

Guinness Care and Support Limited

Greenhill Residential Home

Inspection report

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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?

Requires improvement



Overall summary

Greenhill Residential Home is a purpose built home that provides care and accommodation for older people with mental health conditions which included people living with dementia. The home can accommodate up to 36 people in individual flats. Each flat has an en-suite bathroom and a small kitchen area. There were 24 people living at the home at the time of the inspection.

The home had previously been inspected in May 2015. We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and

the home was rated “inadequate”. This meant the home was not providing people with safe care and support. The home was placed in ‘Special Measures’ by CQC. The purpose of which was to:

- Ensure that providers found to be providing inadequate care significantly improve
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

Summary of findings

- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Following that inspection the home provided us with a detailed action plan of how the breaches in the regulations would be addressed. The home had worked cooperatively with the Care Quality Commission and Devon County Council's safeguarding and quality assurance and improvement teams to identify how these issues arose, where and how improvements need to be made and how to ensure these issues do not reoccur.

This inspection took place on 13 and 20 January 2016 and the first day was unannounced. The newly appointed registered manager was available during the inspection. 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.

At this inspection we found actions had been taken to address all the shortcomings identified at our last inspection. However, we were unable to judge one key question as good because the actions taken to ensure people received well-led care had not been in place long enough to ensure they were applied consistently and over time.

Many of the people living at the home were living with dementia and were not able to share with us their experiences. Those who could told us they felt safe at the home. One person said, "Yes, and I like it very much". For people who were not able to express their views, we saw them smiling and talking freely with staff indicating they felt safe in the staff's company. Staff had received training in safeguarding people who may be vulnerable due to their physical and mental health conditions, and they knew how and to whom to raise any concerns.

People's had access to health care professional advice such as from the GP. Their health conditions were being closely monitored by the staff team with the support of the community nursing team who visited the home every

day. One person told us, "I get to see a doctor quicker here than when I was at home." Health care professionals told us they were confident people were receiving safe care and support and their needs were being met.

People's medicine was managed safely and people were receiving their medicines as prescribed by the GP, including pain relieving medicine. However, the medicine records relating to the application of protective skin creams were not always completed, as staff recorded this in people's daily care notes. The registered manager said they would remind staff they were to record the application of creams on the topical medicine record form.

Risks to people's safety and well-being had been re-assessed since the previous inspection. Management plans provided staff with clear information about how to reduce these risks and how to support people safely. Staff were provided with a daily handover sheet which summarised people's care needs and highlighted any identified risks. Staff told us they had sufficient equipment necessary to care for people, such as hoists and handling belts, and we saw staff using these safely throughout the inspection. People's care plans contained information about where people remained independent with their care and when and how staff should offer assistance and support. Where people had short term memory loss due to living with dementia, the care plans provided a description about how this might affect their day to day living. People told us they had no concerns over their care and support they received. They said that should any issues arise they would speak to the staff or the registered manager. One person said, "I'm very comfortable and happy here. It's a nice place and they look after me well."

People's nutritional needs were clearly identified and were being met. Staff were knowledgeable about people's food preferences and were effective in encouraging people to eat. Specialist advice had been sought for people with swallowing difficulties as well as for those at risk of not eating enough to maintain their health. Since the previous inspection, the home had introduced 'protected mealtimes'. This meant all non-urgent caring activities were to stop and people would be supported to eat without being interrupted. People told us they enjoyed the meals, one person said, "The food is very nice, there's plenty of choice".

