



# Inspection Report on

**Greenhill Residential Care Home**

**Beaufort Street  
Crickhowell  
NP8 1AG**

## **Date Inspection Completed**

7 October 2022

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## About Greenhill Residential Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Shaw healthcare (Group) Limited
Registered places	22
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">31 March 2022</a>
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 are happy with the care and support they receive at Greenhill. Care staff show a genuine interest in making sure people are well cared for and have a good quality of life. There are opportunities for people to take part in a wide range of activities and contact with family and friends is encouraged to maintain relationships.

There have been significant improvements in the way the service is managed. Staff are well supported and receive training to give them the skills and knowledge needed to support people. Improvements in the quality of documentation means staff have up to date information to make sure people get the right care and support when they need it.

Many improvements have been made to the environment which impact positively on people living and working in Greenhill. This includes new furniture in the communal areas as well as redecoration of the home.

The oversight and quality assurance arrangements have improved meaning the standard of care and compliance with regulations are regularly reviewed. The management team are committed to ensuring the service continues to develop and improve.

## Well-being

People have choice and control of their day-to-day life. They are treated with dignity by care staff who respect their choices in areas including when they want to get up, what food they want to eat and how and where they want to spend their day. Information about what people can expect from the service is available and they are involved in planning and reviewing their care needs to make sure their personal outcomes are met. The Service Statement of Purpose says there are currently no Welsh speaking staff but “*they are working on providing signage and other materials in the Welsh language.*” People feel they are listened to, and their individual circumstances are considered.

People are supported to manage their physical health and emotional well-being. People form particularly good relationships with care staff who show a commitment to improving people’s lives. They are friendly and caring and support people to maintain relationships with family and friends. Opportunities for people to do things they are interested in are available daily, and it is evident friendships within the home have developed and are encouraged. Care documentation contains good detail and is easy to follow. People remain as healthy as possible due to timely referrals to health professionals.

There are systems in place to protect people living in the home. Access to the home is for authorised persons only. Visitors are asked to sign when they enter and leave the property. Staff have training and are aware of their responsibility to keep people safe. Policies and procedures are accessible to staff to guide them. Recruitment processes make sure staff are suitable to work in the home before they commence employment.

People live in accommodation which suits their needs. Rooms are personalised and they have access to equipment if needed. Improvements have been made to make sure the outside space is safe and secure. The interior of the home has been decorated and new flooring and furniture purchased.

## Care and Support

People are provided with the care and support they need. Significant improvements have been made to care documentation since the last inspection. Assessments are completed when people come into the home and are reviewed regularly. Personal plans and risk assessments are completed which accurately reflect care needs and associated risks. These documents are detailed and easy for staff to follow. We saw people are involved in compiling and reviewing the documentation to make sure their personal outcomes are met. The staff we spoke with had a very good understanding of people's needs, wishes and preferences. They spoke passionately and enthusiastically about people demonstrating their commitment to making sure people do what is important to them.

People have access to a full activities programme. We saw people engaging in various group and individual activities throughout the day. People were clearly enjoying themselves. Some people had visitors, and some went out with their family. The atmosphere during the day was relaxed and friendly, people are clearly happy in the company of the staff. There were a lot of laughter and any support people needed throughout the day, either with activities or whilst eating meals was given in a timely way.

People are supported to manage their physical and emotional well-being. Medication management has improved. There is a new electronic system in place which reduces the risk of error. Staff have had training and are confident when using the new system. Regular audits take place to make sure any issues identified are quickly rectified. The management has implemented a new system to identify when people are losing weight impacting on their well-being. This information is shared with relevant people and appropriate action is taken. People have access to healthcare and other services to maintain their health and well-being. Care staff arrange health appointments where necessary.

Infection control processes in the home promote hygienic practices and help reduce the risk of infection. Regular infection control audits take place so issues can be identified and addressed. Staff are careful to follow government guidelines in relation to Covid and ask visitors to do the same. Staff have training to make sure they are up to date with current guidance.

