

## I Bradford Greenview Residential Care Home

#### **Inspection report**

Lockerley Green Lockerley Romsey Hampshire SO51 0JN

Tel: 01794341200 Website: www.greenview.co.uk

#### Ratings

#### Overall rating for this service

Date of inspection visit: 19 October 2017 24 October 2017

Date of publication: 01 January 2018

Good

Is the service safe?	Good <b>•</b>
Is the service effective?	Good $lacksquare$
Is the service caring?	Good •
Is the service responsive?	Good •
Is the service well-led?	Good

#### Summary of findings

#### **Overall summary**

The inspection took place 19 October 2017 and was unannounced. A further announced visit took place on 24 October 2017 to complete the inspection. Greenview Residential Home is registered to provide accommodation and support for up to eight people, any of whom could be living with dementia. The service does not provide nursing care. At the time of this visit there were six people living at Greenview and one person receiving regular day care at the service.

The service had a key role in the local community and the registered provider was actively involved in building support networks for people living with dementia.

People living at the service were content and were very happy to be there. Visitors described the service as very good or outstanding and all said they would recommend the Greenview to others. The service is described by all to be homely, safe and very caring. The service has had consistently good inspection reports.

Staff knew people very well. People were consulted about their care and support needs and were encouraged to voice their views and opinions. This meant people and their families felt empowered and valued. People living and working at Greenview liked and respected each other and interactions were kind and caring with some laughter. Staff were well trained, nurtured and appreciated which helped to ensure morale remained high and staff turnover remained lo

Medicines were safely managed and any changes in people's health or wellbeing were quickly identified and acted upon.

The service was well maintained and any risk to people's health or safety was assessed and action was taken as far as possible to minimise these identified risks.

There was an established registered manager in post who led by example. 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.

The registered manager and registered provider ensured they kept up to date with developments within the care sector and reviewed standards of practice at the home regularly. Their dedication and commitment to their roles was reflected in the home receiving an award for best care home in Hampshire in 2016.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	Good ●
<b>Is the service effective?</b> The service remains good.	Good ●
<b>Is the service caring?</b> The service remains good.	Good ●
<b>Is the service responsive?</b> The service remains good.	Good ●
<b>Is the service well-led?</b> The service remains good.	Good •



# Greenview Residential Care Home

**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.

This comprehensive inspection took place on 19 October 2017 and was unannounced. A further visit took place on 24 October 2017 to complete the inspection. It was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with six people who lived at the service and with six relatives and friends. We spoke with the registered provider, the registered manager, with three staff and with a health care professional. We looked at records relating to the running and management of the service. These included three care records, three staff recruitment and training records, minutes of meetings and completed quality assurance questionnaires which had been requested by the service.

## Our findings

At our last inspection in 2015 people told us they felt safely cared for. At this inspection people told us the same. All comments we received were positive, one person said "We are very well treated." People knew and trusted staff members and were comfortable with them. Staff continued to be trained in safeguarding policies and procedures and knew how to follow them should the need arise.

Risk to the service and to individuals continued to be managed safely to protect people. Health and care risks relating to individuals living at the service were carefully managed. Actions had been taken to minimise identified risk to people's health for example a person who was prone to falls had been referred to health care professionals for advice and support. Risk assessments were reviewed and updated where necessary to ensure they reflected people's changing needs.

The environment was well maintained and areas of the home were regularly updated. For example the fire doors had recently been replaced and there were plans to replace the current stair lift by the end of the year. We noted initially people did not have a PEEP (Personal Emergency Evacuation Plan) in place. A PEEP is a bespoke 'escape plan' for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of any emergency. These were available by the end of the inspection visit. The service had a current food hygiene rating of five which is the highest available rating available.

There was a very established staff team some of whom had worked at the service for many years. Staff turnover was low. Staff rotas showed there was a minimum of two staff on duty at all times during the day. The registered manager and the registered provider had a high profile in the service and provided help and support when this was needed. Because morale was high and staff felt committed to the service, they covered any shortfall in the staff rota, due for example to sickness or holidays. This meant the service did not use agency staff. The service undertook rigorous checks to help to ensure only staff who were suitable were recruited to work at Greenview.

Medicines were safely managed. We observed staff administering medicines to people; they did not rush them and ensured they had fresh water if needed. Staff supported everyone currently living at Greenview to take their prescribed medicines. Medicines were safely stored, administered, and disposed of. Some people needed medicines 'as required' such as for pain relief. Where this was the case, staff had clear guidelines about when these should be administered. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. One person required a controlled drug. Although this was being appropriately stored it was not being recorded when administered in line with NICE guidelines and The Misuse of Drugs Regulations 2001. This was rectified immediately.