Summary of findings

The senior manager of Guinness Care and Support Ltd said the home was over staffed at present. This was to support the existing staff team and those staff new to the home to develop their skills and competencies prior to any one new moving in. We found staff to be safely recruited, well trained and supervised. Newly employed staff were provided with induction training which included several days of classroom teaching and two weeks of shadowing experienced staff. They were also enrolled to undertake the Care Certificate. Throughout the two days of this inspection we saw staff treating people with patience and kindness. We saw them in pleasant conversations with people and it was obvious staff had genuine affection for people. One person told us the staff were very kind and said “This is like a family here, all very nice” and another said, “The staff are always kind and polite to me.” Staff knew people well and were able to describe their needs and how they wished to be supported. Staff told us they enjoyed working at the home. Their comments included, “This is a lovely place to work and I really enjoy it” and, “I love it here and I love my residents”.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They told us people were supported to make decisions about their care and how they wished to be supported. Care plans included assessments of people’s capacity to make decisions about their care. Where necessary for those people unable to make decisions, best interest decisions had been made on their behalf. Some people living at Greenhill were having their liberty restricted to keep them safe with the use of the locked external doors. This was considered the least restrictive measure as it allowed people the freedom to walk around the home, while still had access to the secure garden. Authorisation had been sought to do this legally and this had been granted for some people: decisions were awaited on others.

People and staff said routines were flexible and respected people’s preferences. One person told us, “sometimes I stay up really late if there is something good on the television”. The home employed an activity coordinator, who planned regular events, including group and individual activities. People told us they were encouraged to join in events in the lounge and to try new activities such as exercises and board games. Recently organised

activities included musical entertainment, baking, pottery, pet handling, dominoes and board games, painting and quizzes and word games. The home had recently purchased a number of “twiddle mitts” for people who were living with advanced dementia. These were brightly coloured knitted mitts and provided people with something to hold of varying textures, with ribbons and buttons. We saw people handling these mitts and they appeared to take comfort from them.

People and staff told us the home was well managed. One member of staff described the registered manager as “brilliant” and another said “she’s the best thing that has happened to Greenhill. She’s very approachable, she’s fair but firm”. Although the registered manager was newly appointed in October 2015, they had worked for the provider for many years and were experienced in managing care homes. The home worked closely with the community nursing team and Devon County Council’s quality assurance and improvement team. They worked together to review people’s care needs and the management systems within the home to ensure people received high quality safe care and support. The quality assurance manager from Guinness Care and Support Ltd was working closely with the registered manager. We saw evidence of their involvement in undertaking mock CQC inspections looking at the five key questions and identifying whether further action was needed to ensure people were being well supported.

The registered manager was reviewing how ‘dementia friendly’ the home was using tools designed by dementia specialist organisations such as the Alzheimer’s Society. They had started to create themed ‘points of interest’ around the home, with historical photograph boards or items of interest. They were also involved in health improvement initiatives, such as ‘Kissing it Better’, an initiative which uses the specialist skills in the local community to make a difference to the care of people within hospitals and care homes.

The registered manager had met with staff, residents and their families to provide information about the home and how issues were being addressed. The registered manager fully understood their responsibilities in relation to their duty of candour, that is, their honesty in reporting important events within the home, and their need to keep CQC up to date.

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?

The home was safe.

Staff were safely recruited and employed in sufficient numbers to meet people's individual needs.

People were supported by staff who knew how to prevent, identify and report abuse.

Risks to people's safety and well-being had been identified and staff were provided with clear guidance about how to manage and reduce these risks.

Medicines were managed safely.

Good



Is the service effective?

The home was effective.

People were supported by well trained staff who felt supported in their roles.

Staff assisted people in a way that protected their human rights. The home was meeting its responsibilities under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards.

The home ensured people received enough food and drink of their choice to maintain their health.

People had access to appropriate and prompt professional healthcare services.

Good



Is the service caring?

The home was caring.

Staff had good knowledge of the people they supported and delivered care in a respectful, caring and courteous manner.

Care and support was provided by staff in a way that maintained people's dignity.

People, and those important to them, were involved in making decisions around the care and support they needed.

Good



Is the service responsive?

The home was responsive.

Care and support was provided in a personalised way that took account of people's wishes, needs and life histories.

The home encouraged people to maintain meaningful relationships with those close to them.

Good



Summary of findings

People were supported to engage in activities meaningful to them.
The home encouraged people's views on the service they provided.

Is the service well-led?

