

## Greenhill Park Residential Care Home

# Greenhill Park Residential Care Home

### Inspection report

24 Greenhill Park Road  
Evesham  
Worcestershire  
WR11 4NL

Tel: 0138640836

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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

What life is like for people using this service:

- People enjoyed living at Greenhill Park Residential Home and felt safe and comfortable around staff who understood their needs. Staff knew how to recognise and report abuse.
- Staff recognised the risks to people's health, safety and well-being and how to support them safely. Where relevant, specialist equipment was used by staff who understood how to use this safely.
- People had access to support from sufficient staff when needed.
- Staff recruitment processes included a check of their background to review staff suitability to work at the home.
- People received support with the medicines. Regular checks were undertaken to ensure people received the correct support by staff who were competent to help them.
- The home was clean and odour free and staff understood and practised infection control techniques to promote people's continued health.
- The registered manager ensured people's care was based on best practice standards and staff had the correct training to meet people's needs.
- Guidance on people's needs was also shared through supervision and staff meetings.
- People were offered choices at mealtimes and encouraged to decide what menu options they would like.
- People were supported to attend healthcare appointments and advice from healthcare professionals was incorporated into people's care.
- People were treated with dignity and respect and their independence was promoted.
- People and their families were involved in planning their care with support from staff.
- Staff supported people to enjoy a range of activities which reflected people's individual interests.
- People and their families understood how to complain if they wanted to. Systems were in place to take any learning from any complaints made.
- Staff felt supported by the registered manager and felt part of a newly established team that were keen to develop people's care further.
- Staff worked together with the registered manager and families to ensure people's care was continually monitored, reviewed and reflected people's needs.
- The registered manager and staff worked with stakeholders such as the local authority and hospice to improve people's experience of care.

We found the service met the characteristics of a "Good" rating in all areas; More information is available in the full report

Rating at last inspection: Good (04 February 2016)

About the service: Greenhill Park Residential Home was providing personal and nursing care to 34 people

aged 65 and over at the time of the inspection.

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

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

## 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 Park Residential Care Home

## **Detailed findings**

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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.

**Inspection team:** There was one inspector in the inspection team.

**Service and service type:** Greenhill Park Residential Care home is a care home. People in care homes receive accommodation and nursing or personal care. 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. Registered Managers 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.

**What we did:** We reviewed 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; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with seven people, three relatives and one visiting friend to ask about their views of the care provided. We also observed how people interacted with staff.

We spoke with the registered manager and three members of staff.

We reviewed a range of records. This included three people's care records and medication records for people that regularly stayed at the home. We also looked at records relating to the management of the home. For example, systems for managing any complaints, checks undertaken on the health and safety of the home, surveys completed by people and compliments received. We also checked processes for staff recruitment.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

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

### Systems and processes

- People told us they felt safe. One person told us, "There's nothing not to feel safe about."
- Staff understood what it meant to keep people safe through training they had received and the process for reporting their concerns. The registered manager understood their obligations for submitting notifications to the CQC where necessary.
- We saw the registered provider complete background checks of potential employees in order to assure themselves of the suitability of staff to work at the home. Background checks included a DBS (Disclosure Barring Service) check to ensure potential staff did not have a criminal background.

### Assessing risk, safety monitoring and management

- Staff we spoke with understood people's health conditions and how they needed to be supported in order to keep them safe and healthy. For example, staff understood which people were able to move independently and which required specialist moving equipment, such as a hoists.
- Risks to people's health were also documented in people's care plans for staff to refer to. Risk assessments were completed and reviewed regularly. The registered manager explained risk assessment processes had been revised to make them more detailed and to provide clearer guidance.

### Staffing levels

- One relative told us staff, "Come straightaway when the bell goes."
- Staff felt staffing levels were adequate for the care needs of people at the home.
- We saw people had access to staff when needed and staff responded promptly when people identified they needed help.

### Using medicines safely

- People told us they received support with their medicines when needed, with additional help available if they were uncomfortable and required extra medicines.
- Regular checks were undertaken on how staff supported people to receive their medicines safely, as well as checks on the storage of medicines, to ensure practices were safe.

### Preventing and controlling infection

- One relative told us the home was "Clean and tidy and there's no smell."
- We saw throughout the inspection the housekeeping team attend to duties to ensure the home was clean and odour free.

### Learning lessons when things go wrong

- Staff understood the process for recording and escalating any concerns about people's safety. The registered manager reviewed these to ensure people's care was appropriate for their needs. When changes were made, staff were informed to ensure people's care was in line with their needs and any learning taken from incidents.

# Is the service effective?

## Our findings

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

Good: □ 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

- People's needs were assessed by the registered manager before they moved into the home to ensure staff had the necessary skills to support people and their needs could be met. Their needs were subsequently reviewed to ensure their needs were being addressed.
- People and their families were involved in discussions about people's needs.

