

Sallong Limited

Gingercroft Residential Home

Inspection report

Wharf Road
Gnosall
Stafford
Staffordshire
ST20 0DB

Tel: 01785822142

Date of inspection visit:
16 January 2019
17 January 2019

Date of publication:
22 February 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 16 and 17 January 2019 and was unannounced. At our last inspection in September 2018 the service was rated as 'inadequate' and the following concerns were raised:

The provider had failed to ensure that the service was safe as they had not taken prompt action to comply with the fire regulations. Management of medicines was not robust, and risk assessments and training was not in place to guide staff on how to safely hold people during personal care interventions. This resulted in a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found improvements had been made.

The provider had failed to ensure that all people were receiving care that was responsive to their individual needs. This resulted in a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found improvements had been made.

There were insufficient systems in place to monitor and improve the quality of the service.

This resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found improvements had been made.

Following the last inspection, we asked the provider to complete an action plan to show what actions they would take and by when, in order to improve the ratings of the key questions of Safe and Well Led, from inadequate to at least good. We also asked them to provide us with monthly reports outlining the actions taken and progress made against the issues raised. At this inspection, we found the required improvements had been made and systems were in place to continue to monitor the care and support provided at the service.

Gingercroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Gingercroft accommodates up to 21 people in one adapted building. At the time of the inspection, 17 people were living at the service.

There was a registered manager in post who supported us throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and they are no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Improvements had been made since our last inspection and all fire doors had been fitted to ensure the service met the fire regulations. The provider now visited the service on a regular basis and completed audits to ensure they had oversight of the service provided. The registered manager received support in her role and also completed audits to maintain her oversight of the service. Records had been updated and staff had received the required training to meet people's needs. However, further time was needed to ensure these improvements were embedded and sustained to continue to drive improvement in the home.

Staff were aware of the risks to people and how to manage those risks. Staff knew how to escalate any concerns they had about people in order to safeguard them from harm. People told us there was enough staff to meet their needs, and that they received their medicines as prescribed. People were protected from the spread of infection and where incidents and accidents took place, lessons were learnt and action was taken to reduce any risks.

Staff had received training on how to support people with complex needs, and other core training to enable them to have the skills for their role. People's needs were assessed before they moved into the home which provided staff with the required information to meet their needs. People were supported to have choice and control of their lives and staff sought people's consent before providing support. People enjoyed the food provided and told us they had enough to eat and drink. People's healthcare needs were monitored and met by staff.

People and relatives, we spoke with made positive comments about the care provided and staff were described as, caring, kind and compassionate. People told us they were encouraged to retain their independence and staff treated them with dignity and respect. People had access to information in formats that met their needs.

Improvements had been made to ensure care records reflected people's needs, and these were kept under review. People told us they had enough meaningful activities available and they were involved in the planning of their care. People knew how to raise concerns and were confident any issues raised would be dealt with.

Staff felt supported in their role and systems were in place to gain feedback from staff and people about the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff that were aware of risks to them and who knew how to escalate concerns. Recruitment procedures ensured only suitable staff were employed. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff had received training to ensure they had the required skills for their role. People were supported to meet their healthcare needs, and staff sought people's consent before providing support.

Is the service caring?

Good ●

The service was caring.

People described staff as caring and kind. People were involved in the planning of their care, and were encouraged to retain their independence and were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and were responsive to their needs. People knew how to raise any concerns and felt confident issues would be dealt with. People's wishes were recorded to support their end of life care.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Improvements had been made since our last inspection but further time was needed for these to be embedded and sustained.

The registered manager received the support they needed and

the provider visited the service to ensure they had oversight of the service.

Gingercroft Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 17 January and was unannounced. The inspection was conducted by one inspector 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.

We reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commission services to gather their feedback.

We spoke with eight people, three relatives, a team leader, three care staff, the activities co-ordinator, a cook, a house keeper and the registered manager. We reviewed a range of documents and records including the care records of five people, five medication administration records, two staff files and training records. We also looked at records that related to the management and quality assurance of the service

Is the service safe?

Our findings

At the last inspection in September 2018, we rated this key question as 'inadequate'. This was because we identified a breach of Regulation 12, as the provider had failed to ensure people were always receiving care that was safe and protected them from harm. At this inspection we found the required improvements had been made and the provider was now meeting this regulation.