The home was being well-led.

The staff and the people they supported benefitted from a well organised management team who were knowledgeable about people's needs.

Staff enjoyed working at the home and felt valued. Staff showed good team work and worked together in a way that was organised and responsive.

Robust auditing systems were in place to ensure a good quality service was delivered. These systems were effective at identifying issues and driving improvement.

Requires improvement



Greenhill Residential 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 was planned to check whether the provider was 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 13 and 20 January 2016 and the first day was unannounced. Two social care inspectors and one expert-by-experience undertook the inspection on the first day, and one social care inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we had received about the home since the last inspection, including notifications. A notification is information about important events which the home is required to send us by law. We also reviewed information we had received from health care professionals who were involved in supporting the home following the previous inspection.

During this inspection we met, spoke with or spent time with all of the people living in the home. We also spoke with nine members of care staff, one of whom was employed through an agency, the registered manager, and a senior manager from Guinness Care and Support Ltd. We also spoke with the housekeeping and catering staff. On the first day of the inspection we spoke with a community nurse and between the two days of the inspection we met with the local authority's safeguarding team and the GP.

We looked around the premises and observed how staff interacted with people. Many of the people who lived at the home were living with dementia, and were not able to communicate with us in any depth about their experiences of being at the home. We used the Short Observational Framework for Inspection (SOFI) which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the care of people including observations over a mealtime, of medication administration and moving and handling practices.

We looked at five records related to people's individual care needs. We reviewed three staff recruitment files and staff training records. We also looked at records associated with the management of the service, including quality audits.

Is the service safe?

Our findings

At our inspection in May 2015 we identified concerns with regard to how the home recognised and responded to people's changing health care needs and how they managed people's pain relieving medicines. We also found there was either insufficient guidance for staff to reduce identified risks to people's health, safety and well-being, or staff had failed to implement the guidance provided. The local authority's safeguarding team had received a number of concerns over people's safety prior to and following the inspection. These issues were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found all the issues we identified had been addressed and people were now receiving a safe service.

The home had worked closely with the community nursing team, the GP and the local authority's safeguarding and quality assurance and improvement teams. These health and social care professionals confirmed the home had made significant improvements in recognising risks and meeting people's health care needs. We saw evidence that staff were observant for signs people's health may be deteriorating and taking action to seek advice. For example, staff had identified one person whose fluid intake and output they were monitoring had not passed urine overnight and they sought guidance from the GP. This showed staff were monitoring people's health and wellbeing and promptly responding to any concerns.

We asked people if they felt safe. One person said "Yes I am, it's lovely here" and another said "Yes, and I like it very much". For people who were not able to share with us their experiences, we saw them smiling and talking freely to staff indicating they felt safe in the staff's company.

People's medicine was managed safely. We observed some medicines being administered and this was done unhurriedly. Medicine administration records were clearly signed with no gaps in the recordings. Where medicines were prescribed 'as required' to relieve pain, people told us they received these when they needed them. At the previous inspection in May 2015 we noted staff had not been recording when they had applied creams to protect people's skin. At this inspection we saw the topical cream record sheet clearly detailed where staff should apply the

cream and how often. However, we found there were still some gaps in recording. When we looked at people's care notes we saw staff had recorded in these when they had assisted people with their personal care and when they had applied the creams. The registered manager said she would remind staff they were to record the application of creams on the topical medicine record form.

Medicines were stored safely and only the senior care staff had responsibility for checking stocks, reordering and returning medicines to the pharmacy. Staff had received training in the safe administration of medicines. They also had their competency checked by the registered manager to ensure their practice conformed to the home's policy. Regular audits were undertaken to ensure medicines received in to the home and administered could be accounted for. We checked the quantities of a sample of medicines against the amounts recorded as received and the amounts recorded as administered: all were correct. We saw medicine that required refrigeration was kept securely at the appropriate temperatures

We spoke with nine members of care staff who told us they had received training in safeguarding vulnerable adults. They demonstrated a good understanding of how to keep people safe and how they would report any issues. They said that following last year's concerns over people's welfare, they discussed people's care needs in more detail and promptly alerted the community nursing team or the GP to people's changing care needs. The policies and procedures to follow if staff suspected someone was at risk of abuse were available in the office and telephone numbers for the local authority and the Care Quality Commission were available for staff.

