Anchor Trust

Greenhive House

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

We inspected Greenhive House on 16 and 17 July 2014. Our first visit was unannounced and we told the manager that our second visit would take place the next day.

At our last inspection on 8 October 2013 we found the home was meeting the regulations inspected.

There was a registered manager at the service, as required. A registered manager is a person who has registered with CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People living at the home and their relatives said they felt they were safe there. Professionals involved with the

Summary of findings

home said they believed that people were not at risk of harm. Staff were aware of signs that might indicate someone was at risk of harm and knew the action to take in such circumstances.

Staffing levels were set according to people's needs. Staff were trained and supported to care for people well. They worked alongside health professionals and were aware of when specialist attention was necessary and who to contact.

People were treated with respect and warmth and their individual needs were considered and met.

People had the opportunity to be part of the local community. They went on outings using the home's minibus. Recent trips had included a visit to Dulwich Picture Gallery and a local park. Activities were also provided in the home, children from local schools visited to sing and chat to people and there were events connected with the football World Cup.

The quality of the service was assessed by the registered manager and the provider so they could identify any improvements that were necessary. Staff felt well managed and their views and achievements were recognised. The home aimed to follow best practice in their work.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Assessments identified risks to people and management plans to reduce the risks were in place.

Staffing levels were appropriate to keep people safe and meet their needs.

The requirements of the Mental Capacity Act 2005 Code of Practice and the Deprivation of Liberty Safeguards were met. People were not deprived of their liberty without legal authority.

Is the service effective?

Good

The service was effective. Staff were well trained and supported to meet people's needs.

Staff liaised with health professionals and made sure they followed advice to look after people well. Staff were observant and noticed if people needed medical attention.

People enjoyed the meals and menus took into account their preferences and needs.

Is the service caring?

Outstanding

The service was caring. People were treated with respect, kindness and compassion. People's dignity and privacy was respected. Staff knew the people they care for well and were committed to helping them achieve a good quality of life.

People were involved in discussions about their care and care plans had been signed by people or their representatives to indicate their agreement with them.

Staff had undertaken training to provide people nearing the end of their lives with good quality care.

Is the service responsive?

Good

The service was responsive. People's individual needs were considered. Advice was sought from specialists when required and this was used to make sure the service appropriately responded to people's changing needs.

The home had links with the local community and people enjoyed taking part in a range of activities. Trips out were arranged and entertainment took place in the home.

People were asked about their views and had the chance to give their views about the service and they were listened to.

Is the service well-led?

Outstanding

The service was well led. Staff told us they were well supported and motivated to do their jobs well. The culture in the home was open. People, relatives and staff could raise concerns with managers who would listen and take action when appropriate. The manager had received recognition for their achievements at the home including the award of an honour for services for older people.

Summary of findings

The home was regularly assessed with a view to improving people's quality of life. Feedback from healthcare professionals about the management of the home was positive.

The home took action to reflect and learn from incidents to ensure that improvements were made. The home had links with, and followed guidance from, a range of organisations that promoted best practice in dementia care.

Greenhive House

Detailed findings

Background to this inspection

The inspection team consisted of an inspector and a specialist professional advisor, who was a registered nurse with experience and knowledge of caring for people with dementia.

At our last inspection on 8 October 2013 we found the home was meeting the regulations inspected.

Before the inspection we reviewed the information we held about the home. This included information sent to us by the provider about areas of good practice and areas for future improvement.

Greenhive House provides personal care and accommodation for up to 48 older people, some of whom have dementia. At the time of our inspection there were 42 people living at the service. The accommodation was split into three units. Each unit had its own communal areas for dining and relaxing. There was a garden which was step free and enclosed. The building was accessible throughout to people with restricted mobility and a car park was available.

We spoke with approximately 15 people living at the home and observed the care and support provided in communal areas of the home. We also spoke with four relatives of people who lived in the home, three team leaders, six care staff, the registered manager, the care manager, the care and dementia specialist, and the district manager.

