

# Rooks (Care Homes) Limited

## Green Hill

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We inspected Green Hill Care home 10 June 2016. This was an unannounced inspection

Green Hill is a care home for up to 30 older people who live with dementia and require support and personal care. At the time of the inspection there were 6 people living in the home. The people living at Green Hill also lived with a degree of physical frailty, such as reduced mobility.

There was no 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. In January 2016 the service was placed into administration and a consultancy agency was brought in to run the service to ensure the people who lived there were safe and cared for. The consultancy agency had placed an acting manager in place until a suitable manager had been recruited. We were told a new manager was starting on the 13 June 2016.

Since November 2014 we have inspected the service four times and found continued breaches of Regulation. At a comprehensive inspection in July 2015 the overall rating for this service was Inadequate for the second time and the service was placed into special measures. At this time we took further enforcement action. Seven breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. The inspection in July 2015 found significant risks to people due to the poor management of medicines and people not receiving appropriate person centred care. Where people's health needs had changed considerably, care plans had not been updated. Staff did not have the most up to date information about people's health. This meant there was a risk that people's health could deteriorate and go unnoticed. Risk assessments did not reflect people's changing needs in respect of wounds and pressure damage. Accidents and incidents had not been recorded appropriately and steps had not been taken by the staff to minimise the risk of similar events happening in the future. Risks associated with the cleanliness of the environment and equipment had been not been identified and managed effectively. People had not been protected against unsafe treatment by the quality assurance systems. We also found that training had not been delivered where identified as needed and administrative processes to support training, staff supervision and appraisal were inaccurate and incomplete.

Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance by January 2016.

Due to concerns raised about the continued safety of people we undertook a responsive inspection in January 2016 to look at how safe the home was. We found that improvement to people's safety had not improved and therefore the rating remained inadequate.

During our inspection on 25 and 26 May 2016, we looked to see if improvements had been made. At this inspection we found that considerable improvements to people's safety had been made. However some areas required time to become fully embedded into everyday practice and further improvements made to fully meet the breaches. This included ensuring that people's nutritional and hydration needs were appropriately met and the provision of person centred care. Documentation completed by staff needed further development to ensure best practice in all areas, specifically in respect of providing meaningful activities. The maintenance of the gardens and the interior of the building also needed attention to ensure people had the opportunity to use all areas safely.

At this inspection we found that the management of nutrition and hydration needed to improve further to ensure people's nutritional and hydration needs were consistently met and the meal times were an enjoyable experience.

The staffing levels were sufficient for the six people who lived in the home to keep them safe. However it was noticeable that there were not enough staff to engage with meaningful activities which would benefit and enhance people's social and recreational needs.. We were aware that the in reach team (the NHS In Reach Team has been set up to work alongside care homes in developing dementia care.) commence a 12 week programme on the 13 June to develop person centred care workshops for people living with dementia. This had been planned previously but due to a complete change of staff this was delayed until all staff had completed their induction to care at Green Hill Care Home.

People's individual risks had been assessed and reviewed. Significant work had been taken to ensure that people's needs had been re-assessed with specialist advice sought as required. For example, dietician and GP referrals. Medicine reviews were on-going and medicine practices ensured people received their medicines as prescribed.

People's care documentation had been rewritten by the acting manager in February 2016. Overall the care plans were adequate. However it was often unclear when the care plan had been implemented. Although reviewed in May 2016, the review process failed to tell staff whether the care plan remained effective; what changed, what was working well and the residents view on how they found their care plan. Mental capacity assessments were not consistently decision specific and were often generic. Staff told us they understood the principles of consent and therefore respected people's right to refuse consent. However in practice staff were unsure of how to use their training when people were resistant to personal care. The care planning process gave consideration to Deprivation of Liberty Safeguards (DoLS) and how care could be provided in a least restrictive manner but some urgent DoLS had expired and no evidence of resubmission. This lacked management oversight.

