

B & M Investments Limited

Greenhill Care Home

Inspection report

Waggon Road
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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Greenhill Care Home is a care home that provides personal care to 67 older people, some of whom are living with dementia. Each of the two floors is a self-contained unit, with bedrooms, lounge and dining areas, a kitchenette and bathrooms. There were 64 people living at the service when we undertook our inspection.

People's experience of using this service:

People who lived at Greenhill Care Home received care from a staff team who were passionate about delivering a service based on individual needs. Staff knew each person well. People's views were respected, and they were involved in everything that happened in the service. People were happy living there and relatives trusted the staff team to look after their family members.

Staff delivered care and support that was personalised and responsive to people's likes, dislikes and preferences. Staff were kind, caring and motivated and people, their relatives and external professionals were complimentary about the care provided. Staff respected people's privacy, dignity and independence and encouraged people to lead their life in the way they wanted to. Staff knew people extremely well and encouraged people to participate in a wide range of activities. People were encouraged to continue to pursue the hobbies and interests that they had prior to moving into the service. The service had its own transport and people enjoyed visiting local places.

Staff understood the risks to people and the measures in place to keep them safe. Systems were in place to manage people's medicines safely and to reduce the risks associated with the spread of infection. People were supported to maintain a healthy balanced diet and people were complimentary about the food provided.

Sufficient numbers of staff were employed to meet people's needs. Staff received training that gave them the necessary skills and knowledge to carry out their roles and meet the specific needs of people using the service.

People were supported to maintain good health. Staff made referrals to health professionals when required. People were provided with the care, support and equipment they needed to stay independent. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible. Care plans guided staff to provide support that met people's needs which were in line with their preferences.

Systems were in place to monitor the service, which ensured that people's risks were mitigated, and lessons were learnt when things went wrong. There was an open culture within the service. People and staff could approach the registered manager who acted on concerns raised to make improvements to people's care.

Rating at last inspection:

At the last inspection we rated this service Good (report published on 15 December 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we might inspect sooner. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Greenhill Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector, an assistant inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was caring for older people and supporting them to access a range of health and social care services.

Service and service type:

Greenhill Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We carried out the inspection visit on 14 May 2019. It was unannounced.

What we did:

Before the inspection visit we looked at information we held about the home and used this information as

part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to let us know about. In March 2019 the provider had sent us a completed provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we saw how the staff interacted with people who lived at Greenhill Care Home. We spoke with 14 people who lived there and one person's relatives. We spoke with the registered manager, an operations manager and five members of staff: two team leaders, two care staff, one senior. We also spoke with two healthcare professionals who were visiting the service.

We looked at four people's care records as well as other records relating to the management of the home. These included staff meeting minutes, medicine records and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe at Greenhill Care Home. One person said, this was because, "It's wonderful here." People's facial expressions and body language told us that they felt safe and comfortable with the staff. Another person told us, "Of course I do, no-one has treated me wrong."
- Systems remained in place to protect people from abuse and avoidable harm. Staff continued to understand what to look out for and who they should report any concerns to.

Assessing risk, safety monitoring and management.

- Risk assessments gave staff clear guidance on how to manage risks to people. Staff supported people to take risks in a safe way to maximise their independence, choice and control.
- Equipment was maintained and serviced so that it was safe for people to use. There were regular checks of the fire safety equipment to ensure it would be effective in the event of a fire.
- Staff knew how to support people whose behaviour sometimes challenged themselves and others, to make sure everyone was safe.

Staffing and recruitment.

- People told us that there were enough staff. One person said, "There is always someone around." Another person told us, "Staff will sit and talk to you when they have time."
- An external professional felt there was a good relationship between staff, management and residents." Another external professional said there were always staff available to help them when they visited the service.
- The registered manager told us staffing levels were regularly reviewed to ensure that there were enough staff to care for people. Staff said there were enough staff for the number of people currently living at the home. We found this to be the case.
- The provider's recruitment policy ensured that new staff were suitable to work in the home.

Using medicines safely.

- Medicines continued to be managed safely so that people received their medicines as the prescriber intended. One person said, "I have them at the same times all the time. I let staff do it all, I don't want to be responsible."
- Staff kept accurate records of all medicines ordered, administered and disposed of. Medicines storage was appropriate.

- Clear protocols were in place for medicines that were prescribed to be administered on an as required basis.
- All staff who administered medicines received training. They also had their competency to administer medicines checked yearly.
- Regular medicine audits were conducted, and action taken when any issues were identified.

Preventing and controlling infection.

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible. Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection.

Learning lessons when things go wrong

- Staff recorded any incidents and accidents and the registered manager included them in her monthly report to the provider's health and safety, and quality assurance teams. These teams evaluated what might have gone wrong and shared any learning with staff teams across the organisation.
- Staff meetings gave staff the opportunity to discuss any safety issues or investigations from their own and other organisations, to learn from them and to change their practice if needed.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Each person's holistic needs continued to be fully assessed before they are offered a place at the service. Needs were assessed in line current good practice guidance. This initial assessment formed the basis of the person's care plan.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Care plans contained information about people's needs and it was evident that staff knew people extremely well.