We viewed the personal care and support records for six people. We also viewed recruitment records for three staff and training and supervision records for the staff team. We looked at other records relating to the management of the home. We also had contact with seven professionals who visited the home. These included the GP, district nurses, a community psychiatrist, a practice development nurse from a hospice and a contract monitoring officer from the local authority. We had feedback from social workers involved with people living at the home and met four of these professionals during our visit. The others responded to e-mails we sent requesting their views of the home.

Good

Is the service safe?

Our findings

One person who lived at the home said, "I feel safe." A relative of another person told us they had visited the home on many occasions and had never seen or heard anything that gave them concern for people's safety or well-being. A social worker linked to the home confirmed the provider's information that there had been no safeguarding issues in the last year.

All staff members had been trained in safeguarding adults. We talked with staff about their knowledge and understanding of forms of abuse. They described the signs that a person may show if they had experienced abuse and the action they would take in response. They knew how to raise their concerns with managers of the home and felt confident that if they did raise concerns action would be taken to keep people safe in line with the provider's safeguarding process.

Staff described how they had managed situations when the behaviour of people living at the home presented risks to themselves or others. They told us how they assisted people and said they explored reasons for their distress. If people were comforted by particular things this information was recorded in care plans. For example, one person was reassured by telephone conversations with a family member and this helped to calm them. This was recorded and staff had contacted the family member to assist the person when necessary.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS), which apply to care homes. We found the home was meeting the requirements and had policies and procedures in place relating to the Mental Capacity Act 2005. Staff were aware of the circumstances in which applications for deprivation of liberty should be considered. When necessary, applications had been made to the local authority to request assessments. The CQC were informed, as required, that these applications had been made. The manager and provider were aware of recent case law relating to DoLS and were acting upon it.

Staff had received training and understood the importance of the Mental Capacity Act 2005. Care staff told us about a situation when someone had consented to move between units when they had capacity to make this choice. They told us they understood that people's capacity could change and that some people were able to decide about some issues and not others

Before people came to live at the home needs assessments were carried out by a senior member of staff. These included the identification of risks. The assessments provided information to decide whether appropriate and safe care could be provided. Risks including those relating to falls, pressure care and malnutrition were assessed and management plans put in place as necessary. For example, moving and handling assessments were conducted and equipment was provided to minimise the risks of falls. The home received visits from members of a hospital project team looking at the prevention of falls. They told us that people benefitted from their expertise and access to equipment such as hip protectors, perching stools and shower chairs, which further reduced the risk of falling.

The care plans identified risks and the corresponding management plans. For example, one person's notes said that due to their medical condition they needed to have medication early to prevent stiffness and so reduce the risk of falls. Another person wanted to lock their bedroom door at night. Staff managed the risk of harm to promote the person's independence and right to choose. Staff made regular checks by listening at the door; ensured there were no hazards and the call bell was within the person's reach. Staff were able to enter the room in an emergency. The risks were reviewed monthly and in response to changes in the person's needs.

Staff knew how to respond to emergencies. A plan with instructions was available to guide staff in an emergency. All staff had received training in first aid, fire safety and dealing with emergencies. Emergency equipment was available including first aid kits, fire detection and safety systems.

Staffing levels were based on the numbers and needs of the people who lived at the home. A staff rota was planned to provide sufficient numbers of staff in all of the units. When staff were absent unexpectedly a team of 'bank staff' was available to fill vacant shifts. The majority of the bank team were permanent members of the Greenhive House staff team who were willing to work additional shifts. This helped to provide consistent care as the staff were familiar to people and aware of their needs.

Good

Is the service safe?

Our observations during our visit were that there were sufficient staff to meet people's needs. Staff told us they felt the numbers were adequate and they rarely felt short staffed. People told us they did not have to wait long for assistance when they needed it. We heard few call bells, and those we did hear were quickly responded to.

