

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?

Good 

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 14 and 15 March 2017. 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 13 people living in the home. The people who lived 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 appropriately and in line with Regulations. The consultancy agency have placed an acting manager in place until a permanent manager had been recruited.

Since November 2014 we have inspected the service six 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. 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. We inspected on 25 and 26 May 2016 to see if improvements had been made. At that 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. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance by January 2017. We also received monthly updates of the progress made.

At this inspection whilst the staffing levels were sufficient to keep people safe, the lack of ancillary staff had not ensured that people were always treated with respect and dignity as the home was not clean and their clothing had not been treated with respect. It was also noticeable that there were not enough staff to engage with meaningful activities which would benefit and enhance people's social and recreational needs.

There was an audit system in place however this had not identified all the shortfalls we found and when

identified the shortfalls had not been actioned in a timely manner. The cleaning and maintenance of the premises was a particular area of concern.

People's individual risks had been assessed and reviewed. Work had continued to ensure that people's needs were regularly reviewed 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.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). During the inspection, we saw that the management team had sought appropriate advice in respect of these changes in legislation and how they may affect the service. The management team knew how to make an application for consideration to deprive a person of their liberty and had submitted applications where they were deemed necessary.

Essential training had been undertaken. The training plan confirmed this. Staff said they felt supported and confirmed that they were having supervision. 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 'improvements' had been made and the staff were very committed to the home and the people who lived there.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Green Hill was not consistently safe.

The cleanliness and maintenance of the premises had the potential to impact negatively on peoples' health and well-being.

Medication practices had been sustained to consistently manage medicines safely. This included the administration of covert and crushed medicine.

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.

Is the service effective?

Good ●

Green Hill was effective and was meeting the legal requirements that were previously in breach.

Staff had attended training of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had a clear understanding of current guidelines and their responsibilities.

Staff had received relevant training and provided appropriate support to meet people's needs.

People were supported them to maintain a healthy diet, with choices and assistance as required.

Staff ensured people could access to healthcare professionals when they needed to.

Is the service caring?

Requires Improvement ●

Green Hill was not consistently caring. We saw that staff were kind and considerate towards the people they supported.

However the lack of cleanliness and maintenance and the lack of respect shown to people's clothing and belongings impacted on people's dignity.

Staff knew people well and had good relationships with them.

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.

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.

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

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

Requires Improvement ●

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 14 and 15 March 2017. 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 May 2016.

During the inspection, we spoke with 9 people who lived at the service, the acting manager, five 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

People told us they felt safe living at Green Hill. One person told us, "I feel safe, I'm settling in and the staff are very good." Another person said, "I feel I'm well looked after." There were people who were unable to share their views of the safety of the home but our observations told us staff were mindful of peoples' safety and people were comfortable with staff.

The home was not clean. There were offensive odours noted on entering the home. These were not confined to the communal areas. We found that three bedrooms smelt strongly of urine and were very unpleasant when we entered. One odour was tracked to the mattress where it was found that the mattress was mal odorous The mattress was immediately removed and replaced with a new mattress. The communal bathrooms and the dining area smelt of urine and the fabrics of chairs in both communal areas and bedrooms were stained and odorous. The laundry room was cluttered, unorganised and not clean. The care staff told us they were having to clean and do the laundry as well as provide care and support. Staff said they did not have time to clean properly and this was supported by the cleaning schedules seen. The schedule identified days where staff had signed 'no time' and there were days where no cleaning had been undertaken. For example the cleaning schedule identified that no hovering was undertaken at all for the week commencing the 27 February 2017 and only once for the week commencing 6 March 2017. Other cleaning tasks that were supposed to have been done daily had not been done. We found stained and sticky surfaces both in people's bedrooms and in communal areas. This had not ensured that the home was clean and hygienic for the people who lived there.

