



# Inspection Report on

**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**

17/01/2024

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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	1 & 2 March 2023
Does this service promote Welsh language and culture?	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

This inspection was a focused inspection, looking at the following areas of care and support and leadership and management: medication, pressure care, moving and handling, safeguarding referrals, dementia care, audits, and staff disciplinary processes. There were no areas of improvement identified at the last inspection.

Staff and residents speak positively about their experiences of working and living in Greenhill Manor. Medication processes have been reviewed and adjusted to reduce errors, in collaboration with the GP and dispensing pharmacy. Moving and handling plans are clear. Specialist practitioners are involved in dementia care to minimise people's distress responses. Management have good oversight of events in the home. The investigation process is clear and contains all relevant information regarding an event in chronological order. Thresholds for safeguarding referrals are being clarified with the Local Authority team. Staff competency is monitored as part of quality assurance and disciplinary processes are followed thoroughly in a timely manner.

## Well-being

People are supported to have control and choice in their day-to-day life. We observed staff engaging in warm and friendly interactions with people, asking them what they wanted to do for activities, or for lunch. People spoke positively about their experiences of living in Greenhill Manor. Relatives and representatives are communicated with about any events concerning their loved ones.

People are supported to be as healthy as they can be. There have been some changes to the process of receiving prescriptions from the GP and giving them to the pharmacy for dispensation, which appears to have improved the efficiency and consistency of medication deliveries. Staff told us: *“the current system is much better”*. Medication rounds are completed accurately using an electronic system. We spoke to staff who administer medication and found them to be knowledgeable about the different medications people took, including PRN (as required) and time-specific medication. Medication competency assessments are completed as part of quality monitoring.

Systems are being developed to help protect people from harm and abuse. We spoke with staff who reported they were confident in their ability to identify potential safeguarding concerns and were positive about the management team responding quickly and appropriately to any concerns. Staff felt the management team were *“open and transparent”* regarding any event that occurred in the home. The threshold for reporting safeguarding events to the Local Authority has not been made clear to them, and this is expected to improve in the coming months. The auditing system for safeguarding concerns is comprehensive and contains all necessary information in chronological order.

## Care and Support

People are supported to maintain their personal safety when being assisted with tasks and moving around the home. We saw sufficient numbers of moving and handling aids and equipment, clearly organised and labelled for each individual based on their needs. Personal plans give clear directions and descriptions of equipment needed to support people with mobilising and transferring themselves from one place to another. Staff reported they felt confident to support people with moving and handling. Moving and handling practical refreshers are given every six months, and additional training on measuring slings has now been included.

There are processes in place to identify, monitor, and treat pressure damage and wounds. Photographs and measurements of the affected areas of skin are recorded and reviewed by management every seven days. Tissue viability nurses are referred to as necessary as part of the review. Analysis of how the pressure damage was sustained and any action points or learning points are acted upon.

People who have dementia needs are supported, to try and minimise the impact of behaviours that challenge or pose a risk to individual safety. The service provider employs a Dementia Practitioner who analyses events in the dementia communities and creates bespoke profiles for people identifying what emotional needs may not be being met. Staff use these profiles to adjust their approach to supporting the person. People also receive support from external health professionals such as the Specialist Dementia Team and Community Mental Health Team. Staff working in the dementia communities showed us they were knowledgeable about people living there and any potential issues within the community.

## **Environment**

As this was a focused inspection looking at areas of care and support, and leadership and management, we did not consider any aspects of environment in detail. On the day we visited, we found the home to be secure, clean and tidy.

## Leadership and Management

There are processes in place for monitoring and auditing events in the home, to identify any patterns or trends and take action where required. Management use an electronic system to record all events which clearly shows the timeline for actions, including referrals to other agencies and communication with next of kin. This monitoring feeds into quality assurance processes, and the Responsible Individual's quality of care reports.

People can be confident that staff competency in practical tasks of care and support is observed on a regular basis. Medication and moving and handling processes are observed by management, with any issues raised with the staff member. Additional training refreshers are given to those who need them.

Issues of staff conduct are investigated and dealt with via a formal disciplinary pathway. Depending on the severity of the allegation, disciplinary proceedings follow a time sensitive, thorough process, which keeps the staff member informed at every stage. They are also given the opportunity to answer any questions, and there is an appeals process for any decision made.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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