Action had been taken by the provider to ensure the environment was safe for people and to meet the fire regulations. All internal doors identified by the fire service had been replaced with fire doors as required. We saw a letter from the fire officer confirming that all required work recommended by them had been actioned. We saw all other routine fire checks were being completed on a regular basis such as fire alarm tests. A fire risk assessment was in place and each person had a fire evacuation protocol in place.

Staff told us and records showed they had received training on how to hold people (with complex needs) safely, when providing personal care. A staff member said, "Following the last inspection we had training so I know how to hold someone safely if they are resisting personal care. I feel more confident now. We don't need it now as those people don't live here anymore". The registered manager told us the people with complex needs had now moved to another service, but lessons had been learnt from the issues that were raised in our last inspection. The registered manager and staff confirmed there was no-one in the home that was currently resisting personal care. The registered manager told us, "I would ensure detailed risk assessments were in place to support staff if they needed to provide support to people with complex needs".

A person we spoke with told us, "I receive my medicines when I need them. The staff explain what they are and stay with me until I have swallowed them". Our observations of staff administering medicines supported this. A new medicine fridge was in place, which was locked, and we saw only medicines were stored in this fridge. Records we reviewed were completed to confirm people received their medicines as prescribed. All medicine records were completed electronically and countersigned to ensure all instructions were accurate. Systems were now in place to ensure the date of opening was recorded to ensure medicines that had to be used within a specific timeframe were monitored and discontinued when required. Staff confirmed they had received training to administer medicines and had been observed to ensure they undertook these tasks safely.

A person we spoke with told us, "The home is always kept lovely and clean". Our observations supported this. We spoke with the house keeper who told us what improvements had been made since our last inspection. She said, "When we disinfectant commodes we now ensure the bathroom door is locked for the time taken to complete this task, so there is no risk of people entering this area". We saw people were protected from infection as staff used aprons and gloves when completing tasks and there was hand sanitizer available in the home. Improvements had been made in the laundry room, and areas identified in our last inspection had been cleaned such as behind the washing machine and the sink. Laundry staff used red bags for soiled items and washed these separately to the rest of the clothes. We saw only one washing machine was available but the registered manager was considering options of where another washing

machine could be located within the home.

A person we spoke with told us, "Most of the staff are regulars and I think the staffing levels are fine". Another person said, "The staff are always around and when I need something they are available to help me". A staff member told us, "We have enough staff to meet people's needs". We saw people's needs were met in a timely manner. There were three communal areas and staff monitored people in each area throughout the two days we were present.

People we spoke with told us they felt safe. One person said, "I feel completely safe and everything is fine". A relative we spoke with said, "I am very happy and think [person] is safe here. They have a buzzer they can use, and other aids to alert staff if they need support". Staff were aware of any risks associated with supporting people, and confirmed they had received training in relation to safeguarding people from abuse. A staff member told us, "If I have any concerns I would report these to the management or to other agencies such as CQC if I needed to".

Staff told us and records confirmed that all of the required recruitment checks had been completed before they commenced working in the home. Part of these checks included a police check which ensured potential staff were suitable to work with vulnerable people.

Systems were in place to ensure lessons were learnt and improvements made. For example, accidents, and incidents, were analysed on a monthly basis to identify any patterns and trends. Where people had fallen incidents were reviewed to see if any action could be taken to prevent further falls. In one instance this resulted in a referral to the falls prevention team, and for another person a sensory mat was implemented. Discussions with the registered manager also demonstrated that they had learnt lessons from our last inspection and they were motivated to ensure the required improvements were made.

Is the service effective?

Our findings

At the last inspection in September 2018, we rated this key question as 'requires improvement'. This was because the principles of the MCA were not always being followed, staff had not received all of the required training for their role and the environment did not meet the needs of people that lived with dementia. At this inspection we found improvements had been made.

