Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Hallmark Greenhill Manor Luxury 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

02/10/2024

About Hallmark Greenhill Manor Luxury 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	
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

Greenhill Manor has a team of well-trained, warm and caring staff, who provide tailored care to people and support for their families. Feedback about experiences of the service and the staff is very positive. People are given opportunities and choice to be engaged and stimulated throughout the day. Personal plans and risk assessments are comprehensive and kept up to date with regular reviews.

There are specialist staff in areas such as dementia care and end of life care who lead care staff in holistic, well-considered care approaches to those people who need them. The staff team work well together and are overseen a by competent and highly involved management team. The manager and deputy manager are visible, approachable and supportive to both staff and people living in the home. Quality assurance processes are robust, analytical and encourage the whole staff team to consistently work to a high standard. Any areas for improvement are acknowledged and responded to.

Well-being

People are supported to have control over their day to day lives. There is a clear ethos amongst staff to offer people choice and ask their opinions on things that affect them where possible. Care staff are able to tell you people's preferences in terms of routine, food and activities. The manager and deputy are very visible in the communities, they talk with people and have built relationships with them, so people feel able to ask questions or raise issues should they want to. Information about the service and the process for how to make a complaint is available bilingually for people and visitors should it be needed.

There are a team of lifestyle co-ordinators who arrange both group and individual activities for people, in the communities and utilising the café in the reception area of the building. Outside entertainment, parties with families, and dog therapy are all held in the café. There are communal areas in each of the communities for different uses such as a cinema room and a country kitchen. People have access to sensory items, living dolls, or any other items that may engage them and support their wellbeing.

There are systems in place to protect people from potential harm or abuse. The managers at Greenhill Manor have developed a good relationship with the Local Authority safeguarding team and communicate well with them regarding any issues that arise. Internal investigations are carried out thoroughly and competently when needed. Staff are vetted prior to starting in their roles and trained in identifying possible safeguarding issues and raising them with the appropriate agency. Management record any incidents and the response, to ensure correct and proportionate action is taken. Staff have a direct line to the Responsible Individual (RI) for whistleblowing concerns.

Care and Support

People and their families are very happy with the care and support provided. They told us: *“all the staff from the nurses to the cleaning staff are marvellous”*, *“I can make my own choices, I can say if I’m not happy”*, *“I get on great with the staff”*, *“[loved one] loves it here”*. During the inspection visit we saw warm and friendly interactions between care staff, people receiving care but also between care staff and the visitors.

People receive care and support from a competent team of care staff, who have detailed information available to ensure they receive the right care at the right time. Personal plans are detailed and include people’s wishes and preferences and include guidance and treatment plans from external professionals involved in their care. Risk assessments and management plans are clear when describing the intervention required by care staff and when they should intervene. The service provider employs a specialist dementia practitioner who visits people living in the dementia communities in Greenhill Manor. They produce specialist plans to support care staff in tailoring their approach to people based on their individual needs for purpose, orientation and their current cognitive ability. Care documentation is reviewed regularly, looking at people’s progress towards their personal outcomes.

Care staff at Greenhill Manor give excellent support to people receiving end of life care and their loved ones. The service is working with a specialist end of life care agency to train staff in holistic and tailored approach working with people and their families during this emotional and difficult time. They also provide some aftercare to the families when the person has passed away.

Care staff and management facilitate timely access to medical and health care support when needed. We saw evidence of appointments with professionals such as GP’s, Dentists and Opticians. We also saw records of correspondence with health care professionals. Medication is stored safely and recorded on an electronic medication administration system. The process for reordering and ensuring all required medication is available to people when needed has improved. However, additional attention needs to be paid to override automatic functions in the system to ensure medication is not accidentally missed.

Environment

Greenhill Manor is a purpose built home, with four communities over two floors. All areas of the home are nicely furnished and decorated, clean and tidy. There is ongoing work from the dementia care specialist to address signage and orientating people to the different rooms in the dementia community. Each community has its own communal areas, such as dining rooms, lounges and cinema rooms. There is a café in the reception of the service, which is used by people who live there, visitors, and for activities such as dog therapy. There is lift and stair access to all communities, which means everyone can access activities in the reception area should they wish. All bedrooms are ensuite and are personalised with people's own belongings. Specialist equipment such as hoists and bath aids are in place for those who need them.

The environment is safe and secure. Environmental audits are carried out regularly. Maintenance checks and servicing is in place to ensure the home facilities and equipment are safe. The service provider has a maintenance team which call to the home when any maintenance request is made. People have individual Personal Emergency Evacuation Plans (PEEPs) and there is a fire risk assessment in place. Fire alarms, equipment and lighting are regularly checked. Visitors have to sign in and out of the building and are greeted by reception on arrival to minimise the chance of unauthorised access. Areas that contain potentially hazardous substances or confidential information are kept secure.

Leadership and Management

Care staff feel positively about working in Greenhill Manor. They told us: *“Hallmark go above and beyond for their staff”*, *“[manager] is really supportive”*. The ethos of being warm and friendly to people and their visitors extends beyond care staff to all staff in the home. We observed members of staff taking time to sit and talk with visitors in the café, or in the communities during their visits. One visitor told us: *“we always feel comfortable here, it’s like one big family”*,

People can be reassured that staff members go through a thorough recruitment and vetting process prior to starting in their roles. We sampled some staff personnel files and found they contained all the required information. All staff are working under a current Disclosure and Barring Service (DBS) check and are registered with Social Care Wales (SCW). Care staff complete a variety of both mandatory training and training specific to the needs of the people they are caring for, with required refreshers in all topics. In addition, the service provider funds additional external qualifications and training for those staff members who wish to further their professional development, for example funding a nursing degree. At present, care staff with a special interest in end of life care are being trained as champions in the Hospice of the Valleys project, which they then will be able to disseminate to the other staff in the home.

Staff feel supported in their roles. One to one supervision sessions are held between staff members and their line managers to discuss any professional or personal issues. The manager and deputy manager are visible in the home and appear to know the staff well and have good relationships with them. There are team leaders in each of the communities within the home

There are robust quality assurance processes being used in the service. An audit tool is used which enables thorough analysis of events that occur. Clear actions must be completed, and evidence must be attached of those actions should they need to be reviewed later. The Responsible Individual (RI) completes thorough quarterly monitoring visits, providing staff with experience of being observed and responding to questions about their work. Biannual quality of care reports comprehensively consider the strengths and weaknesses of the service, and outlines actions for improvement.

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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	

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