Staff skills, knowledge and experience

- Staff training and competency was monitored by the management of the service to ensure staff had the skills to support people correctly.
- Staff had access to regular supervision and training and received feedback on their performance.
- Staff wishing to undertake additional responsibilities were provided with enhanced training.
- People felt assured staff understood their care needs and knew how to support them. One person told us, "I think they are well trained, they know their job."
- Staff explained if specialist training was needed to meet a person's individual needs, this was provided.

Supporting people to eat and drink enough with choice in a balanced diet

- One person told staff were always, "Checking on the drinks", so they would be assured people had the fluids they needed to remain well.
- People were offered choices in the food and drinks and encouraged to have enough nutrition to maintain their health.

Staff providing consistent, effective, timely care

- Relatives and staff felt communication at the service was good. Relatives told us they were kept well informed about their family member's health needs, and said their family members were referred to their doctors when needed.
- Care plans contained information about people's health and care for staff to refer to.
- People were supported to attend healthcare appointments.

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

- People were encouraged to furnish their bedrooms as they wished, so they could be surrounded by items which were special to them.
- Refurbishment at the home was also ongoing and maintenance was also monitored to ensure the facilities met people's needs.

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.

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 Safeguards (DoLS).

- Consent was sought before care and support was provided.
- We found people's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives, staff and other health and social care professionals.
- The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded.

## Is the service caring?

### Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported

- One relative told us about staff, "They look after mum brilliantly."
- People were happy with the care they received and felt staff understood their needs well. We saw staff demonstrating kindness and warmth towards people.

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

- People were involved in making decisions about their care. For example, we saw people make day to day decisions such as where they would like to spend their time. Some people chose to remain in communal areas where as others preferred quiet time in their bedrooms.
- People also told us they had regular review meetings to discuss their care which allowed them the opportunity to highlight anything they wished to change.
- People also attended resident's meetings so that they were able to contribute ideas in the running of the home such as menu ideas.

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported to maintain their dignity. One person told us they liked support for some things and not others, and said staff understood how doing some things for themselves was important for them.
- We saw staff were mindful of people's privacy and always ensured they knocked on people's doors before entering. Staff were also careful to make sure people were not disturbed when they had visitors.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Good:  People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

- People told us they regularly met with staff and discussed their care and the changes they wanted.
- Care plans detailed how when people's care needs changed, and people's care was amended to reflect this. For example, when people's needs became greater, increased support was provided. One relative told us their family member required intensive support following a hospital stay and that staff's increased care had been, "Wonderful."
- People were encouraged to take part in activities they might like. One person told us there was, "Plenty to do." People told us they liked the variety of things they were offered such as gentle exercise, films and enjoyable trips out.

Improving care quality in response to complaints or concerns

- The registered manager had not received any complaints and people we spoke with were happy with the care they were receiving. There were systems in place to manage any complaints received and to learn from these.
- The registered manager shared compliments they had received and emphasised how they worked with people and their families so that they could understand and manage people's expectations.

End of life care and support

- People and their families were involved in discussions with the registered manager about people's end of life wishes, so staff would know their preferences and could plan appropriately.
- The registered manager explained staff worked with people's GPs, to ensure people had access to the support they needed at the end of their lives. For example, where extra medicines were needed 'this was arranged in advance, to ensure people were kept as comfortable as possible.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

### Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The management team understood their roles and ensured communication was good across the home. Staff explained daily handovers helped ensure all staff understood people's up to date individual needs and reduced the risk of mistakes occurring. The registered manager spoke confidently about each person's individual needs and plans in place for their care. The registered manager told us each person was treated as an individual and it was important their needs reflected this.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- One relative described the registered manager as being, "On the ball."
- Relatives were very confident if they spoke with the registered manager or registered provider about their family members' care and any changes were needed, action would be taken immediately.
- Staff were positive in their feedback about the home and felt the home was a good environment because staff and the management worked well together. A staff member told us, "I love it here. Everyone is so nice."

Engaging and involving people using the service, the public and staff

- Staff told us they had the opportunity to attend regular team meetings and discuss issues important to them. They described both the registered manager and registered provider as very accessible. We saw during the inspection the registered provider was available to staff and family members, should they wish to speak with them.
- We saw a questionnaire people and their families were asked to complete. Feedback on the care was positive and relatives felt they could recommend the home to others.

Continuous learning and improving care

- The registered manager described how since taking over the running of the home they had worked to review practices in order to strengthen the quality of the care provided. They demonstrated how they had changed some ways in which they audited care and recorded details in care plans, so that it was clear for staff what people's current needs were.
- The registered provider worked closely with the registered manager to ensure continuity in the quality of people's care and also to assure themselves people received care which matched their expectations.

#### Working in partnership with others

- The registered manager described a good working relationship with the local authority and other health and care professionals. They explained if they required guidance they could speak with social workers, or GPs and confirmed any advice was shared with staff to ensure people received the correct care based on best practice.