

Greenhill Grange Residential Home Limited

Greenhill Grange Residential Home Limited

Inspection report

Greenhill Grange
Catherston Close
Frome
Somerset
BA11 4HR

Tel: 01373471688

Date of inspection visit:
28 April 2016
03 May 2016

Date of publication:
04 August 2016

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

This inspection took place on 26 April and 03 May 2016 and was unannounced.

The inspection was carried out by one inspector. Greenhill Grange provides care and support for up to 25 older people. Accommodation is provided in a large bungalow with two lounges and dining area.

On the day of our inspection 21 people were using the service. There was a registered manger 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.

There were good arrangements for the administering and management of medicines. However improvements were needed in the administering of "As required" medicines.

People said they felt safe living in the home because staff were "Kind and gentle" and "Treat us respectfully and with kindness." Staff understood their responsibilities about reporting any concerns about possible abuse.

There was consistent numbers of staff on duty. People told us care staff responded promptly to requests for assistance. One person told us "I only have to ring my buzzer and they come to help they are very good."

The service protected people right's by seeking consent for care and use of certain equipment.

People told us they felt confident about staff having the necessary skills and training. One person said "I trust the staff they certainly seem to know what they are doing I think they are well trained."

People had access to community health services and their GPs when this was requested. Healthcare professionals we spoke with were positive about the care provided by the service. One said, "They are very proactive. I would be happy for my mum and dad to live here."

People spoke positively about the quality of meals provided by the service. However, people were not always aware of daily meals so they could ask for an alternative.

People spoke warmly of staff and described them as caring and kind. One person said, "I am always treated in a caring and respectful way." A relative described staff as "caring and professional at all times."

Staff had an understanding of people as individuals, their likes and dislikes. A relative told us "They really seem to know [name] what she wants and likes."

People were involved in their care arrangements and had yearly reviews so care plans accurately reflected their care needs.

There was a welcoming environment where people were able to maintain their relationships with family and friends. One relative commented, "It is like home from home and we are always made to feel welcome."

People were able to voice their views about the quality of care in a number of ways: residents meetings, questionnaires and making a complaint. One person told us "I can always talk to the manager about anything. They always listen to what I say and things do happen which is so good."

There was an environment where the registered manager promoted a culture of openness.

There were audits in place to monitor the quality of the service and improvements had been made where these had been identified.

We have made recommendations about the service seeking guidance about monitoring and auditing infection control and the use of "as required" medicines in the home.

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.

Potential risks to people's health and welfare would be reduced by reviewing the arrangements for the use of "as required" medicines.

People were protected from abuse because staff had an understanding of their responsibilities to report any concerns about possible abuse.

People's needs were responded to in a timely manner because of the staffing arrangements in the service.

Risk assessments were in place to protect people from risks to their health and welfare.

Is the service effective?

Good 

The service was effective.

People needs were met effectively because staff had received comprehensive training specific to their role and responsibilities.

People received support and assistance to meet their health needs.

People's consent to care was sought and the staff and registered manager had a clear understanding of matters relating to mental capacity.

Is the service caring?

Good 

The service was caring.

People were supported by caring and professional staff.

People were supported by staff who were patient and had respect for people's dignity and privacy.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives had the opportunity to discuss their care needs.

There were a range of activities provided to people suited to their abilities and interests.

People and visitors said there was a warm and welcoming environment that ensured people could maintain relationships and friendships, which were important to them.

The home responded positively to concerns and complaints and took action to address any concerns.

Is the service well-led?

Good ●

The service was well led.

The registered manager promoted a culture of openness where people, relatives, staff and others could express their views and be listened to.

People benefited from a caring professional culture.

There were auditing and monitoring systems in place to ensure people received quality care and support.

Greenhill Grange Residential Home Limited

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 was planned to check 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 inspection took place on 28 April and 03 May 2016 and was unannounced. It was carried out by an adult social care inspector.

Before our inspection we reviewed information we held about the home, including notifications about important events which staff had sent to us. We requested a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. The provider provided us with a range of documents, policies and procedures, copies of internal audits, action plans and quality audits, which gave us key information about the service and any planned improvements.

During the inspection we spoke with eight people using the service and two relatives about their views on the quality of the care and support being provided. We spoke with two visiting healthcare professional. We also spoke with the registered manager, the deputy manager, the activity co-ordinators and eight members of staff. We spent time observing the way staff interacted with people and looked at the records related to the care provided for five people. We looked at records about the management of the service including five staff files and the quality assurance file. We received 16 "Tell us about your care" comment cards. These were made available to people and visitors during the period of our inspection and offered an opportunity for confidential comments to be made about the quality of the service. In the report we have referred to these as "people or relatives commented."

Is the service safe?

Our findings

The service was safe.

