

QH Greenhill Limited

Greenhill 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 ●

Summary of findings

Overall summary

About the service

Greenhill Residential Care Home (Greenhill hereafter) is a residential care home providing personal care to up to 36 people. The service provides support to people aged 65 and over including people with physical health needs and people living with dementia. At the time of our inspection there were 20 people using the service. Accommodation is over two floors and each person has a spacious 'flat' which consists of a small hallway, a bathroom, and a bedroom; most of which have a kitchenette area. There is a large communal lounge and dining room, and two further quieter lounge areas. There is a safe and enclosed central courtyard garden.

People's experience of using this service and what we found

People told us they were happy living at Greenhill. Peoples' risks were assessed and regularly reviewed. Peoples' care plans gave staff clear direction of how to support people to manage risk in a safe and person centred way. One person's family member told us that a "huge amount of work" had been done around their loved ones choking risk, and felt that staff had done a, "Really, really good job."

Staff were recruited safely and there were enough staff to meet peoples' needs. Call bell response times were checked daily to ensure people did not have to wait too long for assistance. We observed staff to be calm and unhurried. Improvements had been made to infection prevention and control and the service was adhering to current UK Government guidance relating to the management of Covid-19. The home was clean, tidy and free of offensive odours.

People received their medicines safely and staff administering medicines had been trained and assessed as competent to do so. Systems were in place to ensure safeguarding concerns were identified and reported appropriately. People, and their families, told us they felt safe at Greenhill. People were supported to see visitors in line with current UK Government guidance. Each person had an 'essential caregiver' who were able to visit daily. Risk assessments relating to isolation had been completed. These considered what impact the restrictions of visitors, including during an outbreak, might have on the persons physical and mental well being, and detailed how to mitigate these risks. Peoples' families told us they were supported to visit in a safe way.

New staff completed a structured induction, including shadowing experienced staff for as long as necessary, before working independently. A training programme had been implemented and the training matrix demonstrated good progress had been made since our last inspection. Systems had been put in place to ensure staff received regular supervision, to discuss their role and ongoing training needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Improvements had been made to the mealtime experience and people were now able to choose from a range of options, with food and drink available 24 hours a day. People told us they enjoyed the food. One person said, "If you go hungry here it's your own fault." One person's family member told us, "Mum used to complain about the food all the time, but she doesn't now."

Peoples' needs were assessed, and care was delivered in line with current guidance and the law. People were supported to access healthcare services and staff worked with health professionals to ensure people's needs were well met. One visiting health professional told us that Greenhill had "changed immeasurably", and that they were "confident that instructions would be followed, and that they would be contacted at an appropriate time." Peoples' families told us staff acted quickly when needs were identified. Peoples' needs were considered when making changes to the environment. For example, new menu holders had been ordered to make it easier for people to see, and a new drinks trolley had been provided to enhance the mealtime experience. Changes were made to peoples' individual rooms where necessary.

People were well supported by staff who were caring, respectful and kind. People were well presented and were having their personal care needs met, including, where required, regular support with oral hygiene. People and their families were fully involved in making decisions about their care. Peoples' emotional needs were well met. People were not left unattended for long periods of time and staff spent time talking with people and supporting them to engage in an activity. Peoples' families told us staff were kind and caring. One said, "Mum is so happy." Another said staff, 'Call her darling and she loves it.' A third family member told us their loved one, 'Gets very good care, can't fault them.' Another person's family member told us how they were moved to tears when they received a valentine rose that staff had supported their loved one to make for them. They said it, 'Meant more to me than I can say. The staff are super, they really, really care.'

Peoples' care plans contained clear information to enable staff to meet their needs; they contained information about people's daily routines, how they liked to spend their time and what staff could do to support them. One person's family member told us, 'The quality of care now is good. The staff have changed, their attitude has changed, they are more interested in people.' Improvements had been made to the way activities staff worked and the monitoring of social interactions. One staff member told us how they spend time with people who choose to stay in their flats and provide individualised activities such as large print wordsearches. Records demonstrated people were having social interaction on a daily basis and staff confirmed they had more time to spend with people.

People were well supported at the end of their life. People and their family members were involved in creating care plans which reflected their wishes as they neared the end of their life. One relative said the care their loved one received at the end of their life was "Excellent, ten out of ten."