Staff skills, knowledge and experience.

- Training courses and development opportunities continued to be undertaken so that staff had the knowledge and skills to look after people well. Staff confirmed they received lots of training and could always ask for other courses that were relevant to gain further knowledge.
- Staff felt well-supported by the management team and by each other. Regular staff meetings and supervision sessions enabled staff to discuss any issues and get any further support or training they needed. The registered manager and deputy manager worked shifts alongside staff so that they knew first-hand how well staff worked.

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

- People had choice and access to sufficient food and drink. Food was well presented, and people told us they enjoyed it. One person said, "I'm very satisfied with the meals, getting enough vegetables is important and I feel I do get enough."
- Staff were aware of people's dietary needs and any support that they required to eat and drink and to maintain a healthy weight.
- Staff checked people's weight and encouraged people to eat and drink enough to maintain their health. We observed staff offering drinks.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff worked closely with other agencies such as the local hospitals to make sure that they met people's needs and provided people with seamless care.
- Referrals to other agencies such as dietician and chiropody were made in a timely manner.

Supporting people to live healthier lives, access healthcare services and support.

- Staff knew people very well and could recognise when they were not well.
- A range of healthcare professionals supported people to stay as healthy as possible. One external professional told us, "[Staff] make appropriate referrals and follow our instructions to ensure people continue to receive appropriate care and treatment." One person said, "All I have to do is say 'I'd like to see a doctor' and it's arranged."

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

- People were involved in decisions about the premises and environment; .
- Technology and equipment were used effectively to meet people's care and support needs.
- People had access to plenty of indoor and outdoor spaces where they could choose to be alone, sit with other people or join in activities.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff knew how the MCA and DoLS applied to their work. They asked people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives. One member of staff said, "It's about assuming capacity, regardless of dementia and support the individual in the least restrictive way."
- Appropriate applications to the local authority meant that people's freedoms were not unlawfully restricted.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported.

- People told us staff treated them in a kind and caring way. One person said, "The staff are very nice. I must say I do feel respected." Another person told us, "The staff are very kind. They always have time for you and they make sure you feel important."
- Staff showed patience when supporting people and ensured people were comfortable when they had assisted them to move around.
- People were supported to establish and maintain relationships with their families and friends.
- People told us they regularly met up with friends and family which was important to them.
- People told us that their relatives were always made to feel welcome at the home, at any time. One person said, "Staff are very kind. They are always smiling, it's very nice."

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

- Staff continued to support people to make decisions about their care. Peoples decisions were recorded in the care plans such as when they wanted to get up and when they wished to go to bed. One person said, "Staff don't do anything without asking me first. That helps me to have control which is important."
- People and their visitors were able to feedback anonymously and placed feedback in the post-box in the main entrance to the home.
- Staff signposted people and their relatives to sources of advice and support or advocacy; they provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence.

- Staff treated people with dignity and respect and promoted independence. One person said, "The bathroom door is always closed (when they are doing their personal care). I do all the bits I can reach, then I tell the staff, and they come and do the rest." They added, "Staff have a towel ready to cover me too."
- Staff spoke with people in a polite and caring way and showed patience when people asked them for support.
- People chose when they wanted time alone, which was respected by staff.
- People had access to equipment to aid their independence such as equipment to help them move and specific cutlery which helped people to eat independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding: Services were tailored to meet the needs of each individual and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- There was a real commitment to making sure all care was personalised to people's needs, wishes preferences and known lifestyle choices. People told us they were able to follow their own routines and staff respected their choices to ensure people had as much control as possible over their own lives. One person told us, "I get up when I want to. You can do what you like here within reason." Another person commented, "They are used to me now and they know how I like things."
- Every person and their relatives where appropriate were involved in the planning of their care. One person said, "From when I moved in the staff have got to know how I want things and what makes me tick. My care is how I want it, and if I want to have things different I just say, and they do it."
- Care plans were reviewed regularly and contained detailed guidance for staff about how to provide the most appropriate care. The registered manager said, "I like to ensure that each person feels valued and respected and their care is designed around their needs and preferences."
- Care records included as much detail about the person and their history as the person and their relatives were able to tell them. This enabled staff to get to know the person really well and to provide the care they wanted in the way they preferred. Staff told us that a person's history was very important as, "This is what makes them the person they are. It helps us to have conversations with them about what interests them."
- Each person continued to enjoy a wide range of activities. These were designed and delivered to meet people's particular needs. The dementia unit contained a sensory room that people enjoyed spending time in. People were very relaxed in this room.
- People were supported to pursue individual interests and hobbies. Staff told us how one person used to enjoy gardening before they moved into Greenhill Care Home. This person was enjoying watering plants in the garden on the day of our inspection. Another person who was living with dementia used to be a keen artist. Staff had arranged for them to continue with this hobby and some of their artwork was on display in their room.
- People were provided with a range of group activities. There were photographs of people enjoying afternoon tea in the garden. The service had its own transport which enabled people to visit places further afield. There were regular outings to garden centres, local pubs and the shops. Various religious services were held on a regular basis to meet people's spiritual needs.
- People were kept informed of developments in the service and there was a strongly developed residents and relative's forum. Regular residents and family's meetings were held, one of which was not attended by staff and was chaired by a relative. The chair of the meeting additionally walked around the home and fed their findings to the registered manager. their findings and jointly develop an action plan to address any issues which is reviewed at subsequent meetings.
- There were regular meetings for people. One person told us about the residents' meetings. They said, we

