

Leonard Cheshire Disability

Greenhill House - Care Home with Nursing Physical Disabilities

Inspection report

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Timsbury
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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? | Good ● |

Summary of findings

Overall summary

Greenhill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Greenhill House accommodates 37 people across two separate houses, each of which have separate adapted facilities. People who live at the home have complex physical disabilities. There were 37 people at the home on the day of our visit.

The inspection took place on 9 August 2018 and was unannounced. At our last inspection in May 2017 we found that the service had not ensured that all peoples' consent and best interest decisions were recorded in line with the Mental Capacity Act 2005 Code of Practice.

We also found at our last inspection that the lack of Mental Capacity training for staff had not been picked up swiftly by the provider's quality monitoring systems. There were still areas that required improvement such as a review of best interest decisions and consent recording in care plans.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions the service Effective? and is it well Led? to at least good.

We found that people's rights were now protected because there were effective systems in place to ensure that the requirements of the Mental Capacity Act 2005 were followed. This law protects people who lack capacity to make informed decisions in their daily lives. The provider had completed applications when needed under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards. This helped ensure that the necessary safeguards were in place for the people concerned.

There was a registered manager for the service. 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.

People were positive in their views of the staff and the support given by staff with their range of needs.

People were treated in a kind and caring way by staff who staff spent plenty of time with people and engaged with them very positively. We saw that there were warm and good-humoured interactions between them.

People were supported to take part in a variety of social and therapeutic activities. Technology was used in an innovative way to promote independence and support people in their daily lives.

The provider's quality monitoring systems were now effective. Areas of the service that required improvement such as a care plans, training and staff support and supervision were identified. Actions were

taken to address any shortfalls in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good

Is the service effective?

Good ●

The service has improved to good

People's rights were protected because there were systems in place to ensure staff understood and followed the requirements of the Mental Capacity Act 2005.

People could eat a varied diet and were fully involved in menu planning at the home.

People received effective care that met their needs. They were supported by properly trained and supported staff.

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service has improved to good.

There were systems in place to improve, and drive up the quality of the service that people received even further.

People, relatives and staff were involved in the development of the service.

The staff team understood the values of the service and had embedded them into practice when supporting people at the home.

Greenhill House - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

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

The last inspection took place in May 2017. The service was rated Requires Improvement in two domains at that time. This inspection took place on 09 August 2018 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. 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 had an area of expertise in caring for older people.

Before the inspection we reviewed the information, we held about the service to plan for our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Care Quality Commission know about.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with fifteen people who lived at the service and three relatives. We interviewed eight members of staff, two registered nurses and a non-clinical deputy manager.

We pathway tracked the care of four people. We observed how staff respond to people's care and support

needs. We observed how they spoke with people. We also looked at records that related to how the home was being run as well as the quality monitoring systems in place.

Is the service safe?

Our findings

Every person we spoke with told us they felt safe with the staff. Throughout our visit we saw people approach the staff on duty. People looked very relaxed and comfortable in the company of all the staff. This conveyed that people felt safe in their company.

Systems and processes were in place that ensured appropriate action was taken when becoming aware of potential safeguarding concerns. When needed a referral was made to the local safeguarding team and CQC were also informed. Proportionate actions were then taken to ensure that people were safe and action plans put in place to manage any further risk.

Training in safeguarding had been provided to a very high percentage of staff (93%) and those not yet in receipt of the training, usually through an explained absence, had a plan for future training. The Manager told us that there are good working relationships with the local safeguarding team and members of the management team attend Care Home Forums where the Local Authority provides updates on safeguarding matters.

Staff understood likely scenarios where safeguarding matters could arise and were aware of the correct reporting procedures.

People's medicines were managed safely. The system for giving people their medicines was an electronic bar-coded system. It was a system put in place by the issuing pharmacy. Staff told us they really liked the system as there were many safeguards in place to prevent any medicine errors. For example, an alarm would sound if a staff member tried to give the wrong medicines to a person. Also, there were photographic reminders to alert staff to people who still needed their medicines.

We saw staff followed safe procedures when they gave people their medicines. They gave each person an explanation and showed them their medicines pointing out the name printed on them. This was to help ensure the person understood what their medicines were. The provider's medicines policy was followed by staff as they checked that people had taken their medicines. We saw a nurse explained and reassured one person who was unsure about their medicines.

Medicine administration records had been completed fully and the records showed people had been given their medicines or the reasons why they had not been given.

At the last inspection in August 2017 we saw a programme of refurbishment for the environment had been prepared. At this inspection we saw that the progress of the refurbishment had been carefully planned and progress monitored closely by the staff with this responsibility. We saw that communal areas had been refurbished, bedrooms had been redecorated, and improvements made to the dining room. We also heard that water tanks and a boiler had been replaced.