The manager explained that it has been difficult to secure a domestic due to the location of the home. A domestic had been employed but had delayed their starting date twice. Their first day in post commenced with the first day of this inspection, they did not return for their second shift. In response to our immediate feedback the manager contacted a staff member who came in to assist with the cleaning on the 14 March 2017 and a professional cleaning service was to undertake specific cleaning duties on the 15 March 2017. The staff had worked hard on the cleaning on 14 March 2017 and we returned on the 15 March 2017 the improvement especially to the communal areas was apparent. The lack of cleanliness had not caused any individual harm to people at this time. Therefore the risk was mitigated during the inspection process. Following the inspection we received updates on the progress of the employment of a full time domestic and were told that a new domestic would start the week commencing the 27 March 2017.

The maintenance of the home was not being managed in a timely manner. Since our last inspection two maintenance people had been employed but had not stayed. One care staff member attended to simple maintenance tasks when not on the care rota but we found many issues had not been dealt with since January 2017. This included broken door locks on peoples' doors, one of which had been identified as a risk to the person not being able to leave their room independently or in the event of an emergency. A fire door was hanging off its hinges and in the event of an emergency would not close and therefore would not protect people in the event of a fire. This was dealt with immediately when it was identified by the inspector and the risk to people was mitigated. The manager told us that there was on going work on all doors on the extension to the home as the contracted work had not been undertaken up to the specified standard

expected. A maintenance person had been employed and was due to commence work the following week. The provider had not ensured that the premises and equipment were clean or maintained to an appropriate standard for the people who lived there and was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 15 people who lived in the home to keep them safe but not to give people a lifestyle of their choice or to meet identified social needs. This was confirmed by our observations and use of SOFI. The duty rota confirmed there were three staff members on duty at all times with the manager as supernumerary. The manager told us that she was involved in supporting people and worked alongside the staff to ensure that people were safe when needed. There was also a chef who prepared all the meals, including the suppers which the staff served.

On the first day of the inspection, there were two care staff, the manager, chef and a domestic who was working their first shift. One care staff member had called in sick and another staff member had agreed to come in two hours early to ensure there were enough staff to assist people at lunch. The manager however worked alongside staff, answered the telephone and door. Staff said that they felt staffing levels would be enough if there were separate staff to do the cleaning, laundry and activities. They said it just was not possible to do it all 'well'. When staff were assisting people in their rooms with personal care, staff were not able to offer or take people to the bathroom as they needed as one staff member was needed to stay with people in the communal areas. There was a risk that continence needs were not met. We were told the chef would keep an eye on the communal areas if staff were needed elsewhere. However this was not the chef's role and could impact on meal preparation and food hygiene guidance. Staff were too busy in the mornings to offer people the opportunity to be involved in an activity or meaningful occupation. This meant that people sat in the communal areas and some people told us they were bored. Staff deployment at this time had not therefore ensured people's needs were consistently met. This was an area that required improvement.

On the second day of inspection the staffing complement reflected the rota. An extra care staff member was working as a domestic with the assistance of the professional cleaning company. This allowed care staff to offer individual care to people, such as walking on the patio and being supported to the bathroom as directed on their care plan.

Care plans contained risk assessments completed for all identified needs. These included falls, moving and handling, incontinence, skin integrity, medicines, dietary and fluid intake. We saw an example where one person's appetite had decreased. Care staff had sought advice from the GP and specialist dietetic advisors. This had been transferred in to the care plan and the risk assessment updated. The person received fortified food and was weighed weekly to monitor their weight. This meant that their health was being monitored and their well-being promoted.

The provider had appropriate arrangements in place for the safe receipt and disposal of medicines. Medicine records showed that each person had an individualised medicine administration record (MAR), which included a photograph of the person with a list of their known allergies. Medicine Medication policies to guide staff were available. We looked at 15 people's MAR charts and found recording was accurate and clear. Staff told us that people were currently taking their medicines 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, for example, one person was prescribed a certain medicine to reduce agitation and contained guidance for staff as to the

triggers to be aware of. There were a number of people who had been assessed as requiring covert medicines. There were instructions from the GP as to crush medicines and administer with/in food and drinks for some people and this had been signed by the GP, pharmacist and discussed at a best interest meeting.

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.

Accidents and incident reporting had taken place. Records contained documented investigation and measures to ensure learning and future preventative measures.

