Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Greenhill

5 Oaklands Road, Bromley, BR1 3SJ

Tel: 02082909130

Date of Inspection: 16 August 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mission Care
Registered Manager	Mrs. Duduzile Gumbo
Overview of the service	Greenhill is a 64 bedded home which provides nursing and personal care to people requiring nursing, residential and people living with dementia. It is situated in the London borough of Bromley.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 August 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People we spoke with said they were very happy with the care and the support they received at the home. They said the staff responded quickly to call bells unless they were very busy. People told us that the food was very good and there was always a choice. People told us that they were able to see the doctor whenever they needed to. One person we spoke with said that they had been very depressed when they first arrived at the home but moving into the home was "great and the best thing they had ever done". People told us that the new activity programme was much better and kept them occupied. Another person told us "staff were really kind and always goes out of their way to help even though they are very busy".

We found that people were respected and their privacy and dignity was maintained. There were suitable procedures for planning and supporting people's individual needs. The menu was varied and the cook ensured that people were aware of the choices available to them. The provider followed the correct recruitment procedures to ensure that the appropriate checks were completed prior to staff starting work at the home. People and their relatives were aware of the provider's complaints procedure and the provider responded within the timescales set out within the policy.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. We reviewed eight care plans and people who were able to, told us that they felt involved in planning their care. The majority of care plans were signed by the individuals or their relatives and showed that people's preferences had been recorded. For example the care plans stated whether people preferred a bath or a shower and people's routine at bedtime. People's care plan also reflected whether they wished to be involved in religious services provide either internally by the pastoral team or externally to support their own religious or cultural beliefs. Some people told us that the pastoral team were very supportive and looked forward to chatting to them.

People told us they were happy with their care and had on occasions been asked for their views. The provider had completed a satisfaction survey in June 2013. The results had been summarised and were displayed on the information board and copies were available in the main reception area. The survey asked 12 questions such as whether people felt they were treated with dignity and respect and whether people were given a 'residents guide' on admission to the home. The results showed that most people felt that the staff treated them with respect and dignity; although people's memory of whether they remembered being given information on admission was variable people we spoke with said they were. People also told us that all their personal care was given in private and staff always closed the doors and ensured they knocked and waited prior to entering their bedrooms and bathrooms. On the day of our inspection we noted that staff closed bathroom and toilet doors when assisting people with personal care.

People we spoke with told us that there was flexibility regarding how they spent their day and they had a choice to join in the activities Staff told us where possible they tried to encourage people to join in the activities programme but people had the choice. People we spoke with told us on the day of our inspection that they had enjoyed the morning's activities which had included pottery.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. An initial assessment of the person's needs and general health and wellbeing had been carried out prior to their admission to the home. For example records showed that staff had documented that an individual had a pressure ulcer prior to admission. This enabled staff to ensure that the correct pressure therapy equipment could be obtained prior to the person being admitted to the home. Staff we spoke with told us that a full assessment which included health, mobility and mental capacity was undertaken when people arrived at the home. Records of people living with dementia showed that a mental capacity assessment had been undertaken and relatives consulted regarding end of life plans. Care plans included information on ensuring that staff communicated effectively with people with medical conditions such as a stroke or hearing impairment. For example the care plans reminded staff to speak clearly, maintain eye contact and use short sentences.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We reviewed eight care plans which confirmed that the majority of people's needs were assessed and reviewed on a monthly basis which was in line with the provider's guidelines. The manager told us that senior staff carried out an audit on nine care plans every month and looked at whether the documented care reflected the needs of the individual. The audits confirmed that where discrepancies were found action was taken. For example we saw evidence that where documentation wasn't legible or did not provide sufficient detail about the care people had received action was taken to address this with staff in supervision.

Risk assessments had been completed and included falls, nutrition, moving and handling, use of bed rails, hoists and wheelchairs. People's records all contained malnutrition universal scoring tools (MUST) which were reviewed on a monthly basis in conjunction with weekly weight charts and food and fluid charts. We found that majority of the MUST assessments were acted on when staff found that a person's weight was dropping. We noted that an individual had lost 5kgs of weight from February 2013 to July 2013 and that staff had completed a referral to the dietician for assessment 11 July 2013. Staff had documented that they followed the plan provided by the dietician which included giving fortified meals and extra milk. Records showed that the individual had gained 1kgs of

weight with the new food regime that had been put in place. The provider may wish to note that on one care plan staff had not updated a person's falls chart correctly for July 2013. The document stated 'no falls' however, we found that a fall had been recorded on an accident form and filed in the care plan. This was discussed with the manager and the care staff at the time of our inspection and the care plan was reviewed.

