

Greenhill Park Residential Care Home

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Inspection report

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Evesham
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2015
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 25 February and 3 March 2015 and it was unannounced.

The home provides accommodation and personal care for a maximum of thirty four people. At the time of our inspection thirty people lived at the home. The provider

had no vacancies as one person was in hospital and double bedrooms were been used as single rooms. People who lived at the home may have a physical disability or a dementia related illness.

We previously inspected the service in May 2014 and found that the provider had breached Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in that they were not able to assess the

Summary of findings

quality of the service provided. At this inspection we found that improvement had taken place and that arrangements were in place such as the carrying out of audits.

One of the providers is also the registered manager. 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 Care Quality Commission is required to monitor the implementation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). We found that the provider had not followed these requirements as equipment was in place and used without people's consent or a best interest decision. In addition people would not be able to leave the home without staff supervision. We found that no applications to the local authority for these to be assessed had been made. You can see what action we told the provider to take at the back of the full version of the report.

People were relaxed when they spoke with staff. There was a calm atmosphere within the home. We saw that staff responded appropriately to people who lived at the home and their relatives.

People told us that they were well cared for and that they felt safe. Staff were able to tell us how they kept people safe and the action they were take if people were at risk. We found that incidents which had occurred at the home had not always been reported to external agencies such as the local authority and the Care Quality Commission.

We were told that there was enough staff on duty to care for people and ensure their individual needs were met. People received their medicines as prescribed and at the right time although practices needed to be improved regarding the application of creams.

People had access to healthcare professionals who felt part of care provided at the home. Healthcare professionals were confident that staff responded appropriately to the advice they had given.

People were supported to eat and drink sufficient amounts to maintain their wellbeing. People had access to drinks and were offered a choice of menu. People had access to a range of social events and activities within the home in order to maintain hobbies and interests. People and their relatives told us that staff were caring and attentive. We saw people engage in friendly conversation with staff. Staff supported people with dignity and encouraged independence where possible.

Staff knew about people's needs and had undertaken training to ensure that they had the skills and knowledge needed to care for people.

The registered manager was open to managing people's comments and complaints and people were confident that these would be resolved. The registered manager was approachable and had sought the views of people, their relatives, healthcare professionals and staff in relation to the care and support provided.

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 service was not consistently safe.

Staff had knowledge of how people could be abused and the actions they need to take. However two incidents involving people who used the service were not report as required.

People were administered their medicines as prescribed. However systems for the application of creams and ointments were unsafe.

Where risks had been identified these were assessed and planned for.

We found that there were enough staff on duty to meet people's needs and keep them safe.

Requires improvement



Is the service effective?

The service was not consistently effective.

People could not be certain their rights in line with the Mental Capacity Act 2005 would be identified and upheld.

Staff received training and support from the provider to carry out their job effectively.

People had a choice of food and drink to meet their dietary needs.

Staff contacted health care professionals when needed to meet people's health needs.

Requires improvement



Is the service caring?

The service was caring

Staff were seen to be caring and compassionate. People were treated as individuals and were involved in their care.

Staff were seen to encourage people to make choices about their care and support.

Staff were mindful of upholding people's privacy and dignity.

Good



Is the service responsive?

The service was responsive

People were encouraged to take part in planning their care and were supported to maintain their interests and hobbies within the home and within the local community.

People or their relatives were able to raise any comments or concerns about the service provided. People were listened to and responded to appropriately.

Good



Summary of findings

Is the service well-led?

The service was well led.

People, their relatives and staff were complementary about the management of the home. They told us that they felt listened to and that they were approachable.

The providers monitored the quality of the care and support provided. Where issues were identified these were addressed.

Good



Greenhill Park 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 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 25 February and 3 March 2015. The inspection was unannounced and was carried out by one inspector.

As part of the inspection we spoke with representatives from the local authority for their opinion of the home. They have responsibility for funding and monitoring the quality

of the service provided. They raised no concerns with us. We looked at the statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send to us by law. We used this information to help us plan our inspection.

During our inspection we spoke with seven people who lived at the home. We also spoke with four relatives and three visiting professionals. In addition we spoke with the providers one of whom was also the registered manager. We spoke with the deputy manager and five members of staff.

We looked at a sample of records including three people's care plan, medicine records, staff training records, three recruitment records and quality assurance audits.

Is the service safe?