The service takes all reasonable steps to protect people from abuse and neglect. Staff know their responsibilities to keep people safe. People have information about how to raise any concerns they may have. They tell us the manager and staff are very approachable and always try to address issues raised in a timely way. Improvements to documentation means staff have the right information to make sure people's needs are met and they remain as safe as they can be. Deprivation of Liberty Safeguards (Dols) are clearly recorded in people's personal files so staff are aware any of restrictions in place to keep people safe.

## Environment

People tell us they are happy in their surroundings. We saw people spending time in their bedrooms, the communal areas and outside. People's rooms are personalised with photographs and items important to them. They tell us they have all they need to be comfortable. We saw people had access to a call bell when in their rooms to call for assistance if needed. They told us staff respond quickly.

Since the last inspection, there have been significant improvements to the environment. This includes redecoration of the corridors, dining room/lounge area and some bedrooms and new flooring in many areas of the home. There is new furniture in the dining room which along with the redecoration has made this a comfortable, inviting space for people to enjoy. People we spoke with are clearly happy with the improvements and staff spoke enthusiastically of the difference it has made to the home and the lives of people living there.

The outside space is a nice area for people to enjoy and is accessible to people. Improvements have been made to make sure it is as safe as it can be for people to use.

Arrangements are in place to ensure risks to people's health and safety are identified and dealt with. Regular audits of the environment take place. Maintenance records show equipment is regularly serviced to make sure people remain safe. People's personal records are held securely and access to the home is monitored by staff to help keep people as safe as possible.

## Leadership and Management

Since the last inspection, there has been a change to the management team with the appointment of a new manager. Care staff spoken with are complimentary of the management team. Comments include “*couldn’t ask for a better manager,*” the provider is “*doing their best to get things done*” and the manager is “*very good and very fair.*” Staff said morale has improved, they feel listened to and get very good support from the manager and deputy manager on a daily basis. Records show staff have regular supervision meetings with their line manager and an annual appraisal of their work. Staff spoken with confirm this.

People are supported by care staff who are appropriately recruited and receive training appropriate to their role in the care home. We saw the required checks are carried out before the staff member starts work. New staff spoken with are complimentary about the recruitment and induction process. Comments include “*excellent induction and training*” and “*best company I have ever worked for.*” Staff tell us training opportunities are good and allow them to support people how they want to be supported. Training records confirm this. Regular staff meetings take place which staff said they find useful; they can share and discuss their views, discuss practice issues, and feel valued.

Measures are in place to make sure people are happy with the quality of the care and support. Records show the responsible individual (RI), visits the home regularly and meets with people who live there and staff. Quality reviews of the service take place regularly and identify any areas for improvement. Regular audits of the service make sure any issues are identified and addressed in a timely way.

Information is available for people about what the service can provide. This has been updated since the last visit, so people have accurate information.

### 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
18	Provider assessments are not being completed within 7 days of people being admitted to the care home.	Achieved
15	Personal plans are not an accurate reflection of people's care and support needs and are not completed in a timely way.	Achieved
36	Care staff do not have an annual appraisal of their work .	Achieved
35	Recruitment processes do not fully protect people.	Achieved
80	The system to monitor and review the quality of care and support provided by the service does not always	Achieved



	identify improvements needed.	
73	The RI report does not evidence people using the service are spoken with as part of the visits.	Achieved

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
N/A	No non-compliance of this type was identified at this inspection	N/A
44	Improvements are need to the premises including redecoration, replacement of carpets and some furniture.	Achieved
19	The guide to the service does not contain accurate information or all information required.	Achieved
16	People, their representatives and where applicable commissioners of the service are not involved in reviewing their personal plans.	Achieved
58	Oversight of medication practices needs improvement to make sure people have their medicines when they need them and by competent care workers.	Achieved

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