest translated into the owner being instrumental in the organisation of Demfest which was a day of seminars information and support for people in the area. The service was also testing out a computer programme designed to assist people living with dementia. This took into consideration where people were born, their previous jobs hobbies and interests and then generated images personal to them. Staff said, although the system was not as yet fully operational, it had already helped them to talk with people about the things that were of interest to them.

There were good quality assurance checks in place. There was an audit trail of daily and care records because staff used computers to record all events. This showed clearly the date and time of any interventions made by staff, for example, when staff needed to request a district nurse visit.

There were regular fire safety checks, for example fire alarms and emergency lighting were tested and fire drills took place.

We discussed some improvements needed to the service during our visits for example in the storage of medicines. The registered manager was very quick to ensure these improvements were made. This showed the service was receptive to any changes needed and also showed they were keen to drive improvement.