Systems had been implemented to ensure the quality of the service was monitored and regulatory requirements were met. This included daily, weekly and monthly monitoring and a range of audits across the service which had been regularly completed. The provider had strengthened reporting systems and received structured and detailed reports from the registered manager on a regular basis. They had also introduced a new quality monitoring role. A number of new staff had been recruited into senior management roles, including the registered manager. Staff, people and their families all spoke highly of the new management team, and their confidence in them. The culture of the service was positive, and person centred. We asked staff how they felt about the changes within the home, comments included, "Staff morale is really good." "It's poles apart! I can see such a big difference." "they've done an amazing job, I'm really impressed, having new staff with that bit of 'oomph' has made a real difference." Peoples' families also reflected on the positive changes. One said, "It's been amazing since the changes." Another family member

told us the home has a "lovely feeling."

Peoples' families told us they were always informed of any changes in their loved ones' health or of any incidents. The management team had worked with the Local Authority since our last inspection to implement the changes needed to ensure they met their regulatory requirements. Health professionals we spoke with gave positive feedback and recognised that the care provided at Greenhill had improved since our last inspection. One visiting health professional told us the whole team had commented upon the improvements. The management team sought continuous feedback from people, their families and professionals. 'Feedback Friday' gave a weekly opportunity for people to be involved in the development of the service. Staff told us they felt valued and listened to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 13 October 2021.) The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that records relating to 'as required' (PRN) medicines be reviewed, so staff could ascertain when these medicines should be offered. At this inspection we found that records had been reviewed, and there were clear protocols in place for each PRN medicine prescribed, including detail as to whether the person would be able to communicate a need for it or if staff would need to anticipate this. We also recommended the provider consider ways about giving people more choices about what they were able to eat and drink. The provider had made improvements.

This service has been in Special Measures since 13 October 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from inadequate to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenhill Residential Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

Is the service effective?

Good ●

The service was effective

Is the service caring?

Good ●

The service was caring

Is the service responsive?

Good ●

The service was responsive

Is the service well-led?

Good ●

The service was well led

Greenhill Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Greenhill is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Greenhill is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 4 April 2022 and ended on 8 April 2022. We visited the location's service on 4 April 2022 and 7 April 2022.

What we did before the inspection

We reviewed information received about the service since our last inspection and reviewed feedback from the Local Authority quality assurance team. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 13 members of staff, including the registered manager, deputy manager, head of care, care staff, the chef, activities staff and domestic staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 13 people who live at Greenhill and spent time observing people's interaction with staff in communal areas. We observed lunch during our second days site visit. We met with two peoples' family members in person and spoke with a further ten peoples' family members on the telephone. We received feedback from three health professionals. We reviewed a range of records, including eleven peoples' care records, four staff recruitment files, records relating to safety checks including fire safety, complaints records, accident and incident records, medicines records and records relating to monitoring and quality audits at both management and provider level.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess and mitigate risks relating to choking. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Peoples' risks, including risks relating to choking, were assessed and regularly reviewed. Peoples' care plans gave staff clear direction of how to support people to manage risk in a safe and person centred way.
- Staff understood peoples' needs well and had the skills and knowledge to meet them safely. We observed staff assisting people to eat in a safe and respectful way and systems had been put in place to ensure there was always a trained first aider on shift. 38 staff had completed first aid training since our last inspection.
- The provider had introduced monthly thematic risk assessments in order to learn lessons from when things go wrong. Using the CQC 'Learning from safety incidents' resources, recently completed assessments included caring for people at risk of choking and fire risk from the use of emollient creams.
- One person's family member told us that a "huge amount of work" had been done around their loved ones choking risk, and felt that staff had done a "really, really good job."
- Risks relating to fire had been assessed and regular fire drills were carried out. Following the drills, the maintenance person reviewed and analysed staffs' response to identify any areas for improvement.
- Premises risk assessments were in place and equipment was well maintained.

Staffing and recruitment

At our last inspection there were not sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet people's needs which exposed people to the risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were recruited safely and there were enough staff to meet peoples' needs.
- The dependency tool was completed by senior staff and accurately reflected peoples' level of need. Rotas demonstrated that staffing was planned in line with the dependency tool, and staffing analysis

demonstrated staffing was consistently above the required need.

- More staff had been recruited since our last inspection, and staff and people told us there were enough staff on duty. Call bell response times were checked on a daily basis to ensure people did not have to wait too long for assistance.
- We observed staff to be calm and unhurried. There were enough staff to support people to take part in an activity and we saw staff spending time chatting to people both in communal areas and in their flats.