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 Act 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 told us and our observations confirmed that staff asked for people's consent before providing support. One person told us, "The staff always ask me before they support me". Staff we spoke with had an understanding of the MCA and how this related to how they sought consent before supporting people. A staff member said, "I always explain what I going to do and seek the person's permission before I provide support". We saw where relatives had lasting power of attorney for either health and welfare, finance or both, the registered manager had copies of these authorisations. We observed that some people had safety gates on their doors. People and the records reviewed confirmed these had been fitted and were used with people's consent. One person told us, "Putting the safety gate across is a good idea, the guards are good to stop other people wandering in". The person went on to tell us the people that had previously entered their bedroom had now left the service but they liked having the gate and their door open.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The registered manager had completed applications as required where they felt people's liberty was being restricted. We saw mental capacity assessments had now been completed to demonstrate that people had been assessed and lacked the capacity to consent to the restrictions in place. We saw one person had a DoLS authorisation in place which did not have any conditions attached to it. Staff we spoke with were not aware this person had an authorisation in place. This was shared with the registered manager who addressed this by including this information on the daily handover sheet. In addition to this the registered manager advised us this information would be discussed in supervisions and staff meeting.

The registered manager had updated the pre-admission assessment to ensure it included all of the required information to meet people's holistic needs. This included Information about people's protected characteristics under the Equalities Act. This meant people's diverse needs could be identified and plans put in place to ensure they would be met following their admission.

Staff we spoke with told us they felt supported and had received the required training for their role. One staff member said, "I have completed all of the required training and recently completed training in low level restraint, so I have the skills now about how to hold someone safely if I need to. The training here is good and we have lots of opportunities. I also receive regular supervision so I feel supported". There was a training matrix in place which enabled the registered manager to monitor staff training and ensure it was up

to date and in line with current guidance. We saw a supervision programme was in place and the registered manager intended to implement annual appraisals as previously these discussions had been included as part of the supervision process.

We saw improvements had been made to the environment and additional signage and pictures had been added to assist people to orientate themselves around the home. The registered manager told us about further plans to improve the environment in the next few months, which included changing the flooring in a communal area. The registered manager advised she has started to complete an environment assessment tool entitled 'Is your care home dementia friendly?' to assist in reviewing and making positive changes to the environment for people that lived with dementia. We saw people had personalised their bedrooms in accordance with their preferences.

People and relatives told us their healthcare needs were met. One person said, "I have ready access to a GP and if I need to see a GP I like to walk down to the surgery. The staff accompany me. There's no hanging about". A relative told us, "[Person] has access to an optician, GP and chiropodist". We saw posters displayed advising people of when the chiropodist would be visiting. Review of records demonstrated staff liaised with other agencies to ensure that people's health care needs were met. Staff we spoke with told us any changes in people's needs were discussed during handover which was provided when they arrived on duty. One staff member said, "We have handovers so we are told if there have been any changes or if people haven't been well this helps us keep up to date".

People told us they enjoyed the food provided. One person said, "The food is good, we have three square meals a day the food is very regular, easy meals and choices". A relative told us, "[Person] has put on weight since coming to the home, which we are pleased about, and we are impressed that there are choices at every mealtime". Discussions with the cook demonstrated their knowledge about people's dietary needs and preferences. We observed the cook asking people on the day about their choice for the lunchtime meal and visual aids were available to assist people to make their choices. We saw staff sitting with people and everyone had lunch together, this gave staff the opportunity to encourage people to eat their meal and assistance was provided where required in a relaxed manner. We saw people were provided with sufficient food and drinks to maintain their health. Where concerns were identified records were in place to monitor people's intake and their weight was kept under review.

Is the service caring?

Our findings

At the last inspection in September 2018, we rated this key question as 'requires improvement'. This was because the provider had not considered the risk to people's safety in a timely manner in relation to the fire safety and the provider had not considered the Accessible Information Standard (AIS). At this inspection we found the required improvements had been made.

The provider had taken action since our last inspection to meet the fire regulations and completed all actions as requested following an inspection by the fire service.

We saw action had been taken and people now had access to information in an accessible format. This included visual aids to support people to make choices of what food they would like to eat, a pictorial pain chart, a care communication pictorial board, and an easy read version of the complaints procedures. These aids support people with a sensory loss or with a disability to make decisions about their care and support.

People and relatives made positive comments about the caring nature of the staff. One person said, "They're marvellous, I can't find anything wrong". A relative told us, "The staff are really nice they really look after [person], nothing is too much trouble". We observed staff support people with kindness and compassion and observed friendly banter between staff and people.