The home provided activities on weekdays such as exercise groups, quizzes, painting and pottery classes. Some people told us that they really enjoyed some of the entertainment such as the cocktail evening and the garden party which had been held over the last few months. People also told us that they went into Bromley town centre shopping and for coffee and felt generally that the activities in the home had improved over the last six months.

People living at the home were able to access the GP who visited the home twice a week as well as other health care professionals such as chiropodist, dentists and opticians and records we saw confirmed this.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink. The provider displayed the weekly menu in the main reception area and on each floor of the home. The menu was varied and provided a variety of foods for people to choose from. For example on the day of our inspection at lunchtime people had a choice of soup, two hot meals or a salad. We also heard the chef offer to cook an omelette for someone who did not want any of the food on the menu. People told us that the chef was "brilliant" and always asked if we are happy with the food. People told us that there was a good variety of main courses and desserts available. The provider also displayed a week's menus and meal times on the home's website so that relatives could see the food available for people living at the home.

There was a comments book in the main reception which was specifically for people to comment of the food and make suggestions. The majority of the comments written were complimentary especially relating to the food provided for the recent garden party and the cocktail evening. Comments included 'thank you to the catering staff for great food'. The chef attended the home's residents and relatives meeting and minutes included information on a cheese and wine evening to be held on the 29 August 2013. The home recently was given a five star rating for food hygiene and the chef stated that people were welcome to come and look around the kitchen and to give feedback on the catering service provided.

People were supported to be able to eat and drink sufficient amounts to meet their needs. Care plans monitored people's food and fluid intake and the appropriate risk assessment were undertaken and where appropriate food charts were completed to ensure people ate sufficient amounts of food to maintain a healthy lifestyle. We observed the lunch time briefly on all the floors in the home and found that where people required assistance with eating they were supported by staff. Staff gave people time to eat their food and ensured that drinks were available for them. Some people due to dietary requirement were provided with pureed foods which were placed separately on people's plates so elements of the meal were identifiable. People told us that where they had medical conditions that required a special diet there needs were met to ensure that their health was maintained.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place and appropriate checks were undertaken before staff began work. We reviewed five staff files and found that there was evidence that people had been recruited in line with the provider's guidance. For example files contained application forms, and notes had been kept from the interview which showed questions about people's competency had been asked. The provider's recruitment guidance stated that two references should be received for each applicant and all the files we reviewed had the required number of references on file. The personal records also provided contact details of the individuals as well as details of a person to be contacted in case of an emergency.

The provider had documented evidence to verify applicants' identities and there were checklists relating to ensure that all aspects of the recruitment process had been completed. This included the date references were requested and received. There were records to show that if the references were not initially received that a follow up request was sent and the date documented. All the files contained proof of identification, health screening checks and verification of qualifications; the date that all the original documents were seen was also recorded and signed by the staff member that had received and checked the information.

Criminal record checks were available for all staff and we saw that these were returned prior to a new staff member starting at the home. When we spoke with staff they confirmed that they had been asked for names of referees and criminal records checks had been carried out prior to them being given a date to start work. The provider also had a system in place for carrying out further criminal records checks (CRC) every three years on all staff employed at the home. Staff we spoke with told us that they carried out an audit of CRC and registration with professional bodies such as the nursing and midwifery council (NMC) every two weeks.

All new staff received 35 hours induction programme and had a three month probationary period which was outlined in their letter of offer of employment. We saw that a copy of the provider's handbook was kept on each floor of the home. Staff we spoke with confirmed that they had been made aware of the homes policies and procedures and knew how to access them. This included policies such as confidentiality, whistleblowing, bullying and harassment, health and safety and data protection. Staff files contained evidence that staff

had been made aware of the provider's handbook.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available and comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. A copy of the complaints procedure was available in the home's reception area and on each of the floors of the home as well as leaflets outlining who to contact. The leaflets were also available in other formats such as large print upon request. The notice in reception provided contact details of the Care Quality Commission should people or their relatives wish to raise concerns about the care received.

We asked for and received a summary of complaints people had made and the provider's response. The home kept a record of all complaints and a copy of the investigation and responses. The provider's complaints procedure identified the timescales that people or their relatives could expect a response regarding the issues that they had raised. The policy stated that all complaints would be acknowledged within 3 working days, investigated and responded to within 28 working days. There had been four complaints raised within the last year which showed that the provider had in all the complaints met the timescales identified within their policies. For example some relatives had raised issues related to staffing in a letter dated 27 August 2012 and we saw that this had been responded to on the 10 September 2012. The response outlined the steps the home was taking to fill the staffing vacancies with the expected timescales. Another complaint that raised serious issues regarding the conduct of a member of staff was investigated by the manager and the actions taken by the provider were recorded on file. This complaint was also investigated and responded to within the agreed timescales.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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