Essential training had been undertaken. The training plan confirmed this. Staff said they felt supported and confirmed that they were having supervision. There were gaps identified in training specifically around dementia training and the management of behaviours that may challenge. The manager acknowledged that there had been some staffing issues which had resulted in senior staff moving on and a new staff being employed so training and supervision was on-going as staff completed their induction. The manager said that they felt it was now coming together and there was a core strong caring team of staff.

Accidents and incident reporting had taken place and were recorded. Records contained documented investigation and measures to ensure learning and preventative measures. Staff had training on keeping people safe and understood the process of reporting concerns. Staff had been checked to ensure they were suitable before starting work in the service.

Staff had attended staff meetings to enable them to raise concerns and discuss issues collectively.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

Green Hill was safe and was meeting all the legal requirements that were previously in breach. However some areas required time and further support to become fully embedded into everyday practice.

Whilst medicine practices had improved further advice in respect of the administration of covert and crushed medicine was needed from the pharmacist.

There were enough staff to meet people's health needs but not to support meaningful activities and meet peoples personal wishes at all times.

Management of people's individual risk assessments to maintain their health and safety were in place for everyone.

Staff had received training in how to safeguard people from abuse and were clear about how to respond to allegations of abuse. Staff recruitment practices were safe.

**Requires Improvement**



### Is the service effective?

Green Hill was not consistently effective as further improvements were needed in ensuring that people's nutritional needs were met, and required time to become fully embedded into everyday practice.

DoLs applications were in place but not all were seen to be in date and this was followed up during our inspection for one specific person who had had an urgent request on file but no date to say submitted or in progress.

Mental capacity assessments were not always decision specific and some were generic.

Processes were now in place to make sure each person received appropriate personal care and treatment which was based on an assessment of their needs and preferences.

Training had been identified as required and the training plan confirmed training completed, and training in progress. This

**Requires Improvement**



meant staff were working with the necessary knowledge and skills to support people effectively.

### **Is the service caring?**

Green Hill was not consistently caring. We saw that staff were kind and considerate towards the people they supported. However the lack of stimulus and atmosphere impacted on the quality of life for people.

Staff knew people well and had good relationships with them. People were treated with respect.

People and relatives were positive about the care provided by staff. Two relatives were contacted following our inspection and stated that they had no concerns.

**Requires Improvement** ●

### **Is the service responsive?**

Green Hill was not consistently responsive. Whilst we saw improvements had been made, there were areas that still needed to be improved to ensure that people received person centred care. We saw that people remained socially isolated at times.

There was a lack of activities offered and people were not supported at this time to access the community.

A complaints process was available, and contained all required information people needed to formally make a complaint.

People were asked their views about the service delivered and changes were made where possible.

**Requires Improvement** ●

### **Is the service well-led?**

Green Hill was not consistently well-led as the quality assurance systems needed to be further developed and needed time to become fully embedded into practice and be fully established in to everyday care delivery.

The acting manager and staff in the service were approachable and supportive.

The culture and vision of the home had changed considerably with the recruitment of new staff.

**Requires Improvement** ●

There had been a number of positive changes made to the day to day running of green Hill and there was a clear programme in place for continual improvement.

Staff and people spoke positively of the management team's approach and availability.

# Green Hill

## 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 checked 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 the 10 June 2016. This visit was unannounced and the inspection team consisted of two inspectors.

Before our inspection we reviewed all the information we held about the service. We considered information which had been shared with us by the Local Authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We contacted the Local Authority and Clinical Commissioning Group (CCG) to obtain their views about the care provided by the service. CCGs are clinically led groups that include all of the GP groups in their geographical area. We looked at the action plan supplied by the provider following our last inspection in January 2016.

During the inspection, we spoke with 6 people who lived at the service, the acting manager, three care staff and the chef. We looked at all areas of the building, including people's bedrooms, the kitchen, bathrooms and the lounge and dining room.