People and relatives told us staff treated them with dignity and respect. One person told us, "The staff provide some support for me, but this is always provided with dignity and respect". A relative told us, "The staff are very discreet". Staff spoken with knew how to maintain people's dignity when providing care. A staff member told us, "I always cover people with a towel when undertaking personal care, and I always knock on their door before entering even if it is open, as it is their bedroom". Our observations supported all of these comments. The registered manager told us about future plans to have a dignity champion and their role would be to support and observe staff to ensure people's dignity continued to be maintained and staff were working in a respectful manner.

Discussions with people and their relatives demonstrated how people were enabled to remain independent and make decisions about their care and support. We saw people went out independently, and were able to manage their own medicines which they stored securely. We saw people had a kettle in their room and a fridge to enable them to make their own snacks and drinks. One person said, "We can do as much for ourselves as we can and the staff encourage us to do this which is very good, we make the decisions about our life". People also had their own phones to enable them to maintain contact with their loved ones.

Relatives and visitors told us there were no restrictions on when they could visit the home. A relative told us, "I can visit when I want and I always feel very welcome when I come here".

The registered manager had an understanding of when advocacy services would be required and how to access them. She was also aware of the role of the relevant person's representative under the Mental Capacity Act. This person is appointed when a person has a Deprivation of liberty authorisation in place in

order to safeguard their human rights.

Is the service responsive?

Our findings

At the last inspection in September 2018, we rated this key question as 'requires improvement'. This was because we identified a breach of Regulation 9 as the provider had failed to ensure all people were receiving care that was responsive to their needs. At this inspection we found the required improvement had been made and the provider was now meeting this regulation.

Improvements had been made to ensure people's care records were reflective of their needs to provide guidance to staff on how to support people. We saw new care charts had been implemented which had a picture on one side and an overview of people's support needs on the other. People told us they chose which picture they wanted and confirmed they were consulted and agreed to have this care chart in their room. The registered manager advised us these care charts would be updated to contain other essential information for staff to access such as who was prescribed blood thinning medicines, who had a Do not resuscitate (DNAR) in place and if people had a DoLS in place.

People and their relatives confirmed that they were involved in planning their care. One person said, "The staff have a care plan which we completed and I now have this new care chart in my room. I am involved and my needs are met here". A relative told us, "If anything ever happened to [person] or there were issues around care the staff would call me, the communications are very good".

People were supported by staff who knew them well and who were responsive to their needs. One person told us, "If I am feeling low the staff will come and have a chat with me and bring me cake. I really appreciate that". We saw staff support people with their personal care when requested. When people requested to go to their rooms, staff supported them to do this. A person told staff their hearing aid battery had run out and this was changed immediately and whilst this was being done the staff asked about the person's family. Staff ensured people had their personal belongings with them such as their handbags and glasses and kept reminding people to wear their glasses when they had taken them off and forgot to put them back on.

At our last inspection we saw people who lived with dementia and had complex needs were not receiving support that met their needs and provided with meaningful opportunities. The registered manager told us these people had since left the home.

People told us they had access to meaningful activities. One person told us, "There are plenty of organised activities and I particularly enjoy the group activities at 10.30 each morning". Another person told us, "I like to have my hair done when the hairdresser visits". We saw the activity co-ordinator gave a person a printed sheet showing all the activities over the next four-week period. This was also displayed on the activities board. This programme included a variety of activities such as, a quiz, movement to music, knit and natter, drinks night, and exercise classes amongst others. In addition to these activities external entertainment was arranged and a violinist was due to visit in February. We saw activity boards had been made and displayed on the wall which could be taken down and used by people to feel various objects or as a talking and reminiscence activity. There was also a large print card game on the wall that staff could use to engage with people that preferred to walk around. Records were kept of discussions staff had with people who benefited

from one to one activities. There was also a greenhouse in the garden area which one person enjoyed using in the spring and summer months and told us about the seeds they intended to plant. People also told us there was a church service at the home every few weeks for anyone who wanted to attend.