Risks to people's safety and well-being had been re-assessed since the previous inspection in May 2015. These risk assessments included the risk of developing a pressure ulcer, not eating or drinking enough to maintain health and the risk of falls. Staff were provided with clear guidance about what action to take to manage these risks. For example, for one person at risk of developing pressure ulcers, their risk assessment stated their feet were to be elevated off the bed with the use of a pillow placed lengthways under their legs. We saw a pillow was in place and the person's feet were not touching the bed. Another person was at risk of not eating or drinking enough to maintain their health due to swallowing difficulties. We saw they had been reviewed by the specialist speech and

Is the service safe?

language team in October 2015. Their advice was clearly recorded in the person's care plan and their diet and fluid intake was being monitored by staff. The daily handover record for staff gave them a summary of people's care needs and highlighted any risks to their health and safety. For example, people's nutritional and mobility needs were clearly identified and any risks and how to manage these were highlighted in yellow. Staff told us they had sufficient equipment necessary to care for people, such as hoists and handling belts, and we saw staff using these safely throughout the inspection.

There were sufficient staff on duty to keep people safe and meet their needs. This included some agency staff who had worked regularly at the home and who knew people well. The senior manager of Guinness Care and Support Ltd said the home was over staffed at present. This was to support the existing staff team and those staff new to the home to develop their skills and competencies prior to any one new moving in. Those people who were able to tell us their views told us there were enough staff to support them. One person told us "Yes, and they do look after me well". We saw people being assisted unhurriedly and call bells were answered promptly. A new call bell system had been recently fitted which allowed the registered manager to

monitor how long it took staff to answer people's calls for assistance. They said this information would contribute towards the assessment of how many staff were required to meet people's needs in a timely manner.

There were robust recruitment practices in place that included completed application forms, previous employment history and references as well as Disclosure and Barring (police) checks, to ensure as far as possible only suitable staff were employed at the home.

During the first day of the inspection, the fire alarm sounded. Staff responded promptly to this and those staff identified as fire wardens followed the home's procedures to check the source of the alarm and to monitor people's safety. The cause of the alarm was identified as the dust generated from having a new carpet laid in one of the bedrooms.

Communal areas of the home and people's rooms were clean and tidy, and the home was fresh smelling. The empty bedrooms were being redecorated and refurbished, and many had new flooring laid. Staff had access to aprons and gloves to reduce the risk of cross infection and we saw them using these where necessary throughout the inspection.

Is the service effective?

Our findings

At the previous inspection in May 2015 we identified people who needed support with eating and drinking did not always receive this in a way that met their needs. Food and fluid intake records were not completed in sufficient detail and were not reviewed to ensure people were receiving enough to eat or drink to maintain their health. Staff had told us they were unsure who was responsible for monitoring these records and there was no evidence staff had sought advice to improve the amount some people ate and drank. This was a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection people's nutritional needs were clearly identified and were being met. Records relating to how much people had to eat and drink were more accurately recorded and were regularly reviewed. Staff told us they reviewed people's intake to see if it was sufficient at 2pm and 7pm to allow them time to address any issues and to seek advice if necessary. People's care plans provided staff with clear information about people's nutritional needs. The daily handover sheet highlighted those people who required a high calorie diet or assistance with eating and drinking. We saw staff had sought advice from the GP and nutritional supplements were being given as prescribed.