We reviewed the records of the home, which included quality assurance audits, staff training schedules and policies and procedures. We looked at five care plans and the risk assessments included within these, along with other relevant documentation to support our findings. We also 'pathway tracked' five people living at Green Hill Care Home. This meant we followed a person's life and the provision of care through the home and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.



# Is the service safe?

## Our findings

At our last inspections in November and December 2014, March 2015, July 2015 and January 2016 we found breaches of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk assessments did not always include sufficient guidance for care staff to provide safe care. Others risk assessments were not being followed. The cleanliness and maintenance of the building put people at risk from cross infection and injury and the staff deployment had not ensured peoples safety.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by May 2016. At this inspection we found that improvements had been made and they were meeting the regulations. However further time was needed to sustain the improvements and embed safe care and treatment practices.

People told us they felt safe living at Green Hill. One person told us, "Yes I'm safe." Another person said, "Of course it's safe dear, boring but safe."

At our previous inspections we found that there were not sufficient numbers of suitably qualified, skilled or experienced staff to promote and protect people's safety. At this inspection staffing levels were adequate for the six people who lived in the home to keep them safe but not to give people a lifestyle of their choice or identified social needs. This was confirmed by our observations and use of SOFI. There were two staff members on duty at all times with the presence of the manager who lived in the building. The manager told us that she was involved in supporting people and works alongside the staff to ensure that people were safe when needed. There was also a chef who undertook kitchen duties in the morning and then changed to domestic duties in the afternoon.

On the day of the inspection, there were two care staff, the acting manager and chef, who also undertook domestic duties in the afternoon. At one point, all four members of staff were actively providing support to people. Input had been required from the chef and acting manager to observe people whilst other staff were busy supporting people. The staff deployment had not therefore ensured people's needs were consistently met. We observed one person being supported by staff to stand and a senior person stepped in to guide a new member of staff and prevent a move that may have caused injury to the person. This demonstrated that staff were supporting each other in ensuring safe moving and handling practices were used but still required supervision in delivering safe care. It was acknowledged that the staff were still new in post and there was further embedding of timely and safe care delivery to be done as they gained experience.

At the inspections in July 2015 we found that the provider had not assessed risk to the health and safety of people or taken appropriate action to mitigate such risks. Risk assessment and risk management practices were inconsistent and individuals did not have the risks to their health and safety properly assessed or managed. Identified risks to the environment had not been fully rectified. We also found that incidents and accidents had not been properly analysed to ensure risks to people's safety were minimised. At the inspection in January 2016 we determined people were still at risk of not receiving safe care as these

concerns had not been addressed sufficiently to meet the breaches of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was now meeting this regulation. However further time to embed practices was required.

Care plans contained risk assessments completed for all identified needs. These included falls, moving and handling, incontinence, tissue viability, medication, dietary and fluid intake. We saw an example where one person's mobility had decreased. Care staff had sought out help from falls advisors and had followed this up when further advice was needed. This had led to specific equipment being ordered to assist one person with their mobility and as such meant that their level of independence and safety had been maintained.

At this time due to the uncertainty of the future of the home, there had been no maintenance person in post for six months. We were informed that they called in workmen as required to attend to problems and fire checks were undertaken by the acting manager. We identified some areas of maintenance in people's rooms that required attention. We received confirmation following the inspection that the work had been progressed. For example the painting of one person's bedroom and the replacement of electrical switches in another.

This inspection found whilst the cleanliness of the environment had improved, there were still concerns regarding the cleanliness of individual bedrooms. There were a number of rooms that had strong unpleasant odours. We spoke with the manager who told us that she would investigate the odours and ensure that action was taken. Communal bathrooms were clean and checked regularly by staff.

This inspection found accident and incident records were completed in full and had action plans put in place to prevent a reoccurrence. The manager informed us that all accidents and incidents were discussed with staff to underpin their learning and development.

People had personal emergency evacuation plans (PEEPs) which detailed how they should be supported and how many staff were needed to help them should there be a need to evacuate in an emergency.