People and relatives told us exclusively they were happy with the care provided at the service. They knew a complaints procedure was in place and would feel confident to raise any issues with either the staff, the registered manager or the provider. We saw a system was in place to record any complaints. An accessible format of the procedure had been devised following our last inspection. The registered manager advised they had not received any complaints since our last inspection. We saw the service had a suggestion book located in the reception area which they encouraged visitors to complete. The service had received a number of compliments about the care and support provided, one said, 'Thank you for the amazing care provided'.

The registered manager advised that no-one was currently receiving end of life care. We saw some people had been asked and their wishes and beliefs had been recorded. The registered manager had added this to the pre-admission assessment to ensure people's wishes were captured prior to moving into the service.

Is the service well-led?

Our findings

At the last inspection in September 2018, we rated this key question as 'inadequate'. This was because we identified a breach of Regulation 17, as the provider had failed to take timely action to address the outstanding fire safety issues, and they did not have systems in place to effectively monitor and improve the quality and safety of people living at the service. At this inspection we found improvements had been made and the provider was now meeting this regulation. However, further time was needed to ensure these improvements were embedded and sustained to continue to drive improvement in the home. This key question, therefore is rated as 'requires improvement'.

The provider had taken action to address all outstanding matters appertaining to the fire safety within the home and a visit by the local fire officer confirmed all actions had been completed. The provider had sent us quality audits on a monthly basis as requested, to inform us about the actions being taken to improve the service following our last inspection. The registered manager told us they received regular support and the provider visited the service at least monthly to undertake a quality audit to ensure the service was meeting the regulations and people were safe and happy with the service they received.

We saw a variety of audits were in place to effectively assess, and monitor the service provided. These included care plans, environment and infection control. We reviewed the medicine audit and noted this did not include a balance check on boxed medicines. When we checked people's medicines we found for two people the balance did not match with what had been administered. In response to this the registered manager completed a full stock count of all boxed tablets and included this as part of their regular audit of the medicines. We saw records which confirmed the temperature of the water were being monitored on a regular basis, and water samples had previously been sent off for testing for legionella, but a legionella risk assessment and certificate was not available. The registered manager took action to address this and completed a risk assessment which we received a copy of following the inspection visit and water samples had been resent to check for legionella and a certificate of the results requested.

Following the last inspection, the registered manager and provider had reassessed their vision and strategy for the service and this resulted in notice being given to two people that lived with advanced dementia and had complex needs. These people have now left the service. The registered manager advised that the service was able to meet the needs of people that lived with dementia but acknowledged they were not able to provide specialist support to those with additional complex needs. Discussions with the registered manager and our observations confirmed that she knew people and their needs well. The registered manager told us that she worked on the floor with staff to maintain oversight and to monitor staff practices and this was confirmed by the staff.

We saw the local authority had recently visited the service for a quality monitoring visit and to check the progress the service had made in addressing the recommendations from their action plan. A review of their latest report demonstrated that all actions had either been completed or where in the process of being completed.

People we spoke with knew who the registered manager and the provider were. One person said, "The manager is very good". Another person told us, "The manager is very accessible and if I have any problems or concerns, I would go and see her". We saw systems were in place to involve people and their relatives and this included regular meetings and a questionnaire was sent to people and their relatives for their feedback annually. We reviewed the most recent report and saw positive feedback was provided. People and relatives we spoke with were aware of the rating given following our last inspection and told us they had read the report and had discussions with the registered manager about the findings.

Staff we spoke told us they felt supported in their role and thought the registered manager was approachable. A staff member said, "I love working here, it is very friendly and the management team are very supportive and provide good leadership. I would recommend this home to anyone including my own family". Staff told us and records seen confirmed team meetings had taken place. A staff member said, "We discussed the last inspection report and the manager went through the issues, we were shocked, but improvements have been made and I think people receive good care. We are encouraged to share any ideas we have in our meetings and I feel listened to and valued". Staff told us in our discussions they felt confident to raise any concerns about other staff practices in accordance with the whistle blowing procedures.

Discussions with the registered manager and records we reviewed demonstrated they worked in partnership with a variety of external agencies including the local authority and healthcare professionals with the aim of ensuring positive outcomes for people.

The registered manager demonstrated their knowledge of the law and for notifying us about incidents of concern and safeguarding, and we saw the previous rating was displayed in the home as required.