

Gnosall Health Care Limited

Gingercroft Residential Home

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 20 January 2016 and was unannounced,

Gingercroft Residential Home provides accommodation and personal care for up to 21 people. 19 people were using the service at the time we inspected.

The registered manager 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.

People were safeguarded from abuse and the risk of abuse as staff knew what constituted abuse and who to report it to. The manager had previously made referrals for further investigation when they had suspected abuse had taken place.

People were supported to be as independent as they were able to be through the effective use of risk assessments and the staff knowledge of them.

There were enough suitably qualified staff who had been recruited using safe recruitment procedures available to maintain people's safety and meet their individual needs.

People medicines were stored and administered safely by medication trained staff.

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The Deprivation of Liberty Safeguards (DoLS) are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The provider followed the principles of the MCA by ensuring that people consented to their care or were supported by representatives to make decisions.

Staff were supported to fulfil their role effectively. There was a regular programme of training that was relevant to the needs of people at the home.

People's nutritional needs were met. People were supported to eat and drink sufficient to maintain a healthy lifestyle.

People were supported to access a range of health care services. When people became unwell staff responded and sought the appropriate support.

Staff were observed to be kind and caring and they told us that they were supported by the registered manager.

Care was personalised and met people's individual needs and preferences. The provider had a complaints procedure and people knew how to use it.

The provider had systems in place to monitor the quality of the service. When improvements were required these were made in a timely manner.

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 protected from the risk of abuse. There were sufficient suitable staff available to meet people needs. Identified risks to people were minimised through the effective use of risk assessments. People's medicines were stored and administered safely.

Is the service effective?

Good ●

The service was effective. Staff received regular support and training to fulfil their role effectively. The provider worked within the guidelines of the MCA to ensure that people were involved and consented to their care, treatment and support. People were supported to have a healthy diet dependent on their assessed individual needs and when necessary had access to a range of health professionals.

Is the service caring?

Good ●

The service was caring. People were treated with kindness and compassion. People's dignity and privacy was respected and their independence promoted.

Is the service responsive?

Good ●

The service was responsive. People received care that reflected their individual needs and preferences. People had the opportunity to be involved in hobbies and interests of their choice. There was a complaints procedure and people's representatives knew how to use it

Is the service well-led?

Good ●

The service was well led. There was a registered manager. Staff and people told us they felt supported to fulfil their role and the manager was approachable. Systems were in place to continually monitor the quality 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 20 January 2016 and was unannounced. It was undertaken by one inspector.

Prior to the inspection we looked at the information we held about the service. This included notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send us by law.

We spoke with seven people who used the service and observed other people's care and support. We spoke with two visiting relatives, four care staff, the registered manager and a director.

We looked at six people's care records, medication administration records, two staff recruitment files and the quality monitoring audits. We did this to gain people's views about the care and to check that standards of care were being met.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us: "Oh yes I feel very safe, the staff here are brilliant, they look after us well". Another person told us: "It's certainly safer than being in your own home". Staff we spoke with knew the signs of abuse and who they needed to report it to if they suspected someone had been abused. The registered manager had made referrals for investigation into alleged abuse in the past and knew the safeguarding procedures.

Risks to people were assessed and plans were put in place when risks were identified. Several people were at risk of falling. We saw that falls were monitored and the falls team were contacted for advice and support to minimise the risk of falls. When people required equipment to keep them safe, we saw that this was available to them. One person had recently been assessed as requiring a walking frame. The person was still becoming accustomed to using it and staff were having to remind them to use it when mobilising. We observed staff prompting the person to use their frame when walking and they mobilised safely around the home. Another person required two staff to support them with all movement with the use of a hoist. They told us: "The staff always do it in two's, sometimes I have to wait a minute for the second staff member to get here, they would never attempt it alone". This meant that risks to people were being recognised, assessed and minimised.

People told us they didn't have to wait long for staff support. One person said: "If you call the call bell, they are soon here". Staff we spoke with all told us they felt there were enough staff to meet people's needs. We observed that people did not have to wait to have their care needs met and people received support in a timely manner. This meant there were sufficient staff to safely meet people's needs.

People's medicines were stored and administered safely. Medicines were kept in locked medicine trolleys and were administered by trained staff. We observed a member of staff administer the medicines and saw they did it in a safe way. One person was refusing to take their medicine. We saw the staff member encouraged them in a kind and caring way until they were happy to take it. Staff at the home knew people well, but we discussed with the registered manager that some people may benefit from medication protocols for PRN 'as required' medication so that it was clear when the person needed their PRN medicine. The registered manager assured us they would put these in place.

Is the service effective?

Our findings

People who used the service told us that the staff were effective in their role. One person said: "The staff are brilliant". Another person said: "When the staff help me move I feel safe, they make sure the straps are on the sling properly". Staff we spoke with told us that they received regular support and on-going training to be able to fulfil their role. One staff member told us: "The manager recognises when you've got potential, then encourages you and offers you the training to develop". We observed that staff followed people's care plans and risk assessments and were effective in their role.

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 who were able to consented to their care and support. One person told us: "The staff always ask me what help I need". Some people who used the service required some support to make decisions and to consent to their care due to their dementia. We saw when people required support this was sought. Several people had legal representatives who supported people with making decisions. The registered manager and staff knew who required support to make decisions and who their representatives were.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw four people had a DoLS referral or authorisation in place. The DoLS is part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The referrals were based on people's individual needs, some people would not be able to go out unsupervised as they may be at risk and other people were restricted within their home due to identified risks. This meant the provider was following the principles of the MCA and ensuring that people were not being unlawfully restricted of their liberty.