Recruitment processes were safe. We looked at three recruitment records. We found appropriate checks were made before staff began work. These included two references, one from their previous employer, a check conducted by the Disclosure and Barring Service (DBS) to show they were not barred from working in adult social care and proof of the person's identity and right to work in the UK. We noted that the interviews included assessment of applicants' understanding of safeguarding adults and their knowledge of dementia. Appointments to posts were not confirmed until staff had successfully completed a three month probationary period.

Good

Is the service effective?

Our findings

Staff said they received good training which they believed assisted them in their work. The majority of staff had achieved National Vocational Qualifications in Health and Social Care at level 2 or above. Most staff had also received training in dementia awareness and 'improving dementia practice'.

A staff member who had worked at the home for less than a year said they had a thorough induction to their role which included shadowing experienced members of staff. They had received training and met regularly with the registered manager when they had the opportunity to discuss their progress and any concerns. They told us this support assisted them to do their job and understand how to meet people's needs.

All staff received regular supervision and an annual appraisal. These processes gave staff formal support from a senior colleague who reviewed their performance and identified training needs and areas for development. Other opportunities for support were through staff meetings, handover meetings between staff at shift changes and informal discussions with colleagues. Staff told us they felt well supported. They said there was a good sense of teamwork and staff cooperated with each other for the benefit of the people who lived at the home.

Group supervision for team leaders and managers was provided by a senior member of staff from Anchor Trust who provided support to homes for people with dementia. Care issues and areas for improving practice were discussed at these meetings and in individual supervision. A group supervision session on nutrition and hydration support was provided during our visit to reinforce the importance of these issues to staff. In the week before our visit training on nutrition had been provided to care and catering staff.

Each of the three units was staffed by a team leader working alongside care staff. The staff team was stable with little turnover of staff. Some changes to teams had taken place recently within the home and some staff had moved between units. This was to assist staff to develop a range of skills working with people with different needs. Each unit kept a core group of staff who were familiar with and to the people who lived there. We heard mixed views from relatives who missed staff they were familiar with, but also heard that staff had recognised people's likes and dislikes quickly, even though they had not known them for long.

Our visits took place during very warm weather. We saw people were given a choice of drinks frequently and encouraged to drink them. There was a kitchen on each unit where people, their visitors or staff could make hot or cold drinks. Fruit, biscuits and snacks were available. One person said they were recently hungry during the night and the carer made them some food from the unit kitchen.

One person said, "The food is very good." At mealtimes people were shown the meals available on a tray and then made a choice as to what meal they preferred to have. For people who may have had memory problems staff judged this was more effective than being told what was available. If they didn't like or want what was on offer alternative items were provided, such as baked potatoes and omelettes. Staff recognised the importance of meal times for people. The dining rooms were attractive with table cloths and flowers on the tables and the atmosphere was calm. People were given discreet assistance when required and specialist equipment, which promoted their independence, was available. Examples included adapted cutlery which was easier to hold and plate guards which prevented food falling off the plate. Advice from speech and language therapists (SALT) was requested if people had swallowing difficulties.

The care records were written in a way that stressed the importance of a healthy and balanced diet to promote well-being. We saw that care records included completed assessments to check if people were at risk of malnutrition. Staff had received training in using the 'Malnutrition Universal Screening Tool' (MUST) and used this to assess whether people were at nutritional risk. If they were, staff addressed this by providing fortified meals and drinks and their needs were discussed with the GP. A visitor told us their relative previously had a very low weight and since they came to live at Greenhive House they had gained weight. They felt this showed their relative was settled and well looked after.

A range of healthcare professionals visited the home to provide advice and care for people. The GP visited the home each week and more often if required. A District Nurse visited every day to carry out nursing tasks such as injections. She said the people living at Greenhive House

Good

Is the service effective?

were "very well looked after." They said the staff followed the advice they gave. Another professional said the staff "act appropriately" to meet the needs of the people who live there. Staff were observant of the people in their care and could identify changes in their health condition which may have needed specialist attention. District Nurses said that staff sought advice appropriately and promptly.