We looked at staff rotas and discussed staffing levels with managers, staff, people who used the service and relatives to find out if there was sufficient staff available. The staff rota demonstrated that in the residential

wing there were four care staff in the morning and two in the afternoon. In the nursing wing there were eight staff, including nurses in the morning and four in the afternoon. When there had been staff sickness recently, the team leaders had provided care. On other occasions agency staff had been utilised to fill any gaps. The team leader explained that some agency staff were well known to people using the service which meant that there was consistency of care provided. Where there were unexpected shortfalls of staff it was noted that some opportunities for one to one work with people using the service were curtailed. However, at other times staff altered their working hours to ensure that activities for people using the service took place and improved their quality of life. This meant that overall there were sufficient staff to keep people safe.

Recruitment files showed that there were safe and effective systems in place. The files showed that an enhanced Disclosure and Barring Check (DBS) had been completed. The DBS check ensured that people barred from working with certain groups of people such as adults who were vulnerable would be identified. We saw that the process included completion of an application form, an interview and two references including a previous employer to assist in assessing the candidates' suitability for the role. Other checks such as identification, availability to work in the UK and a medical questionnaire were also completed. It was seen that all these processes were completed prior to a person starting work at the service.

Infection prevention and control processes were in place to minimise risks to people and staff. The deputy manager had records of infection control audits undertaken monthly and infection control meetings to monitor progress were held quarterly. The minutes from these meetings demonstrated that actions were identified and addressed to maintain standards. For example, we saw that commode and catheter care audits were incomplete on one occasion, however these were completed at the next meeting. We also saw minutes of a Laundry and Domestic meeting held in July 2018 which ensured that these arrangements were also monitored and kept safe.

Health and Safety systems were in place. The safety of the premises was overseen at quarterly meetings where there was also a representative of the people who use the service. This meeting covered topics such as, security, legionella's disease, waste management, risk assessments, Control of Substances Hazardous to Health (COSHH), fire safety and infection control. The last meeting held in May 2018 demonstrated that action was taken when legionella was found in the water system. We were reassured that action was swift ensuring that people using the service were not placed at risk and were kept safe. In addition, the provider undertook a bi-annual health and safety audit which also produced recommendations which were put into action.

Accidents and incidents were recorded and were analysed by the registered manager or senior staff. The reports were seen to have a thorough account of the accident or incident and recommendations for action. Some staff said that they were not aware of the outcome of the incident analysis and there was no record on the form of how this was communicated to the wider staff group if necessary. However other staff told us that they did feel supported if they were involved in an incident or accident. The action plans we saw were relevant and proportionate to the accident or incident and were designed to reduce the risk of reoccurrence.

Is the service effective?

Our findings

At our last inspection in May 2017 we found that annual refresher training as expected by the provider was frequently out of date. We also found that some staff had not received any Deprivation of Liberty Safeguards (DoLS) training despite working in a service where people were subject to DoLS. DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm.

At this inspection we checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DOLS). We saw three DOLS applications which had been approved and been notified to CQC through the statutory notification process. We also saw that two other DOLS applications had been submitted but not yet been approved as they had been deemed a low priority by the Local Authority. There was correspondence which demonstrated that the service had followed up these applications appropriately.

The Mental Capacity Act provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so themselves. When people lack capacity, any decisions made on their behalf must be in their best interests and as least restrictive as possible. We saw notes of a meeting where the best interests of a person were considered by a group of people including someone who was their appointed representative.

Staff told us that they had received training in the principles of the Mental Capacity Act and the training matrix provided evidence of the dates that this training was completed.

People received care that was effective and met their needs. We saw staff support people in the ways set out in their care plans. For example, when people needed assistance with mobility staff provided the support they needed. Staff discreetly supported certain people with personal care needs such as bathing and washing. We saw staff offer people psychological support by spending time with them on a one to one basis to talk to them about how they were feeling. One of the nurses we met told us they supported certain people to maintain good skin integrity due to reduced mobility and the risk of skin breakdown. The nurse also told us certain people needed some assistance with dressings.

People were cared for by staff who had completed training in subjects which were relevant to their needs. We saw a training matrix which highlighted that staff had completed training in subjects which the provider considered necessary. For example, safe moving and handling theory and practice, fire safety, equality and diversity, food hygiene awareness, infection control, health and safety awareness, person centred working and safeguarding. We also saw that staff who were new to care were enrolled on the Care Certificate which seeks to provide a foundation of knowledge and skills necessary to work in the care sector. In addition, some staff undertook training to enable them to fulfil the role of a "Dignity Champion". Staff also told us there had been some specialist training in dementia, multiple sclerosis, and epilepsy management. However other staff told us that these opportunities were limited. One of the nurses told us they held lead responsibility for palliative care and so had been provided with training and support from a local hospice

service.