#### Is the service effective?

## Our findings

People spoke very highly of the staff team. For example a representative comment was staff were "worth their weight in gold" Another person said they were "Kind and helpful. I know them all"

Staff knew people well and received training and support to ensure they could meet people's needs. New staff said they had received a thorough induction and had the opportunity to shadow experienced staff whilst they were getting to know people and systems relating to the home. Once established, staff received a range of training designed to assist them to support people effectively. Training for 2017 showed staff received training in fire safety, first aid, nutrition and hydration, end of life care, dementia, customer care, music therapy and medication awareness.

Staff said they were well supported by the registered manager and the registered provider. They received regular supervision and an annual appraisal to help to ensure they received the support and training they needed.

People's capacity to consent to care was considered as part of the care planning process. Everyone currently living at Greenview had capacity to consent to the care provided. We observed staff asking people's permission before they provided support. Care records also stressed the importance of maintaining people's autonomy for example one care plan directed staff to guide and empower 'x' so they can be as independent as possible."

The registered manager understood the need to apply for a DoLs when this was required. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had a good knowledge of people's dietary needs and preferences. People were mainly able to eat and drink without support although staff described how they prompted one person to drink to ensure they had sufficient fluid intake during the day. Greenview has a large fruit and vegetable plot and a number of fruit trees so people living at the service benefitted from a good supply of home grown fruit and vegetables which they enjoyed.

Staff supported people to manage their health care needs. Staff encouraged people to remain as mobile as possible, encouraging people to take part in exercise. Staff knew people very well which meant they were quick to notice small changes in people's health and wellbeing. People said staff were very prompt in contacting health care professionals for advice where needed. A health care professional confirmed staff worked cooperatively with them and followed advice to ensure people remained as healthy as possible.

#### Our findings

Everyone we spoke with said staff were kind, caring and respectful. People who lived at Greenview said "It's wonderful. It's so personal. Another said "Nothing is too much trouble" They said staff were "very nice, very caring". Another said "They (staff) make a friend of you" A visitor said "My mother thought the world of this place" Other relatives described how much they valued the support offered to them as well as to their loved one and said they could ring or visit anytime. People described Greenview as a "home from home."

We observed there were good relationships between staff and people who lived at the service. Residents described how well they got on with each other. They said they enjoyed having a giggle together. One person said for example, "We all get on and we have a good laugh".

A very positive aspect of the service was how people kept in touch when they had been involved in the service, either because they had a relative living there or they had worked there. One person for example continued to visit to help to tend the garden.

Staff were kind and thoughtful about what would enhance people's lives and they ensured they provided the support people needed and valued. One visitor described how their relative had a time when they were particularly anxious during the night and the registered provider spent a long time with her to reassure her. A person living at the service said at times they had their dog to stay with them and staff would take it out for walks. Staff visited people when they were in hospital.

Staff supported people at the end of their lives with great sensitivity. People who lived at the service and their relatives were assisted, if this was their wish to attend the funeral of people they had lived with or known. Their grief was recognised.

People said staff had a very good understanding of their likes, dislikes and preferences and they worked hard to ensure they were accommodated. They were kept well informed about changes within the service, for example they knew about the recent and planned improvements to the environment.

People's privacy and dignity was respected and promoted. Staff provided sensitive and discrete support where needed. One person said "They always knock the door before coming in; they always tell me or ask me before doing anything".

#### Is the service responsive?

## Our findings

People were consulted and listened to about how they wished to be supported. A strong ethos of the service was to provide shared care with family members. One relative said "I feel so involved". They described how staff had contacted them when their relative was not eating and so they came to add their encouragement. They said "I want the involvement" They appreciated for example they could make drinks and snacks for their relative when they visited. It made them feel they were continuing to participate in the care of their loved one and they understood their contribution was valued by all.

People told us they were given as much time as they needed to help them to decide if Greenview would be a suitable place for them to live. One person described for example how they initially stayed for two ½ days, they then stayed a week and by this time they decided they wanted to move in on a permanent basis. This helped them to settle as they were confident they had made the right decision.

Staff were very responsive to people's different needs. They had provided support to people who needed rehabilitation to build up their strength following a period in hospital. One such person stayed with them for three months and then was able to return home. Staff provided consistent and gentle encouragement to assist a person living at the service to improve their mobility. A relative said "The improvement to mum is huge when she came in she could barely walk now she manages with a stick or a frame". One person who was visually impaired discussed how they maintained their independence because they knew exactly where everything was in their room and said staff were very careful to ensure their possessions and furnishings remained in the same place.