People told us they enjoyed the meals. One person said, "The food is very nice, there's plenty of choice". Since the previous inspection, the home had introduced 'protected mealtimes'. This meant all non-urgent caring activities were to stop and people would be supported to eat without being interrupted. Throughout the two days of this inspection we saw staff assisting people with their meals and drinks. This was done discreetly and unhurriedly, with staff sitting with people and engaging them in conversation. We saw one person who did not wish to eat their lunchtime meal. A member of staff said they had not eaten their lunch the day before, but they had saved the meal for them to eat later, which they had done and enjoyed. The staff member offered to put the meal aside for later and offered the person a dessert. The person was unsure if they liked the dessert and the staff member gave them a little to try. They enjoyed this and they then went ahead and ate the dessert. We also saw one person being offered cheese and biscuits as they preferred not to have

the main meal, and another being offered a second pot of yoghurt as they had enjoyed the first. This showed staff were knowledgeable about people's preferences and were effective in encouraging people to eat.

People had access to health care professional advice such as from the GP as well as the community nursing team who visited the home every day. One person told us, "I get to see a doctor quicker here than when I was at home." People also told us they had regular appointments with a chiropodist and had eye tests with an optician. Since the previous inspection the records relating to healthcare professional involvement had improved. Care files now contained a 'health concern log' which provided a clear description of the issue staff were concerned about and the action they had taken to seek advice. The outcomes of these referrals were clearly documented and care plans amended if necessary.

Between the two days of this inspection, a meeting was held with the local authority's safeguarding team at which the GP and community nursing team confirmed they had confidence in the home to meet people's health care needs.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They told us people were supported to make decisions about their care and how they wished to be supported. The 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.

Care plans included assessments of people's capacity to make decisions about their care. For example, those people who were able to consent to receiving care, were asked to sign a consent form giving permission for the care and support identified in their care plan to be delivered. For those people where there was uncertainty over their ability to consent, decision specific assessments were undertaken, such as in relation to receiving medicines. Where necessary best interest decisions had been made on people's behalf. These best interest decisions had included relatives and other health professionals involved in the

Is the service effective?

person's care such as the GP. The care files identified people's 'circle of support': those people who were important to the person and who were involved in supporting them to make decisions about their care.

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). Some people living at the home were having their liberty restricted to keep them safe with the use of locked external doors. This was considered the least restrictive measure as it allowed people the freedom to walk around the home, while still having access to the secure garden. Authorisation had been sought to do this legally and this had been granted for some people: decisions were awaited on others.

Staff had also received training in the issues highlighted at the previous inspection in relation to people's care needs. This included skin care and the prevention of pressure ulcers, safe moving and transferring and caring for people with dementia. A staff training matrix identified the training each member of staff had undertaken and when updates were due. Staff said they felt they received the training they needed to care for people well.

Newly employed staff were provided with induction training which included two weeks of classroom teaching

and two weeks of shadowing experienced staff. Prior to being offered a position at the home, staff had to undertake literacy and numeracy tests. This was to ensure they had the skills to complete care records and to monitor fluid intake and medicine doses. We spoke with two newly employed staff who told us their induction training had been very thorough and they felt well prepared to work at the home. Newly employed staff were also enrolled to undertake the Care Certificate. The certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

Staff received regular supervision to discuss how well they were working at the home and their training and development needs. Topics such as safeguarding and whistleblowing, the principles of the Mental Capacity Act and safe moving and transferring were also discussed to keep these issues under consideration. The registered manager and members of the provider's quality assurance team undertook observations of people's practice and 'spot checks', including during the night. There was evidence the registered manager had addressed issues of poor practice to ensure staff were supporting people safely and in their preferred manner and were working as part of a team.

Is the service caring?

Our findings

At the previous inspection in May 2015, we found people were not always supported by staff who treated them with dignity and respect. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Throughout the two days of this inspection we saw staff treating people with patience and kindness. We saw them in pleasant conversations with people and it was obvious staff had genuine affection for people. We saw a member of staff assisting one person who was being cared for in bed due to ill health to have a drink. They were making conversation with them and checking they were warm enough. One person told us the staff were very kind and said, "This is like a family here, all very nice" and another said, "The staff are always kind and polite to me."