Some people were prescribed "As Required" or PRN medicines for pain relief. A staff member told us that the majority of people were able to say if they wanted pain relief but there were some who could not. Staff were able to identify some people who by their behaviour would show if they were experiencing pain. However there were no PRN protocols or pain care plans for people who were unable to request pain relief. This meant there was a potential risk people would not receive pain relief when required because there was no guidance about its use.

For one person medicines had been prescribed to relieve distress. Their care plan gave clear instructions for its use. A staff member was able to tell us what these instructions were. The medicine had been given twice in April 2016. There was a record of the circumstance on one occasion but no record of the circumstances on the other occasion. This meant there was no audit trail or evidence of consistency in the use of this particular PRN medicine.

We recommend that the service seek advice and guidance from a reputable source about the arrangements for the management and administering of "as required" prn medicines.

We observed people being administered their medicines. They were told what the medicines were and the staff member waited until the person had taken the medicines. One person told us "I always get my tablets at the time I need them."

Two people were self-administering their medicines. We spoke with one person and they showed us a record they kept of the medicines they took daily. They told us this was regularly checked by a member of staff. They kept the medicines in a locked drawer. There were risk assessments in place for people who self-administered their medicines.

There was secure storage of medicines including those that required additional security. We checked stock against records and they were found to be accurate. Some medicines had short life once opened and the date of opening had been recorded. There was fridge storage for some medicines. Records had been kept of the temperature to monitor the medicines were stored at the correct temperature.

People told us they felt safe in the home. One person told us "The staff are all very kind and you can trust them." Another person when asked what they would do if they had been treated in an unkindly way told us "I would go straight to the manager or owner and I know they would do something about it." A relative commented "I have no worries at all....mum is safe and well cared for."

People were protected by staff who understood their responsibility to report any concerns about possible abuse. Staff were able to tell us differing types of abuse from financial to physical and emotional. Staff were clear about reporting any concerns about possible abuse to their manager and their right to go outside the

organisation if they wished. One staff member told us they would "Definitely report any worries I had to the manager."

People told us there were always staff available to support them when it was needed. One person told us "I don't get a lot of help because I can do things for myself but if I need help they are always there if I want them." Another person said "Staff always help me and are always around." We observed staff responding promptly to people who were asking for assistance. On occasion we heard call bells being activated and again staff responded promptly.

Staff rotas showed there were consistent numbers of staff on duty. This was confirmed by staff we spoke with. One told us "There are always the same number of staff on duty and if things change we get additional staff." Another person told us "I get all the attention I need." The registered manager told us they regularly reviewed staffing through talking with people and staff. As part of the admission process staffing would be looked at to ensure they could meet the needs of the person moving into the home.

People were supported by staff who had been subject to a robust recruitment procedure to ensure they were of good character and suitable to work in a care home. Staff files confirmed checks had been carried out before staff started working with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicants past performance and behaviour. A DBS check allows employers to check whether the applicant had any convictions that may prevent them working with vulnerable people. Staff told us these checks were completed before they started work.

Risk assessments had been put in place in response to people's care needs and risks related to falls, nutrition, moving and transferring people. There were personal emergency evacuation plans (PEP) in place. These identified people's specific needs so that staff and emergency services could respond as necessary in the event of an emergency.

Is the service effective?

Our findings

The service was effective.

We looked at the arrangements for protecting people's rights specifically in relation to the Mental Capacity Act 2005. 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 decisions made on their behalf must be in their best interests and be as least restrictive as possible. The home was working in line with the MCA 2005.

One person had given consent for equipment, which was being used to monitor when they were out of bed. This had been put in place because of a number of falls the person had experienced. This meant the provider had taken action to maintain a safe environment for the person and had acted with their consent.

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 registered manager told us they had {made} a number of applications under the MCA for DoLS. These applications related to people who were living in the home and needed protection and safeguards because of potential risks to their health and welfare if they left the home independently. One person was the subject of an authorisation under the DoLS arrangements. Conditions can be made as part of an authorisation. We look at, where they have been put in place, if they have been followed. In this instance, none had been made.

Staff had received training about the MCA and had an understanding of its use in relation to making best interests decisions and DoLS. One staff member was able to tell us what this meant in practice: "We have to make sure people choices are respected and act only in their best interests when they cannot make decisions." The registered manager confirmed to us how they would look at having a best interest meeting about a person having the correct diet. This would ensure their safety and well-being when eating their meals.

Staff told us they received regular one to one formal supervision. Records confirmed staff received regular 1:1 supervision. These provided opportunities for staff to discuss any concerns about their role and responsibilities and for the provider to discuss work performance. One staff member told us they felt well supported. Staff also had yearly appraisals and observed practice.