Safeguarding policies and procedures were up to date and appropriate for this type of home in that they corresponded with the Local Authority and national guidance. There were notices on staff notice boards to guide staff who to contact if they were concerned about anything and detailed the whistle blowing policy. 'Whistleblowing' is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest.' Staff told us what they would do if they suspected that abuse was occurring at the home. Staff confirmed they had received safeguarding training. They were able to tell us who they would report safeguarding concerns to outside of the home, such as the Local Authority or the Care Quality Commission.

The provider had appropriate arrangements in place for the safe receipt and disposal of medicines. There were records of medicines received, disposed of, and administered. Clear medication policies to guide staff were available. We looked at six people's MAR charts and found that the recording was accurate and clear. Staff told us that people were currently taking their medication as prescribed. Skin creams were recorded by care staff on a separate recording sheet. This assured us that the records showed people were given their medicines as prescribed. As required medicines (PRN) had clear protocols in place but further information /guidance for staff regarding when to use would be beneficial. For example, one person was prescribed a certain medicine to reduce agitation but there was a lack of guidance as to triggers or signs of agitation for staff to follow consistently. There were directives from the GP as to crush medicines for some people and this had been signed by the GP. However, there had been no discussion with the pharmacist about the

suitability of crushing the medicine. This was an area that needed to be developed and further improvements made to be fully embedded in to everyday practices. We received confirmation that this had been arranged with the dispensing chemist following the inspection.

The provider had good recruitment procedures in place. The staff recruitment records we reviewed showed all of the relevant checks had been completed before staff began work. These included disclosure and barring service (DBS) checks, evidence of conduct in previous employment and proof of identity. A DBS check is completed before staff begin work to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Staff were not allowed to start work until these checks had been completed. This helped to ensure that staff employed by the service were safe to work with the people they cared for. Staff confirmed there was a robust interview process in place and that they had been required to provide all the relevant documentation before they started working for the provider.

## Is the service effective?

### Our findings

At our last inspections in November and December 2014, March 2015, July 2015 and January 2016 we found breaches of Regulations 9, 11, 14 and 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's nutritional and hydration needs had not been met and staff had not received essential training to undertake their role in supporting people. There was also a lack of understanding about the Mental Capacity Act 2005 (MCA) and the principles of Deprivation of Liberty Safeguards (DoLS).

An action plan was submitted by the provider that detailed how they would meet the legal requirements by May 2016. At this inspection we found that whilst improvements had been made, the breach of Regulation 14 was not fully met. Due to the recruitment of new staff and the reduction in people currently living in the home further time was needed to sustain the improvements and embed care and treatment practices.

At the last inspection, we found mealtimes to be a rushed experience for some people. Staff lacked oversight of people's food and fluid intake and people were at risk of dehydration.

This inspection showed us that whilst improvements had been made, the management of nutrition and hydration needed to improve further to ensure that people's nutritional and hydration needs were consistently met. During the course of the morning, people were offered tea and biscuits, however no fresh water or squash was offered or made available. It was noted on several occasions that drinks were not always drunk and no alternatives were offered. There were no records available that supported the hydration needs for a person who was very sleepy and had slept for most of the day. We asked staff how they ensured that this person was drinking enough to maintain their health and they told us, "They drink at night," however this was not reflected in their notes and notes stated 'slept all night until woken at 7:30 am.'

People told us that the food was 'okay', 'Not bad' and 'A bit boring, I would like a salad.' There was limited choice offered at lunchtime. The lunchtime meal was fish and chips with carrots. Fresh vegetables were not available nor was there an opportunity for people to have a side salad. Whilst we were told choices were available and that the chef had asked people their preference, no records confirmed this. One person told us that they would love to have a fresh salad now it's summer. We looked at records that the chef completed on menus and found salad was not recorded as an option. Two people required a fortified diet and there was no evidence of the meal being fortified. There was no fortified milk available to be added by staff to hot drinks or to cereal. Care staff were not able to tell us how the food could be fortified. Following the inspection we were informed that cream is regularly offered and added to porridge and cheese and biscuits offered in the evening. This was not recorded and therefore visiting health professionals would not have had that information whilst reviewing people's health. The supper time meal was already prepared at 11:00 am and placed in the fridge which consisted of sandwiches and crisps, there was no evidence of that meal being fortified for people who required it. The amount of crisps and sandwiches offered was not seen as generous and the crisps were opened so would be soggy by the time the meal was served. Records had not been kept by the chef or staff of what had been offered, eaten or refused. Therefore appetite traits and trends were not identified and acted on.