Staff knew people well and, when asked about the care needs of the people whose care files we looked at, were able to describe these and how they wished to be

supported. Staff told us they enjoyed working at the home. One newly appointed member of staff said, "this is a lovely place to work and I really enjoy it". One member of staff who had worked at the home for a longer period of time said, "I love it here and I love my residents".

People's privacy and dignity were respected. For example, we heard staff speak quietly and discreetly to people about using the toilet before having their lunch. We saw staff knocking on doors and waiting for a reply before entering. Information recorded in people's care files was professional and respectful and information was stored confidentially.

Care plans showed that people, where able, and their relatives had been involved in discussions about the type of support they wanted and required. We saw relatives had been kept up to date with their relation's welfare.

People's wishes regarding how and where they wished to be cared for at the end of their lives was described in the care plans. The home had received training and guidance from the local community nursing team and hospice in providing end of life care.

Is the service responsive?

Our findings

At the previous inspection we found the care plans did not contain sufficiently detailed information to enable staff to understand people's care and support needs. People's specific needs relating to dementia were not described. The information recorded in the staff handover sheet, which gave staff a summary of people's care needs, was not accurate. People were seen to have little to occupy their time and they were either passive or asleep in the lounge. We recommended the home seek guidance on providing meaningful engagement and activity for people living with dementia.

At this inspection we saw improvements had been made.

Care plans had been rewritten and contained information about where people remained independent with their care and when and how staff should offer assistance and support. The care plan covered all aspects of people's care needs including their personal care, continence and skin care, mobility, any health conditions and their emotional well-being. For example, one person's care plan said they were able to wash their hands and face and staff should give them time to do this. Their plan went on to say, how staff should support them safely with the remainder of their personal care. People's preferences, such as what clothes they liked to wear, were described.

Where people had short term memory loss due to living with dementia, the care plans provided a description about how this might affect their day to day living. For example, one person's care plan stated "I always have a reason for coming out of my room, even if I quickly forget. I need someone to talk to me and see if they can help by suggesting a specific activity or providing guidance". Care plans also held details about what people liked and disliked, what was important to them and what a 'good' day and a 'bad' day looked like for them. This provided staff with information to enable them to tailor the care and support they provided more individually. We saw family members had been involved in and consulted over people's care needs and preferences.

People and staff said routines were flexible and respected people's preferences. One person told us, "sometimes I stay up really late if there is something good on the television",

and another person said, "you can make your mind up what you want to do". We saw some people coming in to the dining room in the late morning for breakfast as they liked to lie in bed.

During the previous inspection, we saw people spend long periods of time in the lounge room without staff support or supervision. At this inspection, we saw staff being attentive to people, sitting with them to assist with drinks as well as in conversation. People were not left unattended.

At the time of the previous inspection, the activity coordinator was new to the role. They had since developed a regular plan of events which included group and individual activities. They knew people's interests and preferences and planned events accordingly. People told us they were encouraged to join in events in the lounge and to try new activities such as exercises and board games. The home had recently purchased a number of "twiddle mitts" for people who were living with advanced dementia. These were brightly coloured and provided people with something to hold of varying textures, with ribbons and buttons. We saw people handling these 'mitts' and they appeared to take comfort from them. We also saw staff ensured people had objects or items that were important to them to look at and hold. For example, many of the ladies had their handbags with purses and scarves in them, other people had photographs or cards to look at.

The activity coordinator said they spent time with people in their rooms to provide one to one engagement as well as supporting people with individual activities. We saw them sitting and assisting one person to paint a picture. They maintained records of people's involvement and what activities people had enjoyed. Activities recently organised included musical entertainment, baking, pottery, pet handling, dominoes and board games, painting and quizzes and word games. A film club was organised regularly with people choosing what films they would like to watch. Religious services were also held in the home regularly. A tea party for people and their families had been arranged for the Sunday following this inspection. The home was in the process of creating a 'pop-up' pub in a smaller lounge room. Future plans include developing links with community arts projects and joining activities planned by the adjacent day centre also managed by Guinness Care and Support Ltd.

