

Care UK Community Partnerships Ltd

Greenview Hall

Inspection report

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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

Greenview Hall is a nursing home providing personal and nursing care to up to 60 older people living with various health and physical support needs, some of whom also live with dementia. At the time of the inspection 59 people lived and received care at Greenview Hall. Greenview Hall is run by two companies: Care UK Community Partnerships Ltd and WT UK Opco 4 Limited. These two companies have a dual registration and are jointly responsible for the services at the home.

People's experience of using this service and what we found

Staff ensured people were able to follow culture and traditions that were important to them and encouraged people to recognise and celebrate the cultures of others. Equality and diversity was promoted throughout the home.

There was a wide range of activities available which people enjoyed and staff organised activities for people based on their individual interests. Staff worked hard to ensure people did not become socially isolated and supported people to make positive contributions to the local community.

People told us they felt safe and well cared for living at Greenview Hall. Staff were aware of their responsibilities to report safeguarding concerns and accidents and incidents were acted upon to minimise the risk of them happening again. Risk assessments were comprehensively completed, and measures implemented to support people to maintain their safety and wellbeing. Sufficient staff were available to spend time with people socially and people did not need to wait for their care.

People were referred to healthcare professionals as required and received their medicines in line with their prescriptions. Staff were aware of people's needs and involved them in decisions regarding their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with dignity and respect. People told us they felt staff were kind and attentive to their needs. People's individual rooms were personalised with things which were important to them, and the home was designed to meet needs of those living there. People were able to receive visitors when they wished and private areas of the home were available to them.

People were supported by staff who knew them well and understood their needs and preferences. Care plans were person centred and reflected people's life histories. The atmosphere within the home was relaxed and staff used their knowledge of people to generate conversation. People told us they enjoyed their meals and individual tastes were catered for.

There was a positive culture and staff worked to ensure the aims and values of the service were embedded into their day-to-day practice. People and staff told us they felt valued and listened to by the management

team and had the opportunity to share their views. The registered manager completed a variety of audits and reviews to ensure systems were robust and effective in ensuring people received a high standard of personalised care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update - This service was registered with us on 10 December 2021, and this is the first inspection. The last rating under the previous provider was good.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Greenview Hall

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 checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 3 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.

Service and service type

Greenview Hall is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Greenview Hall is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since their registration and sought feedback from the local authority. We used this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 11 people who lived at Greenview Hall and 3 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, deputy manager, nurses and care staff. We reviewed a range of records including 7 people's care plans and medicines records. We looked at recruitment checks for 4 staff members. A variety of records relating to the management of the service, including policies and audits were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Greenview Hall. One person told us, "I feel very safe. The whole place is secure, everything is monitored." A second person said, "I'm definitely very safe, they couldn't look after me any better."
- Effective systems were used to safeguard people from the risk of abuse. Staff completed safeguarding training. They were able to describe the different types of potential abuse to be aware of, how to identify concerns and reporting procedures. One staff member told us, "It's not just physical signs. Any changes in residents have to be reported. It's our job to make sure they are safe."
- Where concerns were highlighted the management team took action to ensure people were safe. The local authority was informed of safeguarding concerns and where additional information was requested this was provided in a timely way.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and wellbeing were assessed and action taken to minimise the risk. Staff were aware of people's individual risks and how to support them safely. This included in areas such as skin integrity, mobility, falls and nutrition.
- There were processes to monitor accidents and incidents to ensure prompt action was taken. Records showed accidents and incidents such as falls and infections were reviewed in weekly governance meetings in addition to monthly health and safety meetings. These systems helped to ensure any potential themes were acted upon and minimised the risk of concerns reoccurring.
- Learning from accidents and incidents was shared across the staff team. One staff member told us, "The new accident and incident system means that we learn from incidents and any information is shared with us in handover and staff meetings."
- Environmental risks were consistently monitored. Regular health and safety checks were completed in areas including, equipment, servicing, water and fire systems. Any concerns identified or general maintenance issues were addressed promptly.

Staffing and recruitment

- Sufficient skilled staff were deployed. Although some people felt having additional staff would be useful, no one reported they had to wait for their care. One person told us, "As a rule yes (there are enough staff). I think there could be more staff. They are incredible really." One relative told us, "There is no difference at weekends, there are always plenty of staff."
- Staff had time to spend with people. We observed staff had time to spend with people socially as well as supporting their care needs. People were supported at their own pace, and no one was rushed or left waiting for support.

- Safe and effective recruitment systems were in place. Checks had been made on employment history, references and with the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.

