



Inspection Report on

Greenhill Manor Care Home

**Greenhill Manor Care Home
Merthyr Tydfil
CF48 4BE**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

02/03/2023

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About Greenhill Manor Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Hallmark Care Homes (Merthyr) Limited
Registered places	120
Language of the service	English
Previous Care Inspectorate Wales inspection	29 June 2021
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People told us they feel looked after at Greenhill Manor. Care staff interact with people, and their visitors, in a warm and friendly way. Personal plans are detailed, and identify care and support needs, and risks to safety. Regular reviews are completed. Lifestyle co-ordinators organise a range of activities and events in the home for people to participate in should they wish.

Staff members generally enjoy their jobs. There are ample training and development opportunities, and the service provider supports staff to access both in-house and external courses. Support is given both informally and via regular one-to-one supervision sessions. The home is comprised of four communities, each specialising in its own care and support needs. All four communities within the home appear clean and well maintained. Utilities and facilities are serviced to ensure they are safe to use. There are robust quality assurance processes in place, including means of gathering feedback from people living in the service, visitors, and staff. The Responsible Individual (RI) has good oversight of the running of the home.

Well-being

People are encouraged to make choices in their day to day lives. Care staff facilitate people to mobilise freely around their communities, as much as they are safely able to do so. There is a choice of communal areas in each community, or people can spend time alone if they wish. Visitors come and go without restriction. There is a full-time lifestyle co-ordinator on every community who work to find ways to stimulate people and promote interaction between each other. Some people told us that they would like more activities or trips outside the home, out in the community, as they sometimes felt bored. We fed this back to the manager for their consideration.

There are systems in place to protect people from harm and abuse. Personal plans and risk assessments identify potential hazards to individual health and safety, and what intervention is required. Care staff receive safeguarding training, and there is a safeguarding policy in place to provide guidance to staff to report concerns if needed. Management has oversight of any potential safeguarding issues and liaises with the Local Authority safeguarding team as required.

People are supported to be as healthy as they can be. Care staff, nurses and management liaise with a variety of external health professionals, such as GPs, speech and language therapists, and community psychiatric nurses, to provide informed and holistic care and support. There appears to be good communication between care staff and nurses on all the communities. Medication is stored safely and administered as prescribed. Medication is recorded on an electronic system, which alerts to any missed signatures or changes in administration. Audits are completed to identify any medication errors and promote ongoing safe practice. There is an up-to-date medication policy in place.

A pleasant environment helps support people's wellbeing. There are a variety of communal areas within each community, plus the option to move between communities for activities or use the coffee shop and lounge in the main building foyer. There is an accessible outside space that can be used in good weather. The building appears clean and well maintained.

Care and Support

People's feedback about their care is mostly positive. They told us: *"There are supportive and caring staff here," "I think [my partner] has good care here. They were on a lot of drugs in hospital and sleeping all the time, but not here"* and *"I think I could be told more about what is going on here. I didn't know some of the people here [in the person's community] had COVID."*

Feedback regarding activities was: *"the activities here are great, I hang around with my friends," "they do have people in to do a show or something as well as the workers here."* Others said: *"I wish there were more staff to take [relative] out into the garden,"* and *"I'm not interested in this stuff they do; I'd like to go out somewhere on a minibus or something."*

Care staff have the correct information to be able to provide people with the right care at the right time. Greenhill Manor have all their care documents on an electronic system, where staff enter information in real time and alerts are put in for actions required. Personal plans are reflective of current need and risk assessments identify intervention thresholds. Supplementary monitoring and care charts, such as repositioning charts, food and fluid intake charts, and weight monitoring, are mostly completed as outlined in the personal plans. The manager advised some charts will be streamlined to ensure only the relevant charts can be accessed by staff. Nurses review care files regularly and update them as needed to ensure that accurate information is available to all. Some people living at Greenhill Manor need additional support maintaining skin integrity and good wound management if their skin breaks down. We saw evidence of wounds being recorded, measured, and photographed with alerts set at designated intervals to review healing progress.

People have food choices available to them. There is a daily menu with two choices per mealtime, and at lunchtime we observed care staff offering other alternatives to those people who did not want the main options. Special dietary needs, such as diabetic or pureed diet, are adhered to. Speech and Language therapists are referred to with concerns about swallow or choking.

There are sufficient infection control practices in place. At the time of our inspection visit, there had been some positive COVID 19 cases in one of the communities. Appropriate public health Wales guidelines are followed, with personal protective equipment (PPE) worn as changed regularly as required. An infection control policy is in place. A team of domestic staff completes a thorough cleaning schedule. On the days we visited, all the communities appeared clean and tidy.

Environment

The environment is clean and appropriately furnished and decorated. The home has four communities set over two floors, with left and right wings to the building. There is also a communal coffee shop and seating area in the foyer, and space upstairs for training and conference room. There is lift access for people with poor mobility to access all areas of the home. Communities have their own cinema rooms, and communal areas are decorated in a way that people in the community like. Bedrooms are personalised with people's own belongings. Specialist equipment and aids such as hoists, bath aids, specialist recliner and wheelchairs are all available for those who need them.

We saw evidence of a rolling programme of maintenance, checks and servicing in place to ensure the home, its facilities and equipment are safe. Health and safety monitoring and auditing is in place, and there are both internal and external maintenance workers. Maintenance requests can be submitted by staff and timescales are provided by the contractors. People have their own Personal Emergency Evacuation Plans (PEEPs) which are kept easily accessible in the event of an emergency. Fire risk assessments and checks and servicing of fire equipment are completed. Visitors have to sign in and out of the building, to safeguard people from unauthorised access.

Leadership and Management

Care staff gave us mostly positive feedback about working at Greenhill Manor. They told us: *“the team work well together to make a safe and happy community for the residents”, “it’s a lovely place to work in”, “carers work so hard to get support from doctors and the hospitals, which at the moment takes a long time”* and *“paperwork and care plans are too big for staff to fill out all day”*. Formal, one-to-one supervision sessions between staff member and line manager are completed every three months as required, and staff surveys are sent out to gather additional feedback.

Care staff are suitably trained for their roles and there are opportunities for professional development. All mandatory and service specific training is up to date, with alerts sent to staff when their training requires refreshers. An induction is completed with new starters. The service provider has put together a training package to enable selected staff to train as qualified nurses alongside their current roles, as well as supporting overseas staff with qualification conversion to work in the UK. Staff are recruited safely, with the relevant identification and reference checks completed. All staff are currently working with an up-to-date Disclosure and Barring (DBS) check to ensure they are fit to practice in their roles.

There are robust quality assurance measures in place. The RI has oversight of the service and completes both three monthly monitoring visits and biannual quality of care reports. Feedback is gathered from people living at the service, visitors, and staff, and is combined with audits and analysis of a variety of events that have occurred within the home. Root cause analysis and internal investigations are conducted when needed to minimise risk of reoccurrence of issues. Policies and procedures are up to date and contain relevant, required information to guide staff in a variety of areas, should they need it.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
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Date Published 20/04/2023