People told us they felt staff were well trained. One person said how comfortable they were with staff because "They always seem to know what they are doing." Staff told us they had completed training in a number of areas including safeguarding people from abuse, infection control, health and safety, moving and handling and medicine.

People were happy with the support provided for their health care. People had access to a range of health care professionals such as dentists, dieticians, opticians and podiatrists. One person who had a phone in their room told us "I can phone for the doctor when I need them." Another person told us "I only have to ask and they will get my doctor to visit." A healthcare professional told us "They are very good at preventing hospital admissions and always contact us if a person needs to be seen." and "They are very good at making sure people get the care they need." Another healthcare professional told us "They [care staff] will always seek advice and support and they always follow our instructions."

People told us they enjoyed the meals provided in the home. One person told us "The food is very good. There is not a choice for lunch but we can always ask for something different." Another person told us "The food is very good and they seem to know what I like and do not like." We discussed the lack of daily choice for the lunchtime meal and were told people can ask for something different if they wish. The cook told us they knew what people preferences, likes and dislikes were regarding meals. The day's menu was displayed in the dining room. However when speaking to people they did not know what the lunchtime meal was so they could ask for an alternative if necessary. People are told they have to ask for an alternative meal before 10 o'clock. One person told us "I do not always know before the meal what it is. It would be nice to have something for the week telling us the main meal daily."

We were present at lunchtime, the meal was well presented and there was a relaxed and unhurried atmosphere. Staff were available to support people with their meal if this was needed. One person had been seen by the nutritionist because of concerns about their food and diet. This had resulted in recommendations, followed by the home, about how their meals were to be prepared to ensure they were able to have food without risk of choking or discomfort.

Is the service caring?

Our findings

The service was caring.

People told us they found staff caring and kind. One person told us "Staff are all very nice, they treat me with respect." Another person said "The staff are very caring, I can't believe I'm here it is so nice." A third said "The staff are just like family, all very kind and friendly. They will do anything for you." A relative commented "The staff are very caring and always listen to me and what I have asked. Staff are always friendly. We are always made to feel welcome." A visitor to the home commented "It is a place of warmth, compassion, safety and dignity. Caring for people's physical, emotional and spiritual needs." One relative commented "I feel very confident leaving (name) in the hands of the caring staff at Greenhill Grange." Another relative commented "Staff are caring and professional at all times."

The home received positive feedback from one of the GPs who regularly visited the home. "My observations of the staff interactions with the residents are that they are very caring and loving. They have never shown me any reason to be concerned about the way they talk or handle residents. I have often experienced staff wanting and trying, successfully, to maintain dignity."

People were treated with respect by staff who responded in a caring manner. We observed staff sitting and talking with people in a respectful and caring way. One person was upset and a staff member sat with them for a time and the person was calmer. On another occasion a person was being asked if they would like a bath. The person said no and this was accepted and not questioned by the member of staff. They were told they could have their bath another time if they wished. This showed how staff responded and treated people with respect.

One person told us "I can be as independent as I want to be." Another person said "It is my home; you have got such freedom to do as you wish." They told us how they regularly went to the local shops and out with friends.

Staff had undertaken equality and diversity training and were able to tell what this meant when providing care to people. One told us "It is about treating people as individuals and respecting their sexuality, gender and religion." Another said "Its recognising people are different and seeing people as they are individuals and not making judgements."

People we asked said they felt their privacy was respected particularly when staff were providing personal care. One person told us "I always feel staff understand me and what my wishes particularly that I like and prefer to be in my room." Staff were observed knocking on people's doors and waited to be invited in.

People's likes and preferences were known by staff and recorded in people's care plans. One staff member told us how one person preferred to be addressed and this was written in their care plan. Staff also spoke of people's daily routines in terms of when they liked to get up, what they liked to wear, favourite clothes. One staff member said how they felt it was important to know people well "So we can provide the care they need

and want."

Is the service responsive?

Our findings

The service was responsive.

People's care plans reflected their views about the care they needed and provided accurate information to care staff about how to support the person. People had the opportunity to have a yearly review of their care arrangements. One person told us they had had a review and asked for some changes and they had taken place. They told us "It meant I could be more independent which is good." Another person told us "I can always talk with staff about my care." Relatives were able to attend these reviews and one relative told us "It is an opportunity to talk about [name] care." They told us they had raised issues and they were "Immediately acted upon." One relative commented "The staff responded quickly to [name] changing care needs."

Records gave details where care reviews had taken place. Changes in how to meet people's care needs and reviews had been undertaken monthly. For one person this meant a monthly risk audit had been completed which looked at areas of risk for the person which may have changed i.e. weight, incidents of fall and skin care. Any identified changes in these areas were reflected in the person's care plan. Because of some concerns one person had had a review about their medicines resulting in a change of medicines. This meant care plans accurately people's care needs and the service was responsive to concerns or changing needs.