Preventing and controlling infection

At our last inspection the provider did not assess or take action to prevent the risk of the spread of infections which exposed people to the risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance. Each person had an 'essential caregiver' who were able to visit daily.
- Risk assessments relating to isolation had been completed. These considered what impact the restrictions of visitors, including during an outbreak, might have on the persons physical and mental wellbeing, and detailed how to mitigate these risks.
- Peoples' families told us they were supported to visit in a safe way and felt welcome when visiting. One family member told us how well the home supported their parents to remain in regular contact, another said staff had worked hard with their loved one to teach them how to use a mobile phone, so they could stay in touch more easily.

Using medicines safely

At our last inspection we recommended that records relating to 'as required' (PRN) medicines be reviewed and sufficient information be recorded to enable staff to identify when it is appropriate to use them. The provider had made improvements.

- People received their medicines safely.
- Staff administering medicines had been trained and assessed as competent to do so.
- PRN protocols were in place for each 'as required' medicine prescribed, giving clear details as to what the medicine is for and when the staff should offer it, if the person was unable to request it themselves.

- Medicines were stored safely, and regular audits were completed and action taken where any errors or omissions were identified.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure safeguarding concerns were identified and reported appropriately.
- Staff knew how to raise concerns and told us they felt comfortable doing so and had confidence that management would act on any concerns identified.
- Peoples' care plans contained information about how to raise safeguarding concerns, including outside of the organisation.
- People, and their families, told us they felt safe at Greenhill.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet people's needs, which exposed people to the risk of harm. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- New staff completed a structured induction, including shadowing experienced staff for as long as necessary, before working independently.
- A training programme had been implemented and the training matrix demonstrated good progress had been made since our last inspection. 77% of staff had completed safeguarding training, 65% had completed moving and handling training and all staff who administered medicines were now trained and assessed as competent to do so.
- Staff told us they had completed training and felt they had the skills needed to meet people's needs. One said, "I'm always wanting to do more, I've done quite a lot of training face to face and online."
- The registered manager told us they intended to implement the care certificate for new and unqualified staff. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. They had also sourced funding to support staff to complete courses within the Qualifications and Credit framework.
- Systems had been put in place to ensure staff received regular supervision.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the

Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

At our last inspection the provider had failed to ensure care and treatment was only provided with the consent of the relevant person. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Peoples' care plans contained clear information regarding their capacity and consent to care and treatment.
- Where applicable, applications to deprive people of their liberty had been made.
- Mental capacity assessments had been completed in relation to each specific decision where a restriction may be in place, for example, bed rails and specialist chairs. Assessments were also completed where people were at risk from specific issues, such as choking or pressure sores. These assessments considered if people had the capacity to make decisions which may put them at risk of harm (such as eating food which may cause them to choke, or refusing to wear pressure relieving equipment), or if staff should make decisions in their best interests. This ensured peoples' rights were fully upheld.
- Mental capacity assessments contained good detail which demonstrated how the person had been fully supported through the assessment process, and what steps had been taken to involve other relevant people such as health professionals or family members.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection we recommended the provider consider ways about giving people more choices about what they were able to eat and drink. The provider had made improvements.

- At lunch time, people were able to choose from two hot cooked meals with other options available on request. There were menus, including pictures of the days food, on each table to help people choose and a 24 hour snack menu had been introduced.
- On the second day of our inspection we observed people eating lunch. We saw that people were comfortable asking for alternatives if they didn't like what they had chosen. For example, one person had chosen lasagne, but didn't like it when they tried it and asked for egg and chips instead, which was quickly prepared for them.
- People were offered a range of drinks with their meals, including wine and beer, and staff took time to offer condiments and seasonings to people. Staff asked people if they were enjoying their meals and noticed where people were struggling, offering assistance to ensure they had enough to eat.
- People told us they enjoyed the food. One person said, "If you go hungry here it's your own fault." One person's family member told us, 'Mum used to complain about the food all the time, but she doesn't now.'
- A member of management made regular observations of the mealtime experience and actively sought feedback from people to identify where further improvements could be made.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Peoples' needs were assessed, and care was delivered in line with current guidance and the law, including assessing peoples' capacity to consent.

- People were supported to access healthcare services and staff worked with health professionals to ensure people's needs were well met.
- One visiting health professional told us that Greenhill had "changed immeasurably", and that they were "confident that instructions would be followed, and that they would be contacted at an appropriate time."
- A second health professional told us, "They are quick to contact the GP if they feel their residents are unwell and require review."
- People's families told us staff acted quickly when needs were identified. One told us they felt their loved one needed to have their hearing aids checked, and an appointment had been made by the end of the day.