Our findings

People we spoke with told us that they felt safe and free from abuse living at the home. People told us that they had no concerns about the way they were treated. One person said, “I am very safe here”. Another person told us, “I feel safe here”. A visiting professional told us, “I have never seen anything I’m not happy about regarding the care provided by the staff” and “I do not have to worry about the care provided at Greenhill Park”. A relative told us, “I was always worried before [name of person] came here. I never am now”.

We observed the way people who lived at the home and staff interacted. We saw that staff spoke with people in a respectful and kind way. People looked comfortable with the care provided for them and with the staff.

Staff we spoke with told us that they had received training in safeguarding people from abuse. Staff were able to demonstrate an awareness of potential abuse and knew what action they would need to take in the event of them witnessing abuse. A member of staff told us, “I would act immediately and inform the on call manager.” Another member of staff told us the same but added, “I have never had to do this”.

We saw that information on how to raise concerns was displayed for staff to act upon if needed. One member of staff told us, “We have contact numbers for agencies and the Care Quality Commission”.

The registered manager demonstrated an awareness of who they would report allegations or actual abusive situations or practice to. The registered manager told us that it was their job to, “Keep people safe” and that they, “Wouldn’t hesitate in reporting” incidents as needed.

We did however find a record of two incidents which had occurred between people who used the service. The registered manager had taken action to ensure people’s wellbeing by having discussions with healthcare professionals. However neither the local authority or the Care Quality Commission were informed of these incidents as required. The registered manager told us that they had not realised these events needed to be reported under safeguarding and took immediate action by reported them retrospectively.

Risks to people had been identified and assessed to minimise the risks. These included moving and handling, eating and drinking and mobility. Staff supported people to walk safely in an unhurried way while people were given suitable guidance in a caring manner. We saw items of equipment were in place and used appropriately such as cushions to prevent people getting sore skin. We saw that risk assessments were reviewed to ensure they were up to date. For example when one person had lost some weight actions were recorded to ensure the risk was managed. Staff understood their responsibility to report any concerns about people’s safety. This ensured that people were supported appropriately.

People told us that there were always staff available to help them as needed. One relative told us, “Always staff about”. Another relative told us, “Always lots of attentive caring staff”. The registered manager told us that they had increased staffing levels at certain times of the day to ensure that people’s needs could be met. We saw that staff spent time with people supporting with meeting their needs and were engaged in discussions.

A new member of staff told us that they had not started work until the provider had received background checks. We found that staff had a Disclosure and Barring Services (DBS) check as well as references and an employment history. This meant that checks were in place to ensure that unsuitable people were not recruited to care for people who lived at the home.

Arrangements were in place so that medicines were available for people when they needed them. People told us that they received their medicines as needed. One person told us that staff brought their medicines to them on time. We saw staff administer medicines to people in a safe way. Staff told us that they had received training and that they were aware of the importance that people received their medicines at the correct time.

Records we looked at showed that people had received their medicines as prescribed by their doctor. Some medicines such as eye drops had a limited time during which they were safe to be used. We saw that staff had recorded when these items were opened to ensure they did not exceed this date.

We saw that senior staff were signing for the application of creams and ointments. However these medicines were applied by other members of staff. We were told that staff

Is the service safe?

verbally handover that they had carried out the treatment. The registered manager undertook to make immediate changes to ensure that systems in place were safe. We found no evidence that people were not having creams and ointments applied. Visiting healthcare professionals

reported that people's skin was well cared for by staff members. One healthcare professional told us, "They (the staff team) are good with skin care. Staff informed us if they have any concerns and if anyone has any red areas".

Is the service effective?

Our findings

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). The MCA is a law about making decisions and what to do if people cannot make some decisions for themselves and do not have the capacity to give consent for their care and treatment. We found that some people were able to give their consent. However other people were not and we found that some decisions were being made on people's behalf without an assessment being completed and without a best interest decision. For example we found that equipment was used such as sensors under people's mattresses and under cushions to alert staff when people got up or moved. We spoke with the registered manager and members of staff who confirmed that some people were not able to give their consent and that no best interest decision meetings had taken place.

We found that the registered person had not protected people against the risk of not consenting to the care and support they received. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also looked at the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the MCA and aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

We found that where people were unable to leave the home without staff to support them the registered manager had not applied to the local authority for authorisation to restrict people or prevent them from leaving. One member of staff stated that they, "Could not let people go" and "We couldn't let [name of person] go on their own. We would have to go with them". The same member of staff confirmed that no DoLS applications had been made to protect people. Another member of staff told us, "We would have to go with people if they wanted to go out. We may need to delay people before we could go with them".