A visitor told us about an occasion when staff had realised that their relative was unwell and called the GP. They said staff recognised symptoms of ill-health because of their attention to their well-being.

In records we viewed there were care plans to address people's social, health and care needs. In one instance the staff told us about an issue a person experienced, described the action they took to assist the person and had reported the matter to the GP to obtain further advice to ensure the safety and welfare of the person. The care the person was receiving was effective but was not supported by a written care plan. The registered manager was informed about this during our first visit and when we visited the next day a care plan was in place. This assisted staff who may have been less familiar with the health problem to refer to the information.

The home was supportive of people's emotional and social needs by promoting activities which contributed to their well-being. They had links with, and staff had received training from, organisations that promoted best practice in dementia care. For example, the organisation Ladder to the Moon had trained staff to engage people in activities which were personalised and in which people participated actively. Following the training staff had planned a theatrical event with people living in the home.

'My Home Life' had also provided training at Greenhive House. The 'My Home Life' programme supports services to achieve high quality lives for people living with dementia in care homes. We saw examples of activities people had completed following the programme such as a model tree on which people's feelings about life at Greenhive House were written on the leaves. This was used as a focus for discussion both during and after the activity. The home had been accepted to take part in an internal accreditation process called 'Anchor Inspires' which involved assessment of the experience of people living with dementia in Anchor services.

Outstanding ☆

Is the service caring?

Our findings

People and their relatives told us they felt cared for and were treated with kindness. A person described the care they received as "lovely, good, and helpful". A relative said that staff were "very caring, very smiley: they can't do enough for Mum". They said they felt reassured and confident in the staff as "I know someone's thinking about her when I'm not there." Another relative said they felt happy about the care of their relative as they believed the staff were very fond of them. Relatives said they felt that staff also cared about them and they felt supported by the home. One person said the manager was "such a caring person" and this was reflected by staff who, they said, "are all lovely".

The home had a friendly and welcoming atmosphere and people we spoke with commented on this. Visitors told us they were always offered a drink when they came to the home and welcomed by staff. We observed staff being friendly to people and making sure they were available to talk if they wished to.

A practice development nurse involved with the service told us, "Staff know residents well. I am always impressed by that." Staff showed in our discussions that they were able to describe people's specific preferences and needs. For example, a staff member told us how one person liked their meals and how they recognised signs that the person was anxious, such as repetitive speech. They told us how they helped to relieve the person's anxiety, by giving gentle reassurance, walking together and distracting them.

People were treated with respect. A GP involved with the home said people were "treated with respect and dignity by staff". Staff were familiar with people's preferred names and introduced them to us as they wished. Most people had their photograph on their room door. The manager pointed out that one person did not want this and this was respected. We saw staff ensured that people's dignity was maintained by gently ensuring that people were dressed appropriately. Staff had discreet conversations with people about private matters and made sure that doors were closed during personal care.

A person living at the home told us they felt everyone received care that met their particular needs. They said, "It depends on your needs: we all need different things." Staff recognised the individual needs that resulted from people's different backgrounds. In the last year the home held a 'diversity day' to celebrate the different cultures represented by the people who lived and worked at the home. Anchor Trust had a group which lesbian, gay, bi-sexual and transgender (LGBT) people were invited to join. A poster about the group expressed the organisation's commitment to providing services which were welcoming and inclusive.

Staff showed they wanted to assist people to have a good quality of life. We heard about a person whose diet had changed after advice from a speech and language therapist (SALT). The person was reportedly enjoying their food less than they used to. Staff had approached the SALT to see if changes could be made so the person's medical needs were met without affecting their enjoyment of meals.