The lunchtime experience for the residents was not an enjoyable event that people looked forward to. One person told us, "It's just food, I sit on my own and there is no one to talk to." Our own observations identified there was no real conversation being undertaken and people were not encouraged to join others at one of the tables. Throughout the day, no snacks were readily made available, such as fruit or finger foods. There was little focus on encouraging people to drink regular soft drinks or water or help themselves from the 'bar area'.

The acting manager advised CQC that they had identified concerns with the management of nutrition and that this was being managed. The overview of the concerns identified indicated there had been a history of not understanding what a fortified diet was, out of date food left in fridge, inadequate stock levels of food and not preparing enough food for people. The meal delivery observed and records viewed confirmed that these concerns were still on-going. However whilst we were reassured that the manager was dealing with this it had not yet improved the meal delivery. The evidence collected throughout the inspection, also failed to inform us how people were given choices on what to eat.

Concerns were also raised as to whether people could have a hot meal at supper time. With only two staff members on duty, and one leaving the floor to be in the kitchen, one staff member would be left to support six people. We were aware that the manager was around till 5:30 pm but was not there seven days a week. We looked at people's weights and found that two people had been losing weight and had been referred appropriately to the speech and language therapist and weight for one person had stabilised. We saw that the guidance had been documented for staff to follow, however, our observations did not assure us people were receiving an adequate, varied and nutritious diet. This was a continued breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they understood the principles of consent and therefore respected people's right to refuse consent. However we heard and observed an incident in respect of a person refusing personal care. The person was upset and the distress could be heard by people and visitors. We spoke with staff and they informed us the person didn't like personal care and so they just carried it out as quickly as possible. We were also told that the GP had prescribed an anti-psychotic medicine to help manage behaviours that challenged. However there was minimal guidance to evidence that staff had tried to manage this by differing approaches and techniques. One new member of staff was not sure of how to ensure consent was appropriately sought and of when to withdraw if the person refused or was distressed. We also found some conflicting documentation in respect of crushing medication and the administration of covert medication. Covert medication is the administration of any medical treatment in disguised form. This usually involves disguising medicine by putting it in food and drink. As a result, the person is unknowingly taking medicines. The consent documentation in one individual's medication administration record stated the medicine was to be crushed. There was no mention that the medicine was to be hidden and this had not been discussed with all the necessary health professionals as a best interest decision and a safe decision. This was immediately taken forward to be discussed with the GP and pharmacist.

Senior staff told us they had received training on the Mental Capacity Act 2005 (MCA) however mental capacity assessments were not consistently recorded in line with legal requirements. We saw that the mental capacity assessment for one person said they did not have the capacity to consent but we found other consent forms within the person's care plan that stated they had the capacity to consent.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS form part of the Mental Capacity Act (MCA) 2005. It aims to make sure that people in care settings are looked after in a way that does not inappropriately restrict their freedom, in terms of where they live and any restrictive practices in place intended to keep people safe. Whilst DoLS had been submitted by the previous

management, there were some that had expired and there was no record of it being renewed. Following the inspection we saw confirmation that the DoLS team had been contacted to ensure the DoLS were active and appropriate.

We were told staff had received essential training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety and moving and handling. New staff working had completed essential training. Another new staff member had just completed their induction and further training was planned.

The statement of purpose for Green Hill states that they provide specialist dementia care, but at present not all staff have received training in dementia care, or understanding in behaviours that challenge. We acknowledge that training from the dementia In Reach team from the Local Authority was due to start on the 13 June 2016 with a 12 week programme.