People felt empowered to tell staff what they wanted and staff always responded promptly. One person said "I asked for beetroot soup. They made it" Another said "I couldn't sleep on the mattress I had when I came and it was changed straight away." People's comfort was carefully considered, for example at a recent residents meeting there was a discussion about whether and when people would like their summer duvets changed to winter ones. When repairs were needed the registered provider took immediate action to rectify them. The registered provider ensured before a new person moved to the service their rooms were redecorated to their taste, this included laying new carpets. One person told us the registered provider had ensured to lay a carpet the same shade as the carpet they had at their home which helped them to settle.

The service had a very high profile within the local area. A visitor said the service was "very much part of the village and the local community" The service had held an annual garden party for the past 27 years which was used to raise funds for charities. These were attended by around 150-200 people. One person currently living at Greenview said they had attended the garden party years before. They said "I said I would like to come here. Little did I think I actually would "

The registered provider continues to be a very active member of a local Dementia Action group. The group promotes awareness and understanding of dementia across their local community. Through this work, the registered provider founded an annual dementia friendly festival which promotes awareness and provides

information, activities and entertainment for people living with dementia and their families and carers. People living at the service and their relatives and friends were encouraged to participate if this was their wish and some relatives had begun to be actively involved in the group.

Written records contained up to date information about people's preferred routines and the way they liked to be supported. Care records were computerised and contained very detailed information about people's likes and preferences. Because the staff team were well established they had a very good understanding of what people's backgrounds interests and preferences were. There were shortened care plans available which detailed people's health and care needs as well as their likes and preferences. These were available to be sent into hospital with a person should the need arise and were designed to help to ensure people received support in the way they wanted when they moved between services.

People said they had sufficient to do to meet their needs and interests. They described exercise classes, music sessions and quizzes and said they sometimes went to a local café or the local Baptist church for lunch or coffee. Those who wanted received communion regularly. A visitor said the home had some very good entertainers and said they were invited to come along to join in with any activity provided.

People, where they were able were encouraged to take part in household tasks which interested them, for example one person regularly fed the fish and spent some time on the afternoon of our visit peeling apples grown in the garden to prepare them for the freezer.

There had been no complaints made to the service since our last inspection visit. People confirmed they had "absolutely no complaints" about the service but all said they were confident to discuss any concerns they may have. Visitors agreed one saying "If there is any issue it has been dealt with and resolved quickly.

#### Is the service well-led?

### Our findings

The aims of the service were that "The service users will be able to enjoy a lifestyle that embraces the core values of independence, dignity, choice and privacy with as much fun as possible". We found the service was meeting these aims.

People enjoyed living at Greenview and we witnessed easy caring interactions between residents and staff who clearly knew each other well and liked each other. Visitors all recommended Greenview and rated the care and support provided as "very good" or "outstanding". The high praise for the service was reflected in them winning an award from the Hampshire Care Association in December 2016 for the best care home in Hampshire.

There was an established 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.

The registered provider also lived on site. Everyone spoke very highly of the registered manager and the registered provider. They said they were always available, helpful, considerate and supportive. A person living at the service said for example "Ian's (The registered provider) very good He comes in every day to see us. He checks and he has a joke" The registered manager was very quick to take action where improvements were suggested, for example at the start of this inspection people did not have Personal Emergency Evacuation Plans (PEEP) in place and these were available by the time of our second visit.

Staff were nurtured and appreciated and were regularly thanked for their contributions and achievements. One former member of staff contacted us to say of the registered provider "I can testify that he planted the seed of care in my heart. He impressed me with his thoughtfulness, his genuine care and intelligent planning about the needs of the people in the home".

There were staff meetings and residents meetings to give people the opportunity to discuss proposed developments to the service and to give their views about how it could be improved further. For example one person living at the service said they would like some potted plants outside their window and this was being arranged. Staff said they were encouraged to put forward ideas to help the service develop, for example, one had the idea of using the community bus to support residents to go shopping in a local town and this had been implemented.

People and their visitors were also kept up to date with events and news of the home through a regular newsletter, through social media and via the services website.

Quality assurance questionnaires were sent annually to people who lived at the service and their relatives and friends. Replies received were all extremely positive, with people praising the high quality of staff, the homely feel and the good standard of the environment.

Despite being a small service the registered manager and registered provider ensured they remained up to date with developments and initiatives within the care sector. They belonged to The Hampshire Care Association which provided guidance and assistance with any new practices or documentation which may need revising or reviewing. The registered provider was also involved in a Hampshire County Council initiative to review adult social care policies and procedures.

The environment was well maintained and safety equipment such as fire alarms and emergency lighting were serviced and tested regularly to ensure they remained fit for purpose. Care planning records were also regularly reviewed and updated where necessary to ensure the written information held about people remained accurate. Policies and procedures had been recently updated to ensure they remained appropriate and staff had signed to confirm they had read and understood key health and safety policies and procedures.