Using medicines safely

- People told us they felt supported well with their medicines. One person told us, "I take a lot, so I have them administered 4 times a day, it's really ideal."
- Medicines were stored in a secure clinical room. The room was clean and air conditioned with records showing a suitable temperature was maintained. Each person had a medicines administration record (MAR). This included an up-to-date photo which corresponded with photos on individual medicines boxes.
- People received their medicines in line with their prescriptions. Staff received training in supporting people with their medicines and completed regular competency assessments. MAR charts had no gaps in administration and stock balances were correct.
- There were processes for the administration of as and when required medicines (PRN) and homely remedies. PRN protocols were used to inform staff how and when PRN medicines should be administered.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The manager supported visits for people in accordance with government guidance. This meant people could have relatives and friends visit at any time. Relatives told us they felt welcomed into the home by staff and management.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People's needs were assessed prior to them moving to Greenview Hall to ensure they could be met. Assessments were detailed and contained information relating to people's care needs, health, life history and preferences.
- Information gathered during the assessment process was used as the basis for people's care plans. People confirmed they had been involved in their assessment. They believed their views had been listened to as staff knew what was important to them.
- Support provided was in line with best practice guidance. The use of recognised tools to monitor risks to people's health demonstrated an awareness of best practice. Nursing staff received regular updates and ensured their clinical practice was up to date.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff had the skills and experience required. One person told us, "They are well trained, that's why everything runs relatively smoothly." One relative said, "Absolutely (staff are well trained). If a carer isn't sure, they always get a nurse and check." Relatives gave examples of staff skills in supporting their loved ones with health care needs and anxiety due to their dementia.
- Staff completed relevant training with records demonstrated a high level of compliance. Staff told us they found their training useful and supported them in their roles. One staff member told us, "I am up to date on training. The dementia training was face to face. It was really emotional, but really valuable. We also had training around specialist needs for a (person) with challenging needs. We've found this really useful in supporting them."
- Staff received a comprehensive induction into the service which in addition to completing training included spending time shadowing more experienced staff. The registered manager told us they continually reviewed the training and induction programme to ensure it met the needs of the service. They told us, "Training is good, but we want to always monitor how staff put it in practice. Training, coaching, and giving feedback to staff is a constant process."

Supporting people to eat and drink enough to maintain a balanced diet

- People were fully involved in making choices regarding their food and their preferences were respected. One person told us, "I told them it was customary at home to have a sherry before the evening meal, so they give me that too. It is outstanding food. I'm a bit choosy so they've provided what I like." We observed where people had specific diets a member of the hospitality team visited them daily to discuss their preferences and provided specific foods they enjoyed.
- Staff demonstrated a good understanding of people's dietary needs. Where people had allergies or

required their food to be of a modified consistency to help them swallow safely guidance was used and followed. People's weight was monitored, and any significant loss or gain was acted upon promptly.

- People were supported at mealtimes in safe and dignified way. Staff showed people the meal options to enable them to make a choice. We observed staff prepared one person's meal to include a smaller portion of each as they said they liked both options. Staff sat next to people who required support to eat, ensuring people were in a comfortable position. Staff supported people at their own pace and created a comfortable atmosphere.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Referrals to healthcare professionals were made promptly when required. One person told us, "You get first class treatment. The doctor is here straight away." One relative said, "(Family member) gets better access to medical care than I do. The doctor is really very good and has spotted things that hadn't been seen before. Mum gets put on the list if needed. They are excellent at reporting back so if there's been a GP visit, they keep you informed. We know exactly what's going on."
- People's healthcare needs were monitored for any changes and action taken to support them. Any concerns were tracked through daily meetings, handovers and clinical review meetings. Nurses were confident in their approach and were knowledgeable about people's healthcare needs and how these were met.
- Staff worked together as a team to achieve the best outcomes for people. Staff communicated well and shared information which meant people's needs, requests or concerns were responded to quickly. One staff member told us, "My job is made easier because we are a team. We support each other and all work to the same high standards."