People we spoke with all told us that the food was good. One person told us: "The cook comes round and asks us what we would like, she knows I don't like chicken so she always offers me an alternative". Another person said: "I'm having a salad today for a change, something a bit healthier for me today". No one was on a special diet however some people required their food cutting up or served on lipped plates so they were able to eat independently. We saw that staff served their food for them in the manner that met their individual needs. The registered manager told us that they would refer people for dietary advice and support if anyone was noted to be losing weight. A new set of sit on scales had recently been purchased to support the staff to be able to weigh people safely.

People told us if they were unwell or required health support that this was arranged for them. We saw a visiting GP on the day of the inspection had been called to visit one person and we saw records that confirmed that people had access to a wide range of health facilities. One person told us: "I'm going to the

hearing clinic next week, sometimes I go with my family but staff are taking me next time as my family can't go".

Is the service caring?

Our findings

All of the people we spoke with told us they felt well cared for. One person told us: "The staff are marvellous, I count myself very lucky to be here". Another person told us: "I can't think of anything bad to say, I couldn't be happier". Another person told us: "I would recommend it here, just like you're at home". We observed that staff spoke with people in a kind and caring manner.

People told us they all had their own room and that they were able to come and go freely in the home. One person told us: "We get up and go to bed when we like, no one makes us do anything". Another person told us: "Staff always shut my door and cover me up when helping me bathe". We observed that staff knocked on people's doors before entering and closed doors when supporting people with their personal care needs.

People were encouraged to be as independent as they were able to be. One person had their own greenhouse and garden shed. They told us: "I love it out there, I grow allsorts for the home". This person showed us that they managed their own medication and had tea, coffee and a fridge in their room so they could make their own drinks and snacks. Some people spent time in their rooms, whilst others sat in one of the two lounges. Several people were from the local community so knew each other from the past. Friendships had been forged since being at the service and people enjoyed each other's company or spent time alone at their choice.

Relatives we spoke with told us that they were free to visit at any time and were kept informed and involved in their relative's welfare. One relative told us: "The staff always ring if there is anything wrong or they are worried about my relative". Another relative told us: "My relative has recently been diagnosed with a specific medical condition and the manager had given me some information to read about it, so I will know what to expect". This showed that the registered manager was supporting this relative to understand the needs of their relative and this demonstrated compassion.

Is the service responsive?

Our findings

People received care that was personalised and met their individual needs. Everyone had a plan of care which informed staff of their history, likes, dislikes and preferences. We saw people's care was regularly reviewed and plans reflected people's current care needs.

Staff knew people well and we observed they followed people's individual plans and the care reflected people's preferences. For example, one person who was living with dementia usually liked to join in with the singing at the visiting church service. We saw staff reminding them that the service was about to start and asking them if they wanted to join in. Initially the person refused as they did not appear to recognise what was on offer. However different members of staff made themselves available to see if they were able to help the person understand. Eventually the person responded to one staff member and went and enjoyed the singing.

We saw that the environment supported people living with dementia to be able to find their way around. Photographs and pictures were on doors informing people of which room was which. There was a clock which highlighted when it was day and night. We saw some people had blue crockery which helped them see and recognise the food easier. There were tactile items on the wall and a range of items such as bags and sensory items for people to be able to pick up which would help stimulate their senses. The registered manager told us that they worked closely with a professor of dementia who helped support the staff to meet the emotional needs of people living with dementia.

There were a range of activities on offer and people could choose to join in or not. Two people told us they particularly liked painting and the exercise class. Other people accessed the community alone or with staff. One person told us: "I like to do my own thing and the staff respect that".

The provider had a complaints procedure. People we spoke with and their relatives told us they would speak to the registered manager if they had any concerns and they were sure they would be taken seriously. One person said: "I have no complaints and if I did I know the manager would sort them out". The registered manager told us there had been no recent complaints.

Is the service well-led?

Our findings

There was a registered manager in post. They had worked at the home for several years and knew people who used the service well. They demonstrated a passion and understanding of the needs of people. The registered manager told us how they ensured they kept up to date with the relevant legislation. They were a member of a social care provider forum and attended social care conferences. They used the internet and followed our (CQC) guidance to ensure the Regulations were being met.

Everyone we spoke with told us that the registered manager was approachable and supportive. Staff received support and told us they felt valued. Regular staff meetings took place for staff to be able to discuss in an open forum any issues or ideas for improvement. One staff member told us: "She's a really good manager, really supportive". Staff we spoke with told us that if they had concerns about anyone's practise and needed to whistle blow they felt sure that the registered manager would act upon it.

There was a plan for continuous improvement which included plans to maintain and decorate the environment. The home was warm and homely, and there was a pleasant, relaxed atmosphere throughout. The registered manager and staff demonstrated a positive, open culture and treated people who used the service in a respectful manner.

Accidents and incidents were recorded to look for patterns and trends. The registered manager conducted regular checks of medication and other internal health and safety quality checks. They told us: "It's only a small service so we are always asking if people are happy with their care, every month we review the care plans and make sure they are still relevant and we get feedback from people's families". This showed that the registered manager was ensuring that care met people's individual needs, kept people safe and was effective.