have made decisions about what activities we like best. If there is something that everyone likes, we ask for it again."

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place, which was displayed throughout the home so that everyone would know how to raise a complaint if they wanted to. The registered manager had also made details of other contacts, such as the local authority, CQC or Age Concern, available. This meant people could raise complaints through other agencies, not just to the provider.
- One person who hadn't yet needed to make a complaint told us, "I wouldn't hesitate to complain if I thought I needed to." Another person said, "I haven't got anything to complain about," but added "I would say so if I did."
- Staff knew what to do if a person wanted to raise an issue and the management team responded to complaints in line with the provider's process. The registered manager analysed all complaints and compliments monthly so that she identified and dealt with any recurring themes. A recent issue that had been identified was about the laundry. The registered manager said, "We look at innovative ways to address the issue and get families to work with us."

End of life care and support.

- The staff team ensured that people's wishes were fulfilled at the end of their lives. They were skilled at supporting people and their relatives to discuss what they wanted to happen. They recorded full details about the person's wishes and how those wishes would be met.
- Staff worked closely with the GP and community nurses to ensure that people could spend their final days at the service if this was their wish. The registered manager had undertaken an analysis and over the past year out of the 30 people that died only two of these people died in hospital.
- Staff had received training in end of life and palliative care. They had developed links with the local hospice so that specialist nurses were available to guide and support them through a person's death. The PIR stated: 'As a home, we are particularly proud of the End of Life Care that we provide.' One person whose relative had recently died told us, "My [family member] couldn't have asked for better care at the end. Staff here are fantastic, they have supported me through my grief."
- Staff made sure that Greenhill was represented at every funeral, this the manager said was important to both families and the staff to be able to say farewell. "We are one big family here."

Is the service well-led?

Our findings

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

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

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

- People and relatives felt able to approach the registered manager and management team. One person commented on the registered manager, they said, "She's very nice, we get on well. She seems to run it very effectively. She's usually around checking on the staff too." A relative believed the manager "is very good. She is very approachable and always ready to listen. It comes down to the quality and care of the staff. She cares for her staff as well as residents."
- Staff were positive about the registered manager and the management team. One member of staff told us, "Yes I feel very comfortable with the (registered) manager and know she would listen to me."
- The registered manager promoted the values of the service, which the staff followed in practice. The PIR stated: 'Sharing relevant information with staff, residents, families/relatives and other professionals promotes a culture of openness and transparency.'
- The registered manager understood and acted in line with duty of candour when things went wrong. People had received a formal apology where there had been problems with their care.
- The management team positively encouraged feedback and acted on it to continuously improve the service, for example by involving people in reviewing concerns or incidents to prevent them happening again.

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

- The service was well-run. Staff at all levels understood their roles and responsibilities and the registered manager was accountable for their staff and understood the importance of their roles.
- Audits were completed on a wide range of areas of the service. Information gathered from audits and from the review of incidents and accidents was used to improve the service. A development plan was in place with a timescale for actions.
- The PIR stated: 'We ensure that staff are well trained, motivated and valued. Staff supervisions and appraisals are carried out regularly and or whenever required to provide feedback on job performances and validate dedication.' One member of staff said, "I have regular supervisions. I also talk about my training." Another member of staff told us they received an annual appraisal to plan any development opportunities.

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

- People and their visitors told us they felt involved in the running of the service. One visitor told us, "The (registered) manager comes out to greet personally each visitor. It is very nice to see their friendly face. I would be very happy to recommend this place."
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.
- The registered manager had developed close working relationships with other health and social care professionals and feedback was used to drive through improvements in the care provided at the home, ensuring people's social and health needs were promptly met.
- A culture of continuous learning meant staff objectives focused on development and improvement.

Continuous learning and improving care.

- Information obtained from audits and analysis of incidents and complaints was used to drive improvement.
- The registered manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements.

Working in partnership with others.

- The registered manager worked with other professionals, which ensured people received safe and effective support in all areas of their lives. This included people's physical health needs and support with people's emotional wellbeing.