

Somerset Care Limited

# Greenhill House

## 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 House is registered to provide accommodation and personal care for up to 55 people. The home specialises in the care of older people. At the time of the inspection there were 48 people living in the home.

People's experience of using this service:

People received care and support that was safe. The provider had a robust recruitment programme and staff had received training in recognising abuse and safeguarding people.

There were enough staff to support people with their daily living and activities. Risk assessments were in place with guidance for staff about how to keep people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People received effective care and support. Staff showed a clear understanding of people's needs and received training relevant to their role and the needs of people living in the home. People enjoyed a healthy balanced and nutritious diet based on their preferences and health needs.

People received care from staff who were kind and caring. Staff always respected people's privacy and dignity. Staff encouraged people to be involved in their care planning and reviews. People were supported to express an opinion about the care provided and the day to day running of the home.

People received responsive care and support which was personalised to their individual needs and wishes and promoted independence. There was clear guidance for staff on how to support people in line with their personal wishes, likes and dislikes.

People were supported by a team that was well led. The registered manager and provider demonstrated an open and positive approach to learning and development. Everybody spoken with said they felt the manager was open, approachable and the home was well led.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and complaints and learnt from the issues raised.

Rating at last inspection: At our last inspection we rated the service Good. The report was published December 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained Good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Greenhill House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one adult social care inspector and one expert by experience [ExE]. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in the care of older people.

#### Service and service type:

Greenhill House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection:

This inspection was unannounced. The inspection site visit activity was carried out over two days on 13 and 15 May 2019.

#### What we did:

Before the inspection we looked at information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We looked at the information we require providers to send us at least once a year to give us some key information about the service, what the service does well and improvements they plan to make. This is called the provider Information return (PIR). We used this information to plan our inspection.

During the inspection, we found most people who lived at the home could verbally express their views to us. We spoke with 12 people who used the service and two visiting relatives/friends. We spoke with six staff members as well as the registered manager and an operations manager.

We looked at a range of records. This included, three people's care plans and medicine records. We also looked at three staff files, staff rotas, quality assurance audits, staff training records, the compliments and complaints system, health and safety records and a selection of the provider's policies.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

We observed safe practices during the inspection and people told us they felt safe with the staff who supported them. One person said, "I am safe here, why would I not be safe here? I cannot moan or grumble about anything, I am not worried or concerned about anything, everything is done for me to keep me safe." A relative told us, "[The person] is very safe in this home, at home he had a lot of falls, here none recently at all. The staff are very good, everything is done to keep him free from danger."

Systems and processes to safeguard people from the risk of abuse.

- The registered manager and staff understood their responsibilities to safeguard people from abuse. One staff member told us they had, "No qualms reporting anything I am not happy with. We are here to make sure people are safe and looked after. Just how I would want it for my mum." Concerns and allegations were acted on to make sure people were protected from harm.

- Records showed staff had received training in how to recognise and report abuse. Staff told us they had, "Every confidence," that management would act appropriately if they raised any issues. Staff were also able to tell us who they could approach outside of the organisation if they had concerns.

Assessing risk, safety monitoring and management.

- People's care plans contained detailed risk assessments linked to their needs. These included the actions staff should take to promote people's safety and ensure their needs were met. Care plans included risks assessments related to nutrition and hydration and preventing pressure ulcers.

- Where a risk was identified action was taken to mitigate the risk. For example, one person at risk of falling from their bed had a very clear risk assessment about how the use of bedrails was not suitable as they might climb over or become entrapped. The assessment was clear about the measures in place to ensure the person remained safe. For example, when the person was in bed it was set at its lowest level to prevent injury from a fall.

- To ensure the environment for people was kept safe, specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety. Records showed the appropriate safety checks had been carried out following current good practice guidance.

Staffing and recruitment.

- People were supported by enough staff to meet their needs. People told us they felt there were enough staff in the home to respond to their needs in a timely manner. One person said, "There are plenty of staff here, I seldom ring my bell, but if and when I do I am not kept waiting." A relative told us, "The home appears well

staffed, and the staff are well trained, people come and go, but there are always enough carers here, I come a lot to visit [the person] and they never seem short on staff."

- Staff told us they felt there was enough staff as they could take time to talk with people. We spoke with one staff member who was sat with a person discussing the book they were reading. Both the staff member and the person agreed staff were not rushed and had time to sit and talk.

- Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people.

Using medicines safely.

- Systems were in place to ensure people received their medicines safely. All staff administering medicines had received relevant training and were assessed as competent. Clear risk assessments and agreements were in place to show how and when assistance was required.

- Medicines were stored safely, and the ordering and disposal of medicines was managed effectively. There was a clear protocol in place for the use of 'as required medicines.' These gave staff very clear instructions on how and when they could be used. One person said, "I get my regular tablets when I should get them and if I have a headache I can ask for a pill and they will get me one." A relative told us, "Before [the person] came into the home I could not get him to take his medication. Since he came here, he takes them every day without fail, and he is much better for it."