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

- The environment was purpose built and designed to meet people's needs. Lifts were available to all areas of the home. Corridors, rooms and doors were all suitable for people using mobility aids or wheelchairs. Handrails were secured along walls at an appropriate height to assist people moving safely around.
- People had access to a well-maintained garden and terrace area. One person said of their home and garden, "I think it's rather lovely really, we have a lovely view." We observed people were supported to access outside areas to sit or to walk around the garden.
- Adaptations were made to support people living with dementia. Memory boxes were placed outside people's rooms. These contained items personal to them to help them orientate to their room. Memorabilia and tactile objects were located in communal areas which some people showed an interest in.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- The principles of the MCA were followed. Capacity assessments had been completed for specific decisions in areas including consent to care, covert medicines (given without the persons knowledge or consent) and people receiving a modified diet. Where assessments evidenced people lacked the capacity, best interest decisions were made. These involved a review of the persons previous wishes, involved relevant family members or advocates and looked at the least restrictive options available.
- DoLS applications had been made as required. The registered manager maintained a DoLS tracker to ensure they were aware of DoLS authorisations, expiry dates and any specific conditions. This was frequently monitored as part of the monthly manager review to ensure all required action had been taken.
- Staff demonstrated an understanding of people's right to make choices. We observed staff seeking permission before providing support to people and respecting their decision if they declined.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect. "Yes, I think they are respectful. They just treat you like a normal human being really." One relative told us, "Absolutely (staff are respectful), if they say hello, they always say [their] name. They always tell [them] when the night shift are going and say [do they] need anything before they leave, and they say goodbye. They go above and beyond."
- Staff were caring and attentive in their approach. When passing people staff stopped to ask how they were and engaged people in conversation. We heard staff passing compliments on how people looked or what they were wearing. Staff quickly identified when people were becoming anxious and went to provide support and reassurance before people became distressed.
- People were supported by staff who knew them well. There was a relaxed atmosphere where people and staff chatted freely with each other and shared jokes. We observed this was not only the case with care staff but staff in all roles including catering, housekeeping and administrative staff. Staff were skilled at using their knowledge of people to strike up conversations that were meaningful to them. This helped to create a positive and homely feel.
- People were supported with their cultural and religious needs. This included one person having a separate menu in line with their specific needs. Regular church services were available to people and people's views and preferences were recorded within their care records.

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

- People were involved in decision about their care. We observed staff consistently offering people different options such as what they wanted to do, where they wished to spend their day and what they wanted to eat.
- Staff were prompt in responding to people's requests. We observed staff rarely asked people to wait when they wanted something. They took time to ensure they understood people's requests and before leaving them checked they had everything they wanted and were comfortable.
- People's rooms were personalised and comfortable. People were able to bring their personal items from home and were supported to display them. People told us this was important to them and made them feel more at home.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain and develop their independence. Staff told us they felt this was an important part of their role. One staff member told us, "We support residents to do things as much as possible, not do things for them and take their confidence away." They went on to describe how staff had supported one person to mobilise again following a long stay in hospital. We observed people had the

equipment and support required to maintain their independence such as mobility aids and adapted cutlery to support them with eating.

- Staff respected people's privacy and dignity. Staff were observed to knock on people's doors and announce themselves before entering. People were supported with their personal care with doors closed and staff were aware of how to support people with dignity. Where people had stated they preferred their care from either female or male staff this was respected.
- People were able to have visitors at a time of their choosing. People and their visitors told us they were always made to feel welcome and treated with kindness by staff. There were a number of different areas where people could receive visitors should they not wish to meet in their room.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff ensured people were able to follow culture and traditions that were important to them. For example, the home's head chef worked closely with a person and their family to develop a personalised menu which reflected the person's Hindu culture and beliefs. The head chef accompanied the person and their family to a local Indian food shop where the person chose their preferred vegetables and spices for inclusion on their menu.
- In addition, the person demonstrated how to make Indian foods including samosas and pakoras at the home's cookery classes. These proved so popular that they were added to the home's menu. The person's family contacted the registered manager to highlight how the support the person had received had positively impacted their life, stating, '[Family member] has had an incredibly hard year but despite this she is clearly blossoming at Greenview. This is entirely due to you and your staff, for which no words can express my gratitude. I am seeing her develop and grow in areas that I would never have dreamt of. It is clear to me now that in a lot of ways her family have supported her for many years. However her new Greenview family are able to support her in so many ways more than we can.'
- Staff also encouraged people at the home to recognise and celebrate the cultures of others. For example, staff organised a Diwali celebration at which the head chef prepared special food and the activities team organised cultural activities and talks. Staff had organised a virtual 12-week 'Cruise around the world', which involved visiting 12 countries from Asia, Africa, USA, Australia, and Europe. Events had been held to celebrate each country's culture, festivals and food. Staff from different countries took part by wearing their country's traditional dress.
- Equality and diversity was promoted throughout the home. Staff ensured that any needs related to people's sexuality were reflected in their support plans. Staff had organised events to celebrate LGBTQ Pride month.
- People were supported to maintain contact with groups and associations which were important to them. For example, a number of people who lived at the home had served in the armed forces and wished to continue their associations with the ex-military community. A number of events had been organised to support this, including people attending the 79th anniversary of D-Day in June 2023 and the Remembrance Day parade, and talks from military veterans.
- There was a wide range of activities available which people told us they enjoyed. One person told us, "I do any (activities) that I can do. I do the exercise ones and I've just learnt how to play bingo. There are quite a few things I join in if I can. I have recently spent more time on this terrace, I appreciate being able to see these lovely flowers."
- The activities co-ordinator told us they regularly sought feedback regarding what activities people had