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. 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 thorough recruitment procedures in place. The staff recruitment records viewed 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 in the care sector. 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 inspection in May 2016 we found a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the management of nutrition and hydration needed to improve further to ensure that people's nutritional and hydration needs were consistently met.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by February 2017. At this inspection we found that improvements had been made, the breach of Regulation 14 was fully met.

People told us the food was good and that choices were available. One person said, "We can have what we want and there is always something I like." Staff were aware of people's preferences and a list of people's likes and dislikes was on the board in the kitchen. This included people that needed a soft diet, food cut up and finger food. The chef said the menu was based on personal preferences and the feedback from resident surveys. Changes were also made when it was noted that food was being returned uneaten. The chef told us that new menus had been planned and would be introduced in the near future. One staff told us, "They can have what they want really; we can re-heat meals if they don't want to eat at the time and snacks are available at any time. The environmental health organisation (EHO) visited and completed an audit of the kitchen during our inspection and awarded Green Hill Care Home a five rating.

People were supported to have enough to eat and drink; their weights were monitored monthly and fluid and food charts were used to record how much people ate and drank. Staff shared this information with the chef daily so the chef could if necessary provide alternative meals and supplements. The chef told us, "We add cream and cheese to meals if we have assessed people as needing additional calories and if people need supplements we contact the GP for referral to the dietician." One person was consistently losing weight and this was related to an underlying health condition. The speech and language therapist (SaLT) was involved as was the GP. The person was weighed weekly and staff offered high calorie alternatives that they knew the person enjoyed such as chocolate and ice cream. Fresh fruit and jugs of juice were in easy reach and people could help themselves as they wished. Staff offered drinks throughout the day.. Staff said, "We offer cups of tea and coffee all the time."

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA and conditions on authorisations to deprive a person of their liberty were being met.

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. DoLS had been submitted and we saw confirmation that the DoLS team had been contacted to ensure the DoLS were active and had been renewed as required.

People were supported by staff who had the appropriate knowledge and skills. Staff received regular training. This included safeguarding, medicines, infection control and moving and handling. Moving and handling and medicine competencies were assessed annually to ensure staff supported people appropriately. When they commenced work at the service staff received an induction period. They were introduced to people, the day to day running of the home, had the opportunity to read people's support plans and shadowed colleagues. They also had the opportunity to complete the Care Certificate. The Care Certificate is a set of 15 standards that health and social care workers follow. The Care Certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff were able to gain further qualifications such as the health and social care diploma.

Staff received regular and on-going supervision. This identified areas that staff needed support or further training. It was also an opportunity for staff to feedback any concerns they may have. Staff told us they felt supported at the home. Currently the provider was undertaking all supervision until the manager had completed appropriate training to enable her to take on the role. The manager was in the process of introducing personal developmental plans for all staff to further identify areas where they required training and support.

People had access to healthcare professionals as and when required. One person said, "From time to time I have to go to the hospital for appointments but they arrange it all for me and make sure there's someone to go with me." Visits to the home were arranged as necessary and included GPs, chiropodists, opticians, dentists and continence advisors. These had been recorded in each person's care plan with guidance for staff to follow to support people as their needs changed. A relative told us, "They always phone me to advise me if they need to call the doctor or have any concerns."

Is the service caring?

Our findings

People and relatives were positive about the staff and how they provided care. One told us, "They're always courteous. I've never been treated with anything but the utmost consideration. Since I have been here." A relative said, "The staff that look after (Name) seem caring and seem genuinely kind. They seem very nice."

Staff were respectful in the way they spoke and supported people. However people's clothing and personal belongings were not treated with respect which impacted on people's dignity. People were wearing clothes that were stained, ill fitting (trousers too short) and not ironed. We saw that clothes including woollens were washed on a high setting along with soiled bed linen. As a result the clothing was hard to the touch, irreversibly creased and some were shrunken (woollens). We spoke with staff and found that fabric softener was not routinely used and that clothes were gathered with bed linen and towels without being sorted before washing. This was due to time constraints and staff multi-tasking. In the lounge there were 16 pairs of glasses in a cupboard. The glasses were not identifiable and a staff member said "(name) picks up people's glasses but it's okay because they are cheap glasses." This did not reflect a respectful attitude to people's belongings. We also found that some people were wearing footwear that were torn and soiled. We were told that these would be removed and the family informed. The provider had not ensured that people were consistently treated with respect and dignity and this was an area that requires improvement.