Preventing and controlling infection.

- Staff were aware of the importance of minimising people's risk of infection when providing care and support. Staff received regular training and were supplied with personal protective equipment (PPE) such as gloves and aprons.

- We observed staff using PPE throughout the inspection. One person said, "They[staff] are very particular you know, everything is nice and clean."

Learning lessons when things go wrong.

- Accidents and incidents were reviewed to identify any trends which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was considered to establish patterns and monitor if changes to practice needed to be made.

## 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.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met. Some people could tell us about their care plans and how they had been involved, others were unclear about what a care plan was. One relative told us, "We have been involved right from the start and we can see that the things we have said have been taken into account."

- Staff were supported to deliver care in line with best practice guidance. Information on supporting people living with specific health conditions was available. This helped staff to provide appropriate and person-centred care according to individual needs.

- People were supported by a consistent staff team who understood their needs. People told us they had been able to get to know staff and build meaningful relationships.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support.

- People's changing needs were monitored and were responded to promptly. Staff supported people to see health care professionals according to their individual needs. People were supported to attend regular health checks.

- Where specialist advice was needed staff referred people to other healthcare professionals to ensure they received the support they required. For example, staff had referred one person to the Speech and Language Therapy (SALT) team to assist them with how they could support the person with safe eating and drinking.

Staff support: induction, training, skills and experience.

- People were supported by staff who had access to a range of training. The provider had a full training programme which staff confirmed they attended.

- All new staff completed a full induction process which included the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. One staff member said, "The induction was brilliant, and all the staff were so supportive. I spent three weeks covering everything including practical. I was then able to shadow staff here and get to know people. I love working here."

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

- People's nutritional needs were assessed, and they were supported to have a well-balanced diet. Staff

sought appropriate advice regarding people's food and fluid needs and put recommendations into practice.

- Everybody spoken with praised the standard of the food provided. One person said, "The food here is excellent, just like you have at home. The food is always hot and well presented, you get a good choice as well." Another person said, "The food is generally very good, actually we have a good cook here. We always get a choice of two hot meals, and then you can ask for a snack at any time."

- We observed lunch which had an informal, social feel. People were offered drinks of their choice and there was a warm cheerful atmosphere. Nobody in the dining room required assistance to eat however, a member of staff was always present to assist when needed. People were shown the options available if they could not decide, and vegetables were served in a serving bowl on the table, so people could independently select what they wanted.

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

- The home was adapted to meet the needs of the people living there. Some people benefited from additional signage/adaptations to help them recognise where their room or the toilet was. There was wheelchair access throughout the home and people could access the garden areas with ease.

- There were features in the home to support people living with dementia. For example, there were automatic lights, so people could go into a toilet and not need to look for the light switch. Pressure mats were used to alert staff when people who liked to walk around the home might have walked into someone else's room.

- Somerset Sight had visited the home to talk with people and staff about how they could help with adaptations to the home and environment to help people with sight loss.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Care plans included assessments of people's capacity to make certain decisions and where necessary they had involved family and professional representatives to ensure decisions made were in people's best interests.

- People only received care with their consent. One person said, "I get a choice about everything, the activities and what I want to do. The staff always listen to me, my choice, not theirs." Another person said, "I get a choice in anything and everything, nothing is done to me or for me if I say no." A relative told us, "The staff are always asking would you like? Can I do? [The person] gets a choice about everything"

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

- We checked whether the service was working within the principles of the MCA. Records showed the registered manager liaised with the local authority to monitor the progress of existing applications and to

renew those that may have expired. An Independent Mental Capacity Advocate (IMCA) had also been consulted to support people when necessary.

## 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

People were supported and treated with dignity and respect; and involved as partners in their care.

One person said, "The staff here are very kind and respectful, caring and helpful. I take great care in looking after myself, but if I need help, the girls are always available." Another person said, "Everyone here is very good, very nice and friendly, very caring." A relative told us, "The staff are wonderful, caring, kind people, I cannot fault them at all."

Ensuring people are well treated and supported; respecting equality and diversity.

- We observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. We observed staff getting down on their knees, so they could talk with people at eye level.

- People with religious and cultural differences were respected by staff. The local church supported people with Holy Communion in the home regularly. One person told us they attended services when they wanted to. The registered manager was also aware of how they could access community links for people with other religious or cultural needs.

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

- There were ways for people to express their views about their care. People and relatives told us how they had been involved in making decisions when care needs changed.

- People contributed to decisions about the activities they attended or wanted to attend. People decided what they wanted to do and what trips they wanted to go on. One person said, "I get the activities they put on and whether I go or not, it is my decision."

Respecting and promoting people's privacy, dignity and independence.

- Staff told us how they supported people's privacy and dignity. This included respecting people's private time, listening to people, and upholding people's dignity when providing personal care. One person said, "I like my bedroom door shut, they [staff] never just walk in, always knock on the door first."

- Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of others. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

# Is the service responsive?

## Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care plans included clear information for staff about the support they required to meet both their physical and emotional needs. They also included information about what was important to the person and their likes and dislikes. Some people told us they had been involved in developing their care plan, one person said, "I have a care plan, I was totally involved in drawing it up and making any changes that are needed, I would not have it any other way."

- People and relatives told us they had the chance to discuss the care provided and make any changes they might not agree with. One person said, "I am involved every step of the way in the planning of my care, I decide what and when things should be done."

- Information was shared with people and where relevant the information was made available in formats which met their communication needs in line with the Accessible Information Standard. People's care plans included how each person preferred information to be shared with them.

- People participated in a range of activities that met their individual needs and encouraged them to continue to follow interests. The home had a varied activities programme, one person said, "I take part in activities as and when I want too, we have church services in the home from time to time, I read, watch TV and I play a lot of games, sometimes we go out on trips and people come in to amuse us." Another person said, "We have meetings with the manager sometimes, I do take part in the activities sometimes. Sometimes I don't, depends how I feel, we do play a lot of games. The staff try hard to stop us getting bored."

- The activities organiser told us how they helped develop a knit and natter group with input from a knitting group in the community. They told us how people had chosen a main colour for their knitted blanket to help them recognise their room.

- A recent Somerset Day had meant people were able to sample a range of local produce, including cider and cheese tasting. The activities organiser explained how they had developed take away days liaising with local take away firms for smaller portions. A gardening club was being organised, and the local library visited.

- The home had also formed links with local businesses so when people were out in the town they felt they were part of the local community. For example, people and staff had been invited to a local estate agent for a MacMillan tea party. People also enjoyed local walks.

- The activities organiser showed us their latest project to provide each person with a memory box. People

had already started to decorate their boxes and family and friends were helping with memorabilia to fill them.

Improving care quality in response to complaints or concerns.

- There was a concerns, complaints and compliments procedure in place. This detailed how people could make a complaint or raise a concern and how this would be responded to. People and their relatives had access to the policy and knew who they could talk to. One person said, "Nothing but praise from me about this place, but if I had a niggle I would speak to the manager." Another person said, "I would speak to the manager if I wanted to complain. She is around most days."

- Compliments received included, "Thank you for your kind, compassionate and sensitive care." "Thank you for taking care of my grandfather and my family and we will always be forever grateful for your service to us and my grandfather." And, "Although this custom built, modern care home is very new, there is a friendly, caring atmosphere that meets you when you walk in the door to visit."

End of life care and support.

- People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. People were supported to make choices about the care they received at the end of their life. The staff worked closely with local healthcare professionals to ensure people's comfort and dignity at the end of their lives was maintained. Care plans included people's end of life wishes. Treatment escalation plans were in place for those people who did not want interventions and did not wish to go into hospital.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

One person said, "The manager is called [registered managers name] she is very friendly and approachable, the home is really well led I think." Another person said, "The manager is very friendly, always popping around checking up on things. This home is very friendly, it is a good home, the manager is a good leader." A relative told us, "The manager is very friendly and approachable. She does seem to lead the home well, no complaints or issues with the management at all."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The registered manager and all the staff spoken with told us how they worked to ensure the care and support they provided was person centred and reflected the needs, likes and dislikes of the people. One staff member said, "I always say do everything the way your mum would like it done."

- The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The service was well run. Staff at all levels were aware of their roles and responsibilities. A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter.

- Staff spoke positively about the registered manager. All staff spoken with said they felt listened to and involved in all aspects of the care and day to day running of the home.

- Staff personnel records showed they received regular contact with the registered manager as well as one to one supervision meetings. Supervisions were an opportunity for staff to take time out to discuss their role within the organisation and highlight any training or development needs. One staff member said, "We always have our formal meetings, but [the registered manager's name] is always there to talk to and takes the time to listen."

- Records showed staff were given the opportunity to discuss working practices, what went well and what did not go well and explore ways of improving the service they provided.

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

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

- People and their families could comment on the service provided. The registered manager and provider carried out satisfaction surveys as well as resident meetings. Comments were largely positive. Where issues had been raised action had been taken and fed back to people living in the home or their relative.

Continuous learning and improving care.

- There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training was arranged. Staff members confirmed they had attended staff meetings to discuss ways to improve the service provided and how they worked.

- The registered manager demonstrated an open and positive approach to learning and development. The management team kept their skills and knowledge up to date, through research and training. The registered manager also attended meetings with other care home managers in the organisation. This meant they could share what worked well and what had not worked well and how they had managed it.

Working in partnership with others.

- The service had good working links with other resources and organisations in the community to support people's preferences and meet their needs.

- The service had also built relationships with the local community, raising the profile of the home. One staff member had started a local dementia action group. This meant they were working with local groups and businesses to improve awareness of living with dementia.