Adapting service, design, decoration to meet people's needs

- People's needs were considered when making changes to the environment. For example, new menu holders had been ordered to make it easier for people to see, and a new drinks trolley had been provided to enhance the mealtime experience.
- New garden furniture had been purchased so people could enjoy the outside space.
- A new maintenance person had been employed. All staff spoke highly of their standard of work and the premises was well maintained.
- Changes were made to people's individual rooms where necessary. One person's family member told us that their loved one's flooring had recently been replaced, and that that had made it better for them.
- A music system had been installed in the dining area and linked to a smart device to enable playlists of people's chosen music to be created and played.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last inspection we found people were not treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People were well supported by staff who were caring, respectful and kind.
- People were well presented and were having their personal care needs met, including, where required, regular support with oral hygiene.
- Staff told us there had been a significant improvement in the standard of care people received. One said, "It's completely different, everyone is so intent on making sure their needs are met; treat them how you would want to be treated." One person's family member told us their loved ones, "Physical appearance has improved, and other peoples' personal appearances look better."
- Staff went out of their way to make people feel special. For example, the maintenance person had voluntarily worked on Christmas Day and served people their lunch wearing their tuxedo to make people feel special.
- Peoples' diversity was celebrated and staff made efforts to support people to live full lives, including practicing their religion and maintaining important relationships.
- Peoples' care plans contained information about the things that were important to them, such as the clothes they liked to wear or how they liked to have their hair combed. We saw people being supported in line with their personal preferences.
- Peoples' emotional needs were well met. People were not left unattended for long periods of time and staff spent time talking with people and supporting them to engage in an activity.
- Peoples' care plans described how staff should meet people's emotional needs in a dignified and respectful way. For example, one person's care plan described how staff should respond to them when they displayed repetitive behaviour, and how to identify when they were trying to communicate a need, such as being in pain.
- A visiting health professional gave feedback after a person had required support from care staff during a visit, they said, "The care staff arrived promptly and assisted as needed. This demonstrated the staff had

treated the resident with dignity and were very caring."

- Peoples' families told us staff were kind and caring. One said, "Mum is so happy." Another said staff "call her darling and she loves it". A third family member told us their loved one, "Gets very good care, can't fault them."
- Another person's family member told us how they were moved to tears when they received a valentine rose that staff had supported their loved one to make for them. They said it, "Meant more to me than I can say. The staff are super, they really, really care."

Supporting people to express their views and be involved in making decisions about their care

- People and their families were fully involved in making decisions about their care.
- Staff spent time getting to know people and peoples' care plans contained sufficient information about how they wished their needs to be met.
- A visiting health professional had sent written feedback to the service after a visit to support one person. They said, "[Head of care] also joined for part of the assessment, which was in the resident's room. [Name] had good rapport with the resident and gave their views about the care that is available to her, to help the resident make an informed decision."
- Peoples' families told us they had been involved in their loved one's care planning.
- 'Feedback Friday' meetings gave people an opportunity to be involved in the running of the home. Each Friday senior staff met with people and updated them with any changes within the home, such as new staff or maintenance works. They sought peoples' opinions and gave people the opportunity to give feedback.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we found peoples' care did not meet their individual needs and preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Every person living at Greenhill had a care plan in place that reflected their individual needs and preferences.
- Peoples' care plans contained clear information to enable staff to meet their needs, including explanations of why a person might need to be assisted in a particular way. Plans included their daily routines, how they liked to spend their time and what staff could do to support them.
- Care plans were regularly reviewed and updated with any changes in a timely way. This ensured staff had the most up to date information in order to support people in a person centred way.
- One person's family member told us, "The quality of care now is good. The staff have changed, their attitude has changed, they are more interested in people."
- Improvements had been made to the way activities staff worked and the monitoring of social interaction. One staff member told us how they spend time with people who choose to stay in their flats and provide individualised activities such as large print wordsearches. Records demonstrated people were having social interaction on a daily basis and staff told us they had more time to spend with people.
- The provider had made an activities budget available which allowed staff to be more responsive to peoples' needs and purchase a range of items for people to use. We observed people enjoying a bingo game, with small prizes. Staff and family members told us how much people enjoyed the weekly bingo games, with one family member changing the day they visit because their loved one didn't want to miss bingo.