Staff knew people well and supported them as individuals. They spoke with people making eye to eye contact, using their preferred name and taking time to listen to them. They were able to tell us about people's choices, personal histories and interests. They told us how they communicated with and understood the needs of people who were less able to express themselves. Interactions and conversations between staff and people were positive and there was friendly chat and good humour.

People were relaxed and the atmosphere in the home was calm. The staff were kind in their approach and spoke to people in a quiet respectful manner. Staff talked to people discretely, for example when they assisted people to the toilet. However choices were not consistently offered to people regarding where they spent their time. The patio doors were kept locked but these were opened in the afternoon where one person had a stroll with a member of staff. The cinema room was not being offered as a choice for people as the television was not working and the lighting and décor needed attention. A further quiet lounge with a television and an electric organ was also not being used. The curtains were drawn and the lights were off for the whole day. We were told it was not practical to use because of the current staffing levels. We were told that this was an area that would be developed as more people came to live in Green Hill and the staff team grew.

Staff told us they had read care plans and demonstrated a good understanding of people's life story, which included details of their personal history, people who were important to them, their employment and their hobbies and interests. Staff said, "We can support residents to plan the care we provide if we have a clear understanding of what is important to them and information about their lives before they moved in can help us do this." Staff told us relatives and friends were encouraged to visit people when they wanted to and relatives said they could visit at any time and were able to join their family members for meals if they wished.

One told us, "It's a nice offer because I do miss having someone to eat with, I haven't taken them up on it yet but it's nice to be asked."

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."

People's equality and diversity needs were respected and staff were aware of what was important to them. One person enjoyed wearing make-up and jewellery and staff supported this by ensuring it was near and accessible to them. Staff said, "We respect people's choices and always ask for their consent before we support them."

End of life care had been discussed with some people and their relatives where appropriate and, this had been recorded in care plans. Do not resuscitate forms had been discussed with healthcare professionals and completed by people or their relatives.

Daily records and other information were kept in named folders. Care documentation was stored securely in a locked room.

Is the service responsive?

Our findings

At our last inspections in May 2016, 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 February 2017. At this inspection whilst we found that although improvements had been made there were further improvements to be made.

This inspection found that activities were not planned and provided in line with people's interests and wishes. There was an activity programme but staff could not tell us why the activity had been chosen and if it was at 'people's' request. Another session on the programme was manicures which were enjoyed by the ladies but nothing was offered to the gentleman and there were six gentlemen currently who lived at the home. One person said they would enjoy trips out but trips had not been planned or offered at this time. We were told that walks in the garden happened as and when the weather permitted. One person confirmed that they had been for a walk the day previously which they had really enjoyed. We saw that one staff member did attempt to engage in a board game which only a few people joined in. The position of the television allowed only three people to sit and watch television and the other television in the quiet lounge was not offered to the people. Because of the television being on in the main lounge, music for other people was not an option. This meant that the atmosphere within the home lacked stimulation for some people. There was no dedicated person that took responsibility for the provision of activities.

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 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 stimulate them. We saw that some people did walk around and staff spoke to them but did not stop and engage with them or offer the use of other communal areas or facilities.

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 consistently receiving person centred care that reflected their preferences and met their social needs. This was an area that required further improvement.

Staff did encourage the more able and mobile people to help sweep the floors and fold laundry. This was really important to them and made them feel helpful and happy.

People said the care they received was planned with their personal involvement and based on their individual needs. One person told us, "Staff ask me all the time if I need anything else or if they are doing what I want them to." One relative told us they had discussed their family member's needs with them before

they moved into Green Hill and discussed them at regularly intervals since. Staff said they involved people and their relatives in discussions about all aspects of the care and support provided. One told us, "We are here to help residents to live comfortable lives so we have to ask them what support they want to understand how we can do this best."