Staff talked with people with warmth, respect and patience. They listened carefully and made sure they understood what the person was saying. We heard about an occasion where a person had raised a concern in a meeting for people at the home but found it hard to express themselves. Senior staff talked with the person outside of the meeting to make sure they understood their concerns.

People were involved in discussions about their care and care plans had been signed by people or their representatives. A social worker involved with the home said staff "consulted residents regarding care provision and choices whenever possible." During our inspection a community psychiatrist came to the home to assess a person's capacity to make decisions, at the request of the registered manager. This would assist the person in clarifying the level of support they needed to make decisions and ensuring their ability to do so was not restricted unnecessarily.

As well as being involved with care plans and their reviews each person contributed to recording important information about their life, achievements and interests. Staff used this information to contribute to care which reflected their individual interests. For example, we were told that one person was a games teacher and they assisted with the exercise class run for people living at Greenhive House. We saw staff made good eye contact with people when they spoke with them. They were at an appropriate level, often kneeling down in front of the person so they could listen to them better and the person could hear what was being said. We heard staff asking people how they were and also giving them choices of

Outstanding ☆

Is the service caring?

what they would like to do. One person wanted to sit in the sunshine and as it was a very hot morning a member of staff was concerned that the person would become too hot. They came to an agreement of some time in the sun and then some in the shade. The interaction showed appropriate and respectful negotiation between the person and member of staff.

Visitors said they were always informed about their relative's progress. One relative said, "They call me if she's unwell." A relative told us they had discussed with the staff and the GP plans regarding end of life care and this was recorded. They felt that the staff showed a caring and sensitive approach to this matter. Staff had received training in the principles of good end of life care from a practice development nurse from a hospice. They felt the staff had developed confidence in this area of care and were keen to learn about assisting people nearing the end of their lives. They told us staff were "very caring" in their approach to this work, and keen to develop their skills to learn how they could best assist people and their relatives. It was planned that the service would introduce a programme called 'Namaste' designed to assist people nearing the end of their lives to join in activities which were meaningful. A visitor's room was available in the home where people could have guests overnight. This was useful if visitors wanted to stay near relatives.

Good

Is the service responsive?

Our findings

Assessments identified people's care and support needs and care plans were developed to address them. The plans identified the areas in which people wished to be independent and those where they needed support from staff. Plans were sufficiently detailed to provide care as the person preferred. For example a night time plan stated the person wanted to sleep in the dark and have two pillows.

Staff had been trained to use a tool to assess people's level of pain so they could provide appropriate care and request specialist assistance when necessary. Plans were reviewed each month or more frequently in response to changes in people's conditions and needs. Changes were discussed at meetings between staff so they were informed.

All of the bedrooms had call bells. One person had an adapted bell which took into account their sight problems. It was placed prominently by their bed so that they could use it easily at night. People told us that they did not have to wait for assistance.

There were two activities co-ordinators and one care worker was assigned each shift to work with them. Our discussion with activities staff showed their understanding of the importance of activities to promote people's well-being and avoid social isolation. A visitor told us that their relative had made friends since they had lived at the home and had no worries about them being isolated. Staff were attentive and were seen joining in with activities, speaking with people individually and in small groups. Small sitting areas and displays of photographs and newspaper cuttings provided conversation places and topics. There were resources available to carry out activities. These included a reminiscence room, books, games, an iPad, music and films. A selection of aromatherapy oils was available for people to use with staff. We saw that their use was recorded in people's notes of daily activities.

People had the opportunity to be part of the local community. They went on outings using the home's minibus. Recent trips had included a visit to Dulwich Picture Gallery, a local park and to a pub for lunch. Activities were also provided in the home: children from local schools visited to sing and chat to people, the Royal Albert Hall Band had visited and there were events connected with the football World Cup. The home took part in the National Care Homes Open Day and people were invited to come to the home to participate. Visitors included people's friends and families, the Mayor of Southwark and the South London Press. Photographs of all the events were displayed around the building and were a focus for conversations between people.