Although we didn't have the opportunity to speak to relatives, people told us their relatives and friends were

Is the service responsive?

welcome at the home. People said they were always offered drinks and biscuits and were invited to join in with the planned activities. A newsletter kept families up to date with events in the home.

People told us they had no concerns over their care and support they received. They said that should any issues arise they would speak to the staff or the registered manager. One person said, "I'm very comfortable and

happy here. It's a nice place and they look after me well." Another person said, "I can't think of anything else I need or would change." The home had received one complaint since the previous inspection. We saw the matter had been looked into and the complainant responded to. The registered manager said they were keeping the issue under review to ensure there was no reoccurrence.

Is the service well-led?

Our findings

At the previous inspection we found the systems and process for monitoring and improving the quality and safety of the services provided were insufficient. We also found that accurate and detailed records in respect of each person using the service were not maintained. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection actions had been taken to address these shortcomings. However, we were unable to judge this key question as good because the actions taken to ensure people received well-led care had not been in place long enough to ensure they were applied consistently and over time.

Although the registered manager was newly appointed in October 2015, they had worked for the provider for many years and were experienced in managing care homes. They were registered with the CQC from their previous position and had applied to have Greenhill added to their registration. Prior to their appointment, the home's previous manager and the senior managers of Guinness Care and Support Ltd. had worked closely with community nursing team and Devon County Council's (DCC) quality assurance and improvement team. They worked together to review people's care needs and the management systems within the home to ensure people received high quality safe care and support. The home had provided action plans to the CQC and DCC commissioners who were responsible for people's placements at the home. These action plans detailed the actions taken to resolve the issues raised and the future plans to ensure there was no reoccurrence.

The quality assurance manager from Guinness Care and Support Ltd was working closely with the registered manager. We saw evidence of their involvement in undertaking mock CQC inspections looking at the five key questions and identifying whether further action was needed to ensure people were being well supported. These mock inspections included auditing care records, medicine records as well as environmental issues. Records from the recent review in December 2015, showed some gaps in recording people's food and fluid intake. It was identified that staff had been using more than one form for each person. Action had been taken to resolve this and staff told

us that people's 'charts' came with them when they moved from their bedroom to the lounge room. We saw these charts were kept securely in the lounge and were more accessible for staff.

A quality development plan dated January 2016, provided evidence of the home's plans to ensure all documentation remained current, that people's capacity to consent to their care and treatment was kept under review and the environment was maintained safely.

People and staff told us the home was well managed. One member of staff described the registered manager as "brilliant" and another said "she's the best thing that has happened to Greenhill. She's very approachable, she's fair but firm". That member of staff went on to say "I can say exactly the same about the team leaders". Other staff said "there has been a rapid turnaround for the better, we don't lack for anything" and another said "we are a very good team with good teamwork and comradery". Staff told us there were clear lines of responsibility within the home and all staff members knew whose care they were responsible for and what other duties had been assigned to them. They told us they were provided with dedicated time each week to ensure the care plans were up to date and reflected people's current needs.

The registered manager was reviewing how 'dementia friendly' the home was using tools designed by dementia specialist organisations such as the Alzheimer's Society. They were giving consideration to the layout of the communal areas to make them more homely and to promote interaction between people. They had started to create themed 'points of interest' around the home, with historical photograph boards or items of interest. They were also involved in health improvement initiatives, such as 'Kissing it Better', an initiative which uses the specialist skills in the local community to make a difference to the care of people within hospitals and care homes.

The registered manager had met with staff, people and their families to provide information about the home and how issues were being addressed. They invited people and staff to share concerns or suggestions. People told us they had attended meetings and had recently been asked to complete a survey asking them their views of the home. The registered manager confirmed the results of this were

Is the service well-led?

not yet available. The registered manager fully understood their responsibilities in relation to their duty of candour, that is, their honesty in reporting important events within the home, and their need to keep CQC up to date.