The staff received one to one supervision on a quarterly basis. Information in individual staff files reflected that these supervision sessions had a standard agenda as well as issues specifically raised by the staff member or their supervisor. The notes showed us that matters such as training, policy and procedures, sickness, dignity and respect for people using services, safeguarding and staff meeting issues were raised routinely. We saw that each supervision session had recorded action points which were followed up at the next meeting. In addition, appraisals were seen to be conducted on an annual basis and called Annual Performance Reviews by the company. Staff told us that they felt supported by the supervision structure and by the informal support provided by the team leaders who were managing each shift.

People were supported to have enough to eat and drink. People selected their choice from the menu every morning. The menu was displayed on notice boards throughout the building. There was always a choice of two or three main courses. Lunch was the main meal of the day with a lighter hot snack served at teatime. Staff told us people had regular "food" meetings with catering staff. These were to discuss and plan menus for the next six weeks.

Every person we spoke with agreed that they had enough to eat and drink. They all thought the choices were good and were pleased that they had the opportunity to discuss the menu regularly. We saw the menu plan which was changed every week. This showed us that there was a choice of main meals at lunch and supper, including a vegetarian option. We were told that people who used the service attended a quarterly food planning meeting and so had an input into the meals prepared for them. We saw that the Speech and Language team (SALT) had been consulted about people who required food which was pureed, a soft diet or delivered through a PEG feeding tube. We observed a lunch time when people were being assisted to eat in a dignified way.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. Every person we spoke with said they were happy living at Greenhill House.

Examples of people's feedback about the home and the care they received included "It's alright here. I like it here. They are kind to me, I have my ups and downs, I get upset sometimes. They are always kind and caring" They listen most of the time- they say, "what's the matter?"

Further comments people told us included "It's good living here, they are kind to you", "I like it here, they are good and kind. They look after you really well" and "The care is brilliant."

Staff supported people in ways that demonstrated they were kind and caring. For example, staff used a calm approach with people who were anxious and upset. Staff also used gentle humour and encouragement to motivate people. People responded positively to staff when they used this approach and looked relaxed in their company. All the communications we observed between staff and people were positive and friendly. The atmosphere was warm, relaxed and calm. People were laughing and interacting with staff.

People were encouraged to be as independent as possible. For example, we observed people making hot drinks for themselves and we were told by a member of staff that some people were supported to cook meals.

People we spoke with told us they had a keyworker who supported them with their care needs. They told us the staff sat down with them regularly and discussed their care plans. One person told us they were being helped to become more independent. They said this included meal planning and building up their confidence in the community. People told us staff were very supportive and worked with them to try and help them plan their own care. Another person told us staff were supporting them in their wish to try and find a voluntary job.

Care plans included personal histories about people including information about their family and friends and life before they came to the home. This information had been used to ensure people were supported in the way they wished to be.

Staff told us how they provided care and support that was 'person centred' in approach. This meant they cared for people in a way that respected them as a unique individual and put them at the centre of all decisions made. The staff said they cared for people in small numbers and had got to know people very well and as a result were able to meet their full range of needs. The staff also said this meant they built up close trusting relationships with the people they supported.

The environment supported people's privacy. There was a large adapted and accessible courtyard and garden which people could safely use. There were dedicated activities rooms and quiet rooms. People were sat in the different shared areas in the home. This showed that they could have privacy when they wanted

to. Each bedroom was a single room and this gave people privacy as each person had their own key. There were open plan kitchenettes for people and their visitors to use. This showed how the environment supported people to do things independently.

There were notices displayed on notice boards in shared areas of the home about advocacy services. Advocacy services are independent organisations that support people to have their views represented.

Is the service responsive?

Our findings

People who lived at Greenhill house benefitted from technology because it was recognised as an important tool. This was both for providing activities and encouraging and enabling independence. Technology was also used for people as a way of providing an easy and efficient way of communicating with friends and families via social media apps and other online social mediums. There was a large computer room and this was busy on the day of our visit. People were individually listening to poetry, stories, watching films and videos, playing games and puzzles such as Sudoku, as well as using social media. One member of staff told us, "Communication with family and friends is important so we find FaceTime very useful. It is great to be able to see people when you're talking to them."