During the warm weather an ice-cream van visited the home twice a week so that people could buy what they wanted. There was also a small shop in the home for people to buy toiletries and snacks. People also visited shops in the local area. A hairdresser who came to the home every week told us they enjoyed visiting because "the staff and the people who live here are happy".

Every month a meeting was held for people who lived at the home and their relatives. People were asked their opinions about the home and were always asked about the care, the menu, activities and the laundry service. We noted in the minutes of a recent meeting that people said they were happy that their requests for additional items to be included in the breakfast menu had been provided. People were reminded at the meetings that they may make a complaint if they wished and we saw leaflets about the procedure on display. People we spoke with were all aware they could complain and said they felt they could approach any of the staff and they would be listened to. There had been no upheld complaints about the home during the last year.

Outstanding ☆

Is the service well-led?

Our findings

The home had a registered manager in post as required by their registration with the CQC. The manager was experienced and had worked at Greenhive House since the home opened in 2002. They had managed the previous home where many of the people lived and staff worked. Our records showed that the home had a history of good performance and compliance with the applicable regulations and standards.

The provider had recognised the manager's leadership skills, competence and experience. In addition to managing Greenhive House for four years the manager also held the role of area support manager for Anchor Trust. In this role they provided guidance and mentorship for newly appointed home managers in London. The post has now been discontinued but the manager continues to support other homes in London, through guidance during new managers' induction. In addition the manager deputises for the area manager when they are away. The management team of the registered manager and the care manager have worked well together for several years and they have established management systems which contribute to the smooth running of the home.

We found there was an open, fair and transparent culture within the home. Staff told us they felt that they worked as a team and they all helped each other. They told us they felt the manager was approachable and listened to their concerns and ideas for improvement. They said they could raise issues in team meetings and individually with the manager. Staff expressed their pride in the home, their managers and colleagues and the care they provided to people.

Care staff said they felt their work was appreciated, they felt valued and their opinions mattered. For example, although team leaders wrote the care plans, the care staff contributed to them and to the assessments. The home had a reward system where each month staff had the opportunity to nominate a colleague who they believed had worked hard and 'gone the extra mile'. From the nominations one person was designated 'employee of the month'.

There was a system to report and learn from incidents. For example, we heard that after a person fell a 'lessons learnt' exercise was carried out to assess how to prevent recurrence. In one such situation specialist advice was sought from an Occupational Therapist. Grab rails were provided and, as the incidents continued, a mat to monitor the person's movement was supplied so that staff were alerted quickly.

There were a number of quality assurance systems at the home. Regular audits were carried out by the manager and by representatives of the provider. These included audits of safeguarding, health and safety, catering and training. The district manager visited to monitor standards in the home. Visits to the home were made by the contract monitoring officer of Southwark Council. We saw their last report and they told us they had no issues of concern with the service provided. Feedback from healthcare professionals about the management of the home was positive: the GP said it was "a very caring, efficient well run home…well above average".

The provider arranged for a survey of people living at the home to be conducted by a research company in 2013. The results showed high levels of satisfaction with life at Greenhive House. The registered manager had received national recognition for her work. In 2009 she was awarded with an honour of the MBE for services for older people. In the last year she had been shortlisted as a finalist in the South Eastern Care Awards and was a previous winner of the Caring Times manager of the year award.

The home worked closely with a representative of My Home Life to improve people's quality of life at Greenhive House. The manager had been appointed a 'dementia champion' by Anchor Trust. This recognised their promotion of high quality care for people who were living with dementia at Greenhive House. The manager was informed about developments in care through organisations including the Social Care Institute for Excellence, Action on Elder Abuse and the National Association for Providers of Activities for Older People. Information from the organisations was used to drive improvement in the home, for example, in providing literature and resources for staff to promote dignity in care.