Staff told us that they received supervision from the acting manager and found them helpful and supportive. We looked at a selection and found that they were structured to provide feedback and contained information of what support was required by the staff member.

At previous inspections we found that information and care requirements were not always specific to individuals, making it difficult to know if their health care needs would be effectively managed, such as mobility challenges, behaviour management and diabetes. At This inspection people's individual needs had been re-assessed and specific management strategies put in place. However it was noted that these were not dated on implementation and therefore it was not clear that these had been rewritten. Although reviewed in May 2016, the review process failed to tell us whether the care plan remained effective; what changed, what was working well and the residents review on how they felt about their care plan.

People's mobility needs were managed effectively. Care plans identified when a person was at risk from falls due to poor mobility. Mobility care plans contained guidance for staff to maintain what mobility people had and encouraged people to retain their mobility. For example, Care plans informed staff to ensure foot wear was well fitting. We saw that staff ensured those at risk from falls had appropriate equipment in place such as a walking aid and that they were discretely monitored and supported. However there was still work to undertake to ensure that behaviour management strategies were developed for each specific person. For example one person was recently (May 2016) prone to episodes of verbal and physical aggression but we were unable to locate a behavioural management plan or strategies to deflect these episodes. On discussion with the manager we were informed that the GP had prescribed as required medicines to manage these behaviours. However without known triggers or exploration into these behaviours it was not known by staff when to administer these medicines.

People had access to external health care professionals. For example, dietary and nutritional specialists. The speech and language therapy team, who provided guidance for staff to follow, were involved for people who had swallowing problems. We read people had involvement from the physiotherapist, podiatrist, diabetic nurse specialist, optician and mental health team. We saw evidence that the acting manager had taken forward advice and this was reflected in care documentation.

## Is the service caring?

### Our findings

At our last inspections in November and December 2014, March 2015 and July 2015, we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people's dignity was not always maintained and they were not always treated with respect.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by May 2016. At this inspection we found that improvements had been made and they were meeting the regulations that were previously in breach. However due to the complete change of staff and the reduction in people currently living in the home further time was needed to sustain the improvements and embed care and treatment practices.

People spoke well of the care received. One person told us, "The staff are sweet and kind, but so many new faces."

Whilst improvements had been made in promoting peoples dignity and respect there was still a lack of pro-active responsive continence management. This was due to new staff who were still getting to know people and being inducted into care. We were told this was to be addressed in staff supervision. We saw that people were not prompted to use the bathroom and there were continence accidents during our inspection. Staff were observed taking one person to the toilet, this person had been incontinent so their trousers were wet. This person had been sitting in the lounge for five hours including lunch and had not been offered a bathroom visit. We asked a staff member why the offer and prompting had not been made and were told, "We have to wait until other staff are here as we can't leave people unsupervised." This had not promoted peoples dignity. Certain behaviours that were challenging were not always dealt with in a way that was caring and respectful. One person became distressed when staff took them to their bedroom to be changed, and instead of withdrawing to allow the person to become calm, staff kept insisting the person should go with them. The situation escalated and was not managed in a caring respectful way.

It was a person's birthday and the chef had made a birthday cake, however there was no celebration or event as it was just cut up and handed out to people, no candles or presentation. The acting manager did try to retrieve the situation when we mentioned the oversight and the staff all sang happy birthday. Whilst aprons were offered to protect clothing not everyone was asked for their consent. For example, two people had the apron put on without any discussion or explanation.

People's preferences for personal care were recorded daily and people were supported appropriately and were dressed in clothes of their choice. Care plans included guidance for staff to let people choose the clothes each day. We looked at a sample of notes, which included documentation on when people received oral hygiene, bath and showers. Daily documentation showed that people were receiving personal care in the way they wished.