End of life care and support

- People were well supported at the end of their life.
- Staff worked with other health care professionals, such as the District Nursing team, to ensure people were comfortable and pain free.
- People and their family members were involved in creating care plans which reflected their wishes as they

neared the end of their life.

- One person, who had recently passed away, was well supported in line with their wishes. This included staff arranging for their chosen religious minister to visit at an appropriate time, ensuring the person's chosen music was playing, their loved one's photographs were nearby and that they were dressed in accordance with their specific wishes. Their loved one told us the care had been, "Excellent, ten out of ten."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples' individual communication needs were understood.
- Picture menus were in place to help people choose their meals.
- Peoples' care plans contained good information to help staff communicate with them effectively, for example, "I can become agitated if I feel people are not listening to me so please make sure you make eye contact with me when chatting with me so that I know you are listening."

Improving care quality in response to complaints or concerns

- Systems were in place to review any complaints or concerns to reflect on how care quality could be improved as a result.
- Staff and peoples' families told us they felt comfortable raising any concerns and had confidence that the management team would act on them.
- None of the staff, people or family members we spoke to had raised any concerns.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection we found that systems and processes were not operated effectively to ensure the service was well led. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had acted immediately following our previous inspection to ensure the safety and wellbeing of people using the service. Immediate action was taken to ensure infection control was well managed and they worked openly with CQC and the Local Authority to drive improvement.
- The provider had employed a new and experienced senior management team, including a registered manager, and had created a new compliance manager role. The compliance manager visited the service at regular intervals to provide mid-level assurance of compliance to the provider. A comprehensive quality improvement programme had been put in place underpinned by a statement of quality assurance. This statement set out the planned frequency of all auditing, monitoring, feedback and learning activities to identify areas of good practice and areas that require improvements.
- Systems had been implemented in line with the quality improvement programme. This included daily, weekly and monthly monitoring and a range of audits across the service which had been regularly completed for the six months prior to our inspection. Monitoring activities included observations of staff practice to ensure competence, observations of daily life and obtaining feedback from people, their families and visiting professionals. This helped to ensure people were safe and well cared for.
- The provider had strengthened their reporting systems and received structured and detailed reports from the registered manager on a regular basis. The compliance manager also completed monthly reports which were shared with the provider and the registered manager and informed the service improvement plan. The provider told us they intended to introduce a periodic external audit to complement the internal systems in future.
- Staff were clear about their roles and responsibilities, and senior staff now had time to undertake quality checks. Staff, people, and their families all spoke highly of the new management team, and their confidence in them. The culture of the service was positive, and person centred.

- We asked staff how they felt about the changes within the home, comments included, "Staff morale is really good." "It's poles apart! I can see such a big difference." "They've done an amazing job, I'm really impressed, having new staff with that bit of 'oomph' has made a real difference." And, "I love working here."
- Peoples' families also reflected on the positive changes. One said, "It's been amazing since the changes." Another family member told us the home now had a "lovely feeling."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others; Continuous learning and improving care

- People's families told us they were always informed of any changes in their loved one's health or of any incidents. One family member told us the head of care always called to let them know of any changes, and said, "That's what I love about them."
- The management team had worked with the Local Authority since our last inspection to implement and embed the changes needed to ensure they met their regulatory requirements and improve outcomes for people living at the service.
- Health professionals we spoke with gave positive feedback and recognised that the standard of care provided at Greenhill had improved since our last inspection. One visiting health professional told us their whole team had commented upon the improvements.
- The registered manager was part of a managers network sharing experiences and learning and took full advantage of any training offered by the local commissioning group or NHS. This meant they were using best practice to help inform training and improve the quality outcomes.
- Thematic audits had been introduced to support learning and development, utilising resources to improve the safety of peoples' care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team sought continuous feedback from people, their families and professionals. Feedback Friday gave a weekly opportunity for people to be involved in the development of the service.
- A recent staff engagement survey had sought feedback from the staff team, 90 per cent of whom said they felt able to "be their best everyday", felt "recognised and praised" and felt that they were cared for.
- Staff told us they felt valued and listened to. One staff member said, "It's totally difference now with [registered manager]. I feel I can approach them and have done with problems on a couple of occasions and it's been sorted."
- There was an exit survey installed on the electronic visitor's registration system seeking feedback. Of 332 responses over the three months prior to this inspection, 265 were 'very good' and 63 were 'good'. Comments included, "Very well organised and well equipped service responsive to client needs." And, "All staff were very helpful and caring."