Staff said people and their relatives were encouraged to visit the home to meet people and staff and have a look at the rooms available prior to making the decision to move in. One relative said, "I looked around the area to see which homes were suitable and I am glad we decided on this one, the garden and location are perfect." The manager told us people's needs had been assessed before they were offered to live at the service, to ensure they provided the care and support they needed. Staff said the information from the assessments was used as the basis of the care plans, which were developed and updated with the involvement of people living in the home and their relatives, if appropriate.

Care plans were person centred and up to date. They identified all aspects of people's individual support needs with clear guidance for staff to follow. For example, a needs assessment had identified a person required two care staff as their mobility needs could change. The person's nutritional needs had been assessed due to continued weight loss; SaLT had prescribed a soft diet, with additional cream in the meals they enjoyed, like porridge and soups. The guidance for staff included that staff were to prompt them with meals or assist as required. There was guidance throughout the care plans for staff to promote the persons independence such as when washing their face and hands and fastening buttons when dressing. Staff said the care plans were specific to each person and the guidance was clear and easy to follow. The care plans had been reviewed and updated when people's needs changed and there was evidence that people and their relatives had been consulted to develop and review them. A relative said, "I have been involved from the beginning which is very good as (Name) memory isn't as good as it was, so I know what is going on and they seem happy here."

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, "I would complain to the staff." Another said, "I would tell my family and it would be sorted out but I don't have any concerns." Complaints were recorded and responded to as per the provider's policy and a complaints log kept.

Is the service well-led?

Our findings

At our last inspection in May 2016, 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 whilst some improvements had been made 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.

The acting manager informed us that the previous manager had left suddenly. The acting manager had been in post for two weeks. We have received confirmation that the newly appointed manager would be submitting their application to the CQC to be registered as manager of Green Hill Care Home.

Although there were systems to assess the quality of the service provided in the home we found that these were not consistently 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 cleanliness and maintenance of the premises was a concern. An environmental audit undertaken by the operations manager had identified some of the areas identified the week before the inspection (08 March 2017). These however had not been attended too. This included two fire door that would not close. This had placed people at risk from harm in the event of a fire. The maintenance log had not been audited and the log evidenced a large number of continued issues from January 2017 that had not been actioned. We checked these with the manager and a representative from the consultancy company and found that they had not been addressed. We looked at the schedule of cleaning and found over the past two months it had not been completed, staff had signed no time and there were large gaps. An audit has since been undertaken on the 17 March 2017 with action taken recorded.

We saw that the shifts were well-led in respect of people's safety and staff were kind and gentle 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 was no audit or feedback forum in respect of lifestyle choices or of how peoples' social and mental well-being was being consistently assessed and improved. For example, daily notes lacked on-going monitoring of how people were feeling. One person was very tearful and staff said that this was an on-going problem, but had not referenced this in the daily notes or in the care plan. The provider had failed to have effective systems and processes in place to assess and monitor the quality of the services provided and ensure records were accurate and complete. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The staff team 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 had changed and that the staff were committed to improvement. Staff worked well as a team. The staff felt they were important to the future and the running of the home. They were proud of the improvements made. 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. However all the staff we spoke with were aware that they could not keep the premises clean and well maintained on top of their care role but we could not confirm that these concerns had been shared with the senior management. The operations manager was not aware that staff were struggling with the cleaning and that the schedules of cleaning were not being completed.

Whilst systems were in place to obtain the views of people, the minutes and records did not evidence the actions taken. We saw that regular resident and visitor meetings had been held. These provided people with the forum to discuss any concerns, queries or make any suggestions. However the acting manager confirmed that not all suggestions have been taken forward yet. Relatives said that they felt the staff team listened and were helpful. Comments included "Very supportive and helpful." Another said, "It's a lovely place for people to live and the staff are great." One health professional contacted us following the inspection and told us, "Things are slowly changing, staff seem confident and know people well."

The management team 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 15 HSCA RA Regulations 2014 Premises and equipment The provider failed to ensure that the premises were clean and well-maintained. 15 (1) (a) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have effective systems and processes in place to assess and monitor the quality of the services provided and ensure records were accurate and complete. 17(1)(2)(a)(c)(d)