The communal areas of the home were comfortable and had been rearranged to be welcoming. However there were bedrooms that were not homely or comfortable. One room was empty apart from a bed, curtains



and two high shelves. We were told this was due to certain behaviours the person displayed. However there was no rationale documented in their care plan or best interest decision meeting to demonstrate that living without personal effects was the best decision for this person. This was addressed following our inspection.

People were relaxed and the atmosphere in the home was calm. Five of the people spent their time in the main communal area and there was always a staff member visible. The staff were kind in their approach and spoke to people in a quiet respectful manner. However there were no choices offered to people regarding where they spent their time. The patio doors were kept locked despite it being a warm day. We were told that staff would open the doors if required but people were not asked if they wanted the doors open. The cinema room was not being offered as a choice for people as the television had been moved to the main lounge. A further quiet lounge with an organ was also not being used. We were told it was not practical to use because of the number of people and staff. We were told that this was an area that would be developed as people came to live in Green Hill and the staff team grew.

The night records written by night staff were not clear whether people were offered the choice of staying up in the evening or staying in bed in the morning. Some night entries being poorly written, for example '(person) was put to bed at ten.' Another stated 'was got up at six' we saw many entries that stated 'put to bed' and 'got up at six'. It was difficult to ascertain whether it was peoples' choice or staff choice.

Daily records and other information were kept in named folders. Care documentation was stored securely in a locked room. Staff talked to people discretely, for example when they assisted people to the toilet.

Green Hill has an open door policy, which means visitors are welcome to visit at any time. We were told by a regular visitor that they were always welcomed with a smile. The manager told us, "There are no restrictions on visitors."



## Is the service responsive?

### Our findings

At our last inspections in November and December 2014, March 2015 and July 2015, we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was an acceptance by people living at Green Hill they had to comply with how care staff wanted to do things, such as task orientated care. Staff did not provide responsive care. There was also a lack of meaningful activities for people.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by May 2016. At this inspection whilst we found that improvements had been made they had not fully met Regulation 9 as there was a lack of person centred care and meaningful activities to participate in.

At previous inspections, we found concerns with the lack of opportunities for social engagement and activities for people. The care plans were not fully reflective of their hobbies and interests. At this inspection we saw that activities were not planned and provided in line with people's interests and wishes. Trips out into community were not planned or offered. We saw that one staff member did attempt to engage in a game of skittles for one person but it was not seen as engaging and only lasted a few minutes. The care plan stated that this person needed stimulation and activity otherwise there was a potential for aggression. Other people sat either with their eyes closed or looking at their birthday cards. Two people sat dozing for the majority of the day. One person wanted to go for a walk but was persuaded to sit at the table because there was only one staff in the lounge. Another person openly admitted they were 'bored stiff.' One person preferred to stay away from the communal areas and a sitting area had been made in the corridor. There was an hourly check made on this person but there was no social plan to meet their preferences or provide one to one planned activity to prevent social isolation. The atmosphere within the home was flat and lacked any stimulation. The television was on but was not used pro-actively and there was no music to tempt people to join in. One persons' life history mentioned their love of music whilst another said they played piano.

Activities were not meeting people's individual interests and hobbies. A sensory room/cinema was available but was not used at this time. There was also a bar and café area, with shops that people could buy toiletries and sweets and a library. The plan previously was to use these areas to provide stimulation and promote independence. However these were not being used and we observed people were bored with little to occupy or distract them. We saw an entry in one person's care documentation that stated 'used the library' but this was not offered on a regular basis. People were not encouraged to participate in any form of meaningful activity or make use of the environment. One person told us that they missed playing the organ because there was no one to play for now. Another said, "I haven't been outside for ages, I miss the fresh air."

Whilst visitors were welcomed during the day and there were some activities on offer by the provider, there was a need to give more stimulation and individual activities to people over the course of the day. People were not receiving person centred care that reflected their preferences and met their needs. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

A complaints procedure was in place and displayed in the reception area of the home and in other communal areas. People told us they felt confident in raising any concerns or making a complaint. One person told us, "Yes I know how to moan and I do." Another said, "I would tell one of the staff and I know it would be taken seriously." Complaints were recorded and responded to as per the organisational policy and a complaints log is kept.