To promote independence people were able to use a day care and support facility on the grounds known as Pete's Cabin. Pete's Cabin was a large hut where the focus was on arts and crafts and group activities. Two staff worked here who were enabling very positive interaction between staff and people. These staff welcomed everyone who arrived and made them feel very valued and appreciated. There was a positive lively, atmosphere. People were laughing and making jokes. We saw there was a lot of good natured banter between everyone. This created a very relaxing, calming, friendly environment. On the afternoon of our visit people were doing individual crafts including making a string of acetate butterflies for their room, 1:1 painting and making woolly balls. There was a light-hearted quiz going on with staff asking random questions and everyone was keen to join in and contribute. Outside there was wheelchair racing for the more adventurous and this was greatly enjoyed. Pete's cabin also housed a small shop selling toiletries and personal goods. One person came in to purchase shower gel.

People were very well supported to take part in activities and interests that were important to them. People told us "I have my own phone and TV in my room with Netflix. I like to watch romances. I spend my money on what I want". Other comments included, "I play games on the computer and iPad. I have a TV in my bedroom I like all sorts of stuff" and "They are taking me to truck fest at Shepton Mallet tomorrow. I like Eddie Stobart trucks best. I go to the day centre one day a week for a change of scene."

Further feedback that showed how well people were supported with their own interests included "Staff took me to Norway on a cruise in July. I nearly won another cruise when playing Bingo" and "We do things and get out a bit. We went up to the pub and had a Harry Potter themed day."

People received individualised care that was planned in a way that was responsive to their needs. care plans showed that people had been fully consulted about their individual preferences. People were involved in planning what goals and outcomes they wished to reach. The information in people's care records showed they had been actively encouraged to plan and decide what sort of care and support they wanted.

There were systems in place to help people to be able to actively make their views known about the care and support they were receiving and life at the home. People were asked for their suggestions for social events, therapeutic activities and the menu choices.

There was a suggestions book prominently displayed in the hall way of the home. People were invited to make confidential suggestions this way if they preferred. A service user and relatives survey was carried out on an annual basis. The results were analysed by the provider. The most recent survey had been very positive. However, action plans were put in place to improve the overall service. People knew how to complain and we saw that that their complaints would be resolved constructively. There was a complaints procedure in place that explained how the registered manager would respond and investigate any complaints and address them promptly and openly. The procedure also explained how suitable actions would be put in place to address complaints raised.

People received care and support that was flexible to their needs. Assessments and care plans showed people's needs were identified. These included general and mental health, mobility, pain, nutrition, continence and medicine management. Assessments regarding mental health were comprehensive and covered capacity, communication, and behaviour, and memory, emotional and social ability.

Care plans were written based on the findings of assessments. The care plans set out in very clear detail what actions were required to assist each person with their mental health needs. For example, care records explained that some people needed full support with their self-care. The care plans explained how to provide this support in the most flexible way for the person. Plans and assessments seen had been reviewed every three months or earlier if needed. Staff also completed daily notes in which they recorded how the person had spent their day. Staff also kept a record of all support given and any concerns.

Is the service well-led?

Our findings

At our last inspection we had found that any of the changes were still a work in progress and were not yet fully embedded in practice. There were areas that required improvements such as a review of best interest decisions and consent recording in care plans.

At this inspection we found that the registered manager and other senior staff undertook audits in relation to different aspects of the home such as call bells, infection control and medicines. At the last inspection these audits had proved ineffective. At this inspection we found the audits had been improved and were now more effective because the provider had implemented a system of checking on the resulting action plans and the outcomes achieved. For example, at the last inspection we saw that improvements had been made in the response time to call bells. The target of responding to call bells within 10 minutes had been set. At this inspection we saw records which demonstrated that these improvements had been maintained over the past twelve months. This meant that people's needs had been responded to promptly to help ensure they were kept safe.

At this inspection we were told that the lift was not working. This had a clear and direct impact on the wellbeing of people who lived at the home. The registered manager had not reported this to CQC. This should have been reported as a notification of an event that had a direct impact on people and staff at the home. On the day of our visit a member of staff who was on duty made the senior staff on duty aware of this fact. This was then correctly reported to us. We were receiving notifications before this event, which showed us that this failure was a one off occurrence.

Some people told us how kind and caring the registered manager was. One person said they were "Fantastic". Many other people did not know who the registered manager was when we asked them if they did. This conveyed a lack of visible presence by the registered manager for some people who lived at the home. This information was feedback to a senior manager by telephone on the day of our visit.

Staff meetings were held regularly. Staff told us they could make their views known when meetings were held. Where required, actions resulting from these were assigned to a member of the team or the registered manager to follow up. Care records had recently been updated after a staff meeting discussion.

The staff understood and put into practices the provider's visions and values for the service. They told us the values included being person centred and inclusive towards everyone. The staff told us that they made sure they followed these values when they supported people. They said this meant ensuring people were respected and well supported to make their own decisions and choices in their daily life.