We found that the registered person had not protected people against the risk of not consenting to the care and support they received. This was in breach of Regulation 11

of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that staff had received training in and had an understanding on the principals of the MCA and DoLS. One member of staff told us that MCA is, "About people making decisions for themselves" and about how, "How people are looked after."

Staff we spoke with told us that they had received training as well as one to one supervision meetings and appraisals to ensure they had the skills and knowledge to care for people. One member of staff told us, "We have to do it (training) every year. One relative told us that they believed staff to be, "Well trained". A healthcare professional told us that from their observations staff, "Seem to have had the appropriate training". We saw a training matrix was maintained. This showed that some staff had not completed their training as needed. The registered manager was aware of these shortfalls and assured us that they were addressing this. We did not see any practices during our inspection which raised concerns about any shortfalls in the training undertaken.

People we spoke with told us that they thought the meals provided to be good and that they had a choice. One person told us, "I like the food. I eat it all. It's not the same sort of food all the time". Another person told us, "The food is good. It's lovely". A further person described the food as, "Excellent". We saw staff supported people with their food. This was done discreetly and ensured that people had sufficient to eat. Drinks were available throughout the day. We saw that people who were in their bedrooms had drinks within easy reach. These practices ensured that people's nutritional needs were met effectively.

People were able to access health and medical support as required such as doctors, dentists, district nurses, chiropodists and opticians. People we spoke with and their relatives were happy with the actions taken by the registered manager in monitoring their healthcare needs. One person told us, "I can see the doctor when needed. If you need the doctor they come out. Nurses (from the surgery) come out regularly. Another person told us, "It's very well organised. The dentist comes in when needed". A healthcare professional told us that they were, "Called out in a timely way" and that advice given regarding people's

Is the service effective?

healthcare needs was, “Followed up and acted upon”. During our inspection an emergency took place. This was managed well and suitable emergency services were contacted for assistance.

Is the service caring?

Our findings

People told us that they found the staff to be caring. One person told us that staff are, “Very caring and very good”. Another person told us, “They (staff) really look after me well” and “I am very lucky to be here”. A further person told us, “They (staff) are all very kind”.

A relative told us that, “Staff couldn’t do enough” when caring for a poorly person and “I can’t fault the care. I just can’t”. Another relative stated, “Always lots of attentive caring staff. The staff are marvellous.” A further relative described the staff as, “Fantastic and wonderful”. A visiting professional described the care provided to be of a, “High standard” and told us that the district nurses and staff were able to work alongside each other to ensure people’s needs were met. Another visiting professional told us that they found the staff to really care for the people they looked after.

We spent time observing the care and support provided. The atmosphere at the home was warm, calm and caring. We saw numerous friendly conversations taking place involving people who used the service and staff. We heard staff speak with people in a caring manner and saw that people were given time to make choices and respond to staff.

We saw that staff were friendly and patient with people. We saw staff smile and take part in friendly banter with people. Staff supported people with dignity and encouraged people to be independent where possible. For example we saw staff assist and guide people with their mobility while they used equipment such as walking frames.

Some people could not easily express their wishes. We were told that people had family or friends to support them to make decisions about their care. One person told us that staff had, “Shared the care plan with me” other people told us that they were happy with the care provided and their involvement in their care and did not wish to be involved further with their care plan. One relative told us that they held Power of Attorney and that they were involved in the person’s care and support although they had not seen the person’s care plan. Another relative confirmed that they had involvement in drawing up an initial care plan and were continually involved with it.

People’s privacy and dignity were respected. One person told us, “Carers care for me very well. I don’t feel embarrassed” when personal care was provided. We saw the registered manager and other staff knock on bedroom doors and wait for a response before they entered. Staff we spoke with were able to describe the actions they took to ensure that people’s privacy and dignity was upheld while personal care was provided.

Is the service responsive?

Our findings

People told us that care was provided in a personal way. People told us that they liked the staff. One person told us, “It’s wonderful here” and “Staff respond well if you need anything”. Another person told us staff, “Soon come when you ring your bell”. In addition another person told us, “I don’t get up until I am ready”. A further person told us, “I’ve been very happy here. It’s a lovely place to live. They (staff) treat you very well”. A health care professional commented that staff supported people well and ensured that individual needs were met. Relatives we spoke with told us that their relatives received the care and support they needed. One relative told us, “The care provided is far beyond what I expected.”