enjoyed. They told us, "Residents told us they particularly enjoyed the exercises and external entertainers, so that's increased. The singers and pet therapy go down really well." We observed activities were well attended, engaging and inclusive. People also indicated they enjoyed going out shopping and to places of interest. The service had therefore acquired their own minibus to enable this to happen more frequently.

- Staff engaged well with people who preferred not to attend group activities. Staff spent time speaking with people, taking an interest in what they were doing or the music they were listening to. We observed staff use information about people's hobbies to engage them in conversation such as amateur dramatics and gardening.

- Staff had organised activities for people based on their individual interests. For example, 1 person had supported a local football team their whole life but had been unable to attend matches in recent years. The person was supported to attend 1 of the team's matches with their family, which they greatly enjoyed. Another person had enjoyed the music of Cliff Richard their whole life but had never had the opportunity to see him in concert. Staff arranged for the person to attend a Cliff Richard concert and accompanied them to the event to ensure their ambition could be realised.

- Staff supported people to make positive contributions to the local community. For example, people living at the home and staff supported a local food bank project. The home's activities co-ordinator organised food bank donations and every other month 1 of the people living at the home presented the donations to the charity. The home hosted a quarterly dementia café to which members of the local community were invited. Advice and support on living well with dementia was provided by families of people living at the home and the home's dementia lead organised question and answer sessions. Staff also promoted the 'dementia friend' programme in the local community.

- Staff worked hard to ensure people did not become socially isolated. They planned individual activities based on people's interests and hobbies. For example, 1 person had moved to the service having become depressed and isolated at home. Knowing the person's life history, a member of staff brought in a sewing machine from home and the person began to use this to make clothing, which was donated to charities. Having seen the person produce these items, other people at the home became interested in doing the same. As a result, a weekly Knit and Natter Club was formed and attended by a number of people, who produced blankets and clothing for charities including Great Ormond Street Hospital and Age UK.

- Forming relationships with other people at the home and staff had significantly improved the person's mental health and, as a result, their prescribed medicines had been reduced by 50%. The person's family highlighted the improvements they had observed in the person's wellbeing since moving into the home, commenting, 'It is so lovely for us to see [family member] so settled on engaging with the whole team. It is great for us to see [family member] take part in and enjoy the activities that are available to the residents. It is a great relief for us to know that [family member] is safe, cared for and living her best life in her later years. As a family we love to come and visit her and see the team who make us feel so welcome.'

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were knowledgeable about people's needs, routines and preferences. One person told us, "Yes, they do (know me), they call me (name) and ask how I am. They know how I like things done."

- Care plans contained information regarding the care people needed. This included information regarding people's personal care needs, mobility, nutrition, night care and support to orientate and respond for those people living with dementia.

- Records contained personalised information about people's life histories. This included previous occupations, family connections, interests as well as things people did not like. Staff spoken with were able to share this information and were observed to use this in conversation with people.

- Staff were told about people's life histories before they supported them, which meant they were able to engage with people about their family, employment, and interests. We saw that staff used the information

recorded in people's care plans about their life histories to engage with them during the inspection.

- Staff had used their knowledge of people's histories creatively to achieve positive outcomes for them. For example, 1 person who was living with dementia had become reluctant to receive support with their personal grooming. As the person used to be a hairdresser, staff created a hairdressing kit which encouraged the person to become involved in their own personal grooming.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff understood people's individual communication needs. One relative told us, "They know her and how to approach her in a certain way that doesn't trigger her." We observed staff communicated appropriately with people, ensuring they took time to understand the person and respond to them.
- Communication plans were available to staff. These gave guidance regarding people's preferred communication styles, what different gestures people made may mean and any approaches which may make people feel anxious. We observed staff followed guidance and were sensitive to people's needs.
- People's sensory needs were considered when planning care. Where people wore glasses, we observed these were clean and people had regular eye tests. We spoke with one person who wore hearing aids who told us staff supported them well with this.