People and relatives told us how staff understood and knew their preferences. One person told us "Staff know what I like and how I like to be helped." A relative said "They know [relative] well and really engage with her. Staff demonstrated an understanding and knowledge of people's care needs and how they liked their care to be provided. One staff member told us how one person had a very specific routine about getting up. Another staff member told us how what one person particularly liked talking about a pastime and interest. Care plans included a "My life before you knew me." These provided information about the person's life, employment, interests and relationships.

People told us they could have visitors at any time. One person told us "The staff are very welcoming when my family come. They like to visit me here." Another person said "I get to see my family when I want it is never a problem when they visit." A relative told us "The home is so welcoming and friendly it is always nice to visit." A number of relatives commented how welcoming the home was. One commented "It is like home from home and we are always made welcome." This meant the home promoted an environment where people were able to maintain relationships that were important to them.

We asked people about what they do if they were unhappy with the care they received. One person told us "I would go to the manager and they would do something I am sure." Another person said "I would tell the staff. I know I can make a complaint but have never had to." People when asked said they felt comfortable talking to staff or the registered manager. One said "The manager is there if you want to speak with her. We see her regularly and if I had anything to say I would tell her." People told us they knew they could make a complaint if they wished.

There had been one since our previous inspection. This had raised concerns about the security of the home

and other concerns. The complaint had been fully investigated and whilst not substantiated the home had recently improved the security of the home through having automatic closing door, keypad access and doorbell. Previously there had been open access and staff would not have been aware of everyone who was visiting the home.

There were a range of activities available to people. They included quizzes, sing-a-long, and music and keep fit. Three people had attended a drawing class at a local school. One person told us "There are always activities if I wanted to go." Another person said "There is always something on and I pick and choose." Currently there were limited hours and days when activities were available. The registered manager told us they would like to increase the activities to five days a week. A monthly newsletter outlined the activities for the month and reported on events in the home. The May newsletter spoke of a percussion afternoon, trip to Stourhead, garden party being arranged and a race afternoon.

Meetings had been held for people living in the home and relatives so they were able to discuss their suggestions and how they felt about the quality of care. Minutes of these meetings recorded issues discussed included the changes to the security of the home, suggestions as to menu changes and trips out. There was also positive feedback from people about outside entertainers visiting the home. One person told us they attended the meeting and "We can talk about any issues and they take them up." Another person told us of suggestions about meals and how they had been acted on.

Is the service well-led?

Our findings

The service was well led.

The registered manager told us how they wanted to promote a "Fair and open culture" and "To improve people's everyday lives and people able to say what they need and those needs being met. To have a trained and skilled workforce and highest quality care."

People we spoke with and comment cards we received spoke of the "Openness" of the home. One person told us "I know I can speak to the staff or the manager about anything." Another person said "I go and tell the management if I have a problem and they will listen." This was reiterated by staff who spoke of an approachable supportive management. One staff member spoke of the manager as being "Very approachable" and "In touch with what was going on in the home."

The registered manager was supported by a registered manager from another home. They told us they regularly visited the home sometimes daily. This was to provide support and guidance to the registered manager of the home because they were relatively new to the position. There was also a care co-ordinator and shift team leaders. This meant people benefited from the staffing arrangements for the management and effective delivery of care.

There were quality audits in place including medicines management, health and safety, food safety and cleaning. The local authority had undertaken an annual contract review in March 2016. They had found no areas of concern. A "Residents Questionnaire" had been completed with positive feedback from people about the quality of care. This included all respondents (15) saying they received the care they needed from staff. Comments from people included "It is a happy home with lovely atmosphere." and "High standard of cleanliness." and "Boredom can be a problem." The registered manager had told us they wanted to increase the activities available to people.

The service reviewed falls to identify any improvements to reduce the risk to people's health and welfare. Monthly falls audit had been completed. These showed actions had been taken following people experiencing a fall i.e. layout of bedroom changed.

There had been some improvements in the home as a result of audits undertaken. This had included improved laundry facilities and infection control through the installation of a sluice, new equipment for maintaining cleanliness. There was also an ongoing improvement and updating of the environment of the home. At the time of our inspection the entrance hall was being decorated.

We noted that whilst there was a "Cleaning Audit" which looked at the environment and action had been taken in improving infection control arrangement. However, there was no specific infection control audit.

We recommend that the service seek advice and guidance from a reputable source about the monitoring and auditing of infection control arrangements in the home.

The service supported people who wanted to maintain links in the local community. One person used the local shops and another was hoping to attend the local church with the support of the home and staff to do so.

The provider notified us of any incidents and other matters they are required to do by regulation such as expected or unexpected deaths.