We found that staff were able to tell us about the level of care and support people required and that people’s care plans were regularly updated. For example people saw specialists who assessed whether they needed special diets or thickener added to their drinks. When people had had a number of falls referrals were made to have people assessed for additional services such as physiotherapy.

We saw that information about people’s lives had been collated. This information included details of what people had done in their lives when younger as well as information about people’s likes and dislikes.

We saw that arrangements were in place to do leisure activities both within the home and within the community. One person told us, “Sometimes we play games and sometimes we go to the pictures. Another person told us, “We have entertainment and exercises” and “We go out. We decide where we would like to go. They (staff) take us in the

car shopping and swimming”. The same person told us, “We have knitting afternoons”. A further person told us, “We have plenty to do. We have activities most days such as painting. We make things like blankets and have keep fit. We have keep fit this afternoon”. We saw examples around the home of leisure activities people had been involved in such as gardening and craft making sessions. We were told that festivals and events were celebrated. People told us that they had enjoyed a firework display and enjoyed making lanterns to celebrate Chinese New Year.

The provider had employed a person who led activities and hobbies within the home. This member of staff was not available when we carried out our inspection. We saw a schedule of planned leisure activities was on display in the dining room. We saw a group exercise event take place which was lively and stimulating. We saw people involved and supported in individual interests such as reading books and newspapers.

People we spoke with were confident that they could speak with staff or the management if they had any concerns or complaints. One person told us, “I would ask to see the manager”. Another person told us, “You don’t hear people moan”. One relative told us that they, “Would speak with [name of manager] if needed but had not needed to do so. Another relative told us, “Can’t think of anything negative”. We saw that the provider had a complaints procedure which detailed how people could complain. This information was on display as well as within the provider’s statement of purpose. We saw that the provider had received one written complaint since our last inspection. The registered manager had investigated the concern and we saw that it was resolved to the satisfaction of the person concerned.

Is the service well-led?

Our findings

We had previously inspected the service during May 2014 we found that the provider was not able to assess the quality of the service provided. At this inspection we found that arrangements were in place and that the required improvement to monitoring the quality of the service had been made. We found that a scheduled for audits was drawn up and that these audits had taken place. We found that where the provider had identified the need for improvement that these had taken place.

We found that the registered manager had a good understanding of their responsibilities. For example changes to how their service was regulated and the methodology used by the Care Quality Commission for undertaking their inspections. The registered manager was also aware of forthcoming changes to regulations. The registered manager accepted that they had not always informed the CQC of events which had happened within the home.

We found that people were happy and confident to approach the registered manager and the other provider. People knew who both the registered manager and the other provider were and we heard people refer to them by their first names. One person told us, "We see [name of registered manager] every day. Another person told us that they thought the management were good as they appointed, "Good staff". A professional told us that the staff knew people well, "Especially the manager". People told us that they felt the service provided was personalised and that their views were taken into account. During our inspection we saw that the registered manager worked with other staff to ensure that people who used the service had their needs met.

One relative described the management as, "Unbelievable" and "I am amazed". Staff were complementary of the management arrangements. One member of staff told us, "You can talk to them. The door is always open". Another member of staff told us that the manager looks after people who lived at the home and that they do, "What she can for people". A further member of staff told us that the registered manager was, "The most approachable person I have worked for".

Arrangements were in place for people to comment on the service provided. The registered manager told us of their plans to introduce a dementia forum involving people's relatives. One relative told us that their relation "Feels involved in the home".

Staff had the opportunity to contribute to the running of the home through staff meetings and supervisions sessions. Staff felt that their comments were taken seriously and had brought about changes in the home such as an increase in staffing. We saw that the registered manager was supportive towards the staff on duty. They checked that staff were alright and that they were able to support people as needed. Staff told us that morale at the home was good and that this led to the provision of quality care to people.

We saw that the provider had sent out questionnaires to people, relatives and healthcare professionals. The results of the survey were on display and showed a high level of satisfaction in all areas. Where areas for improvement had been identified we saw that the registered manager had acted on these.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider had not taken appropriate steps to ensure that people who lacked capacity were safeguarded in line with the Mental Capacity Act 2005.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider had not taken appropriate steps to ensure that people who lacked capacity to give their consent to their care had decisions made in their best interest in line with the Mental Capacity Act 2005.