## Is the service well-led?

### Our findings

At our last inspections in November and December 2014, March 2015 and July 2015, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have effective systems in place to monitor the quality of care provided and make improvements.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by May 2016. At this inspection we found that improvements had been made but the provider was not meeting this regulation in full. It was found that some areas of quality assurance needed to be developed and needed time to become fully embedded into practice and be fully established in to everyday care delivery.

There was no registered manager currently in post. The acting manager informed us that a new manager had been recruited and was starting employment on 13 June 2016. We have received confirmation that the new manager has started work and we were told an application to be registered as manager of Green Hill Care Home will be submitted.

Although there were systems to assess the quality of the service provided in the home we found that these were not totally effective as some areas were slow to progress. We found considerable improvements in many areas but we also found continued shortfalls that had not been fully actioned. Following our inspection we received confirmation that many areas were now addressed and were being taken forward. However this was reactive after concerns had been identified during the inspection rather than pro-active.

The quality assurance systems whilst in place had not identified areas to improve such as maintenance issues in peoples' rooms, for example, broken switches which have electrical wires exposed and open pipes in bathrooms and odours we found whilst shown round the home. The documentation audits had not identified that urgent DoLS had expired and not renewed. There were also discrepancies in documentation regarding covert and crushed medicines. The food delivery was problematic but despite performance management of the chef it had not improved the record keeping, appearance and delivery of food.

We saw that the shifts were well-led in respect of people's safety but there was a lack of direction to ensure people were enabled and supported to enjoy everyday life and do what they wished to do on a daily basis. There were times when staff sat with people but did not engage with people despite some people becoming restless or others continuously dozing. People told us that they were 'bored' and there was 'nothing to do.' One person said, "I feel as if I'm waiting for something to happen, but nothing does." This had not ensured peoples' mental well-being was continuously assessed and appropriate action plans for each person put in to place. There was no review or feedback forum in place for management overview in respect of lifestyle choices or of how peoples' social and mental well-being was being consistently assessed and improved by staff. For example, daily notes lacked on-going monitoring of how staff documented people were feeling and only documented negative mood trends. Another example was one person's notes said, "Was a bit aggressive when woken up." There was no further reference to this behaviour or how staff managed it. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities)

The staff were keen to discuss the future of the home and how the staff team, though newly formed, was strong and eager to learn. We saw that the culture of the home was changing and that the staff were committed to improvement. Systems were in place to obtain the views of staff. Staff meetings were being held on a regular basis. Staff told us these were an opportunity to discuss any issues relating to individuals as well as general working practices and training requirements. Minutes of the previous staff meeting verified this. Staff commented they found the forum of staff meetings helpful and felt confident in raising any concerns. Systems were in place to obtain the views of people. Regular resident and visitor meetings had been held. These provided people with the forum to discuss any concerns, queries or make any suggestions. As the staff team was new there was no information to tell us of improvements but we were told, "Very supportive and helpful." Another said, "Really helpful and I'm really enjoying it." One visitor contacted us following the inspection and told us, "Things are slowly changing, very calm and organised, but there is not a lot going on at present. Lots of new faces who are approachable and kind."

The manager confirmed as an organisation they had been open and honest with staff and kept staff informed of the last inspections, the journey they were on and the vision for the future. Staff confirmed they had been kept updated and involved in discussions on how improvements could be made and sustained. The staff felt they were important to the future and the running of the home.

At our last inspections we found that required notifications had not been sent to CQC in a timely manner. This inspection we found the manager demonstrated a good understanding around what needed to be reported and required notifications had been completed in a timely manner. They had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The manager confirmed a procedure was in place to respond appropriately to notifiable safety incidents that may occur in the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider had not ensured that service users received person centred care that reflected their individual needs and preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs  The provider had not ensured that the nutritional and hydration needs of service users were met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured that service users were protected from unsafe care and treatment by the quality assurance systems in place.