Improving care quality in response to complaints or concerns

- People told us they felt comfortable in raising any concerns and felt they would be dealt with promptly. One person told us, "I'd feel very comfortable telling them and would know exactly who to speak to."
- Records showed complaints and concerns were responded to promptly and in full. In the majority of cases the registered manager met with people or their relatives to ensure they were clear what the concerns were and were happy with any proposed action. Complaints were regularly reviewed to identify any themes and minimise the risk of them happening again. Systems were used to ensure any learning from complaints was shared across the service.
- The provider had a complaints policy. This was widely shared and gave information regarding how to raise a concern, how this would be dealt with and timescales for a response to be provided.

End of life care and support

- People's wishes at the end of their life were discussed with them and where appropriate, their relatives. Care plans reflected the care people wished to receive and who they wished to be informed.
- Staff had received training in end-of-life care and spoke about the support they provided with confidence. One staff member told us, "We try to they have things exactly how they want it and when the time comes for the medication that's already here (so people are free from pain). I did my end-of-life certificate and I'm very passionate about making sure we get it right."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People and their relatives valued the positive, homely and personalised nature of the service provided. One person told us "I love it here; this is my home. I've never regretted coming here." One relative said, "The care is excellent, much better than I can give."
- Staff were clear about the values and ethos of Greenview Hall and clearly demonstrated a highly personalised approach. One staff member told us, "The support is great here and we all share the same goal of supporting residents in the best way we can." Staff testimonials showed staff felt valued in their roles, took pride in the service and valued the opportunities and support they received.
- The registered manager was committed to developing a positive culture and continuous improvement. People, relatives and staff knew who the registered manager was and felt they were approachable, supportive and fair. The registered manager was extremely knowledgeable about people's needs and was very visible within the service.
- The management team were focussed on developing staff autonomy and providing them with the skills they required to support people well. The registered manager told us, "We aim to always hold up a passionate approach, engagement and teamwork. Training is a good start to promote this but we follow this with coaching, observing and giving feedback to develop good understanding."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- A variety of checks and audits were completed to support the registered manager and provider to maintain good oversight of the service. These included audits and reviews of care records, the environment, accidents and incidents, complaints, feedback and staff training. Where concerns or improvements were identified action plans were implemented and monitored to ensure the service continued to develop.
- The skills of the management team had been recognised and rewarded. The service had received nominations and awards from the provider in areas including care home of the year, regional chef of the year and nurse of the year. On a service level, awards were presented to staff for 'Going the Extra Mile' (GEM awards). People and staff were able to nominate staff members for GEM awards and these were displayed to ensure staff's good work was acknowledged.
- The provider had a duty of candour policy which set out their responsibilities in responding and offering apology when things went wrong. The registered manager demonstrated a good understanding of this and ensured they were transparent and honest with people and relatives.

- The registered manager was aware of their responsibilities in ensuring CQC were notified of significant events which had occurred within the service. Notifications were forwarded to CQC as required to ensure risks within the service could be monitored.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in the running of their home. Regular residents' meetings took place to discuss different issues across the service. Outcomes showed people's views were listened to and preferences considered such as new water jugs being ordered as the previous ones were too heavy, choosing the colour of new carpets, developing systems to support people with their post, activity options and dining preferences.
- People were supported to gain understanding of the running of the service. Training overviews were offered to people in areas including moving and handling and fire systems to develop awareness of how and why staff did things in a particular way. In addition, resident ambassadors took a greater role in supporting the service such as sitting on interview panels for new staff.
- A variety of staff meetings were held to share information, monitor people's wellbeing and safety and to gain staff feedback. Meeting minutes reflected staff felt able to contribute to meetings and staff feedback confirmed this. The registered manager told us, "We are very democratic and involve the team, people and relatives in decisions."
- Annual surveys were completed to monitor levels of satisfaction and areas of improvement. Results of surveys were, on the whole, positive. However, where potential improvements were noted, these were acted upon. For example, relatives had commented activities could be improved. A fulltime activities co-ordinator had been recruited in response which had resulted in a review of what was on offer to people.

Working in partnership with others

- The management team were committed to ensuring people were part of the local village. The registered manager told us, "It's a lovely community and we have always looked for every opportunity to be involved." Examples of this included involvement in the agricultural show and people laying wreaths at the remembrance service.
- Community groups were invited into the home both to develop local networks and as a support to people living at Greenview Hall. The training room was offered to a local training company in exchange for staff being able to attend course. Services were run by the local church and the school supported with the music programme. Student work experience was also offered in addition to placements for student nurses.
- People and staff supported a number of events to raise funds for charities. These included supporting Dementia UK, planning events for Red Nose Day and taking part in Race for Life. In addition, regular food collections take place which people donate to the local food bank.
- The registered manager attended forums and networks to ensure they were aware of any changes to best practice guidance or legislation.