

# Greystone House Residential Care Home Limited

## Greystone House

## Residential Care Home

### Inspection report

319 Blackwell Road  
Carlisle  
Cumbria  
CA2 4RS

Date of inspection visit:  
15 March 2018

Date of publication:  
09 May 2018

### 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 unannounced inspection took place on the 15 March 2018. At the last inspection in December 2015 this service was rated Good in all the five outcomes we inspected. At this inspection we found the service remained Good.

Greystone House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection

Greystone House Residential Care Home (Greystone House) is a family run residential home for 24 people with mental health difficulties. There were 23 people living in the home on the day of our inspection visit. The home is near to shops and other amenities with good public transport links to the town centre.

We saw, from copies of questionnaires recently completed by relatives they were made welcome by a caring and compassionate management team and staff who supported their family members.. Comments included, "I am very happy with the care and support and have no complaints at all".

Suitable arrangements were in place to protect people from abuse and unsafe care. People at Greystone House told us they felt safe living in the home and the staff were, 'great'.

Medicines were administered in line with peoples' prescriptions. Health care needs were met by GPs, district nurses, community psychiatric nurses and hospital consultants.

Staff were trained to understand and report any potential or actual abuse. The registered manager understood how to make appropriate referrals, where necessary.

The service had suitable risk assessments in place and a plan for any foreseeable emergencies.

Staff were appropriately recruited, inducted and trained. Staff received supervision. Staffing levels were suitable but the registered manager was looking at staffing levels at busy times.

The registered manager understood her responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were asked for consent for all interventions. The policies and systems in the service supported this practice

People told us the food was good and they always enjoyed their meals. There was a choice at all times.

We observed warm and caring interactions between staff and the people they supported. People were relaxed in the company of the staff. People were treated with dignity and privacy was respected at all times.

Up to date care and support plans were in place that reflected the care needed to meet peoples' assessed needs.

We looked around the building and found there was a refurbishment plan in place to upgrade the home, It was clean and hygienic and a safe place for people to live.

We found equipment had been serviced and maintained as required.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available around the building for staff to use when required.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff meetings and meetings for people who lived in the home to seek their views about the service provided and how improvements could be made.

The service had information with regards to support from an external advocate should this be required by them.

The service had a complaints procedure which was made available to people on their admission to the home and their relatives. The people we spoke with told us they were happy with the service and had no complaints.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> Te service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Greystone House Residential Care 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 comprehensive inspection took place on the 15 March 2018 and was unannounced. It was completed by one Adult Social Care Inspector.

Before our inspection visit we reviewed the information we held about Greystone House. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who used the service. We also accessed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

During our visit we spoke to six people who lived in Greystone House, three members of staff, reviewed four care and support plans and looked at four personnel records. We contacted health and social care professionals by telephone. We spent time with the registered manager and trainee manager and reviewed the records and other documentation relating to the operation of the service.

# Is the service safe?

## Our findings

All the people we spoke with during our inspection told us they felt safe living in Greystone House. Comments included, "Oh yes I feel safe, these girls are so kind" and "I have always felt safe here and I can come and go as I please".

The management team had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. One staff member said, "I have had the training and know all about what I should do if I need to report a situation and I would not hesitate to do so if I saw anything I was unhappy about". There were suitable risk assessments and risk management plans in place for each person.

We walked around the building and found it safe and secure. Infection control measures were in place and staff training had been organised for the week following the inspection visit. During our inspection visit, we observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons.

We saw records relating to checks of the premises and to the equipment in the home. We also looked at equipment and saw it in use and noted that it was maintained under an annual service level agreement. We discussed the maintenance of the building with the registered manager who gave us a copy of the refurbishment schedule that showed what work had been completed and what was planned for the future. New flooring was being laid to some parts of the building whilst we were on site and more new flooring was planned.

We reviewed the storage and handling of medicines as well as a sample of medication administration records (MARs) for people living at the home. We saw that all medicines were administered in line with peoples' prescriptions. None of the people who lived in Greystone House were responsible for their own medication. The registered manager confirmed that, currently, there were no controlled drugs prescribed to anybody who used this service. Controlled drugs are those which are liable to be misused and recorded independently to other medicines. The registered manager confirmed that refresher training in safe handling of medication had been arranged to take place in early April 2018.

We looked at the staff rosters and saw there were two care staff on duty during the day plus the registered manager and trainee manager. There were two members of staff on duty during the night with the management team covering on-call throughout the week. The home also employed domestic and catering staff. The registered manager advised that they were looking at increasing the staff numbers at certain busy times of the day. When we spoke with staff they all said there was enough staff employed at the home. One member of staff said, "I think we have enough staff as some people do go out in the day".

The service had a robust system in place for the recruitment of staff that ensured only suitable people were employed to work at Greystone House. We looked at the personnel files of four staff members, two of which had been recently employed. We found all the necessary checks had been completed before an offer of

employment was made.

## Is the service effective?

### Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

When we discussed the principles of the MCA and DoLS with the registered manager and staff they demonstrated a good understanding of the process involved. The registered manager told us they were in the process of completing two DoLS applications and were still awaiting the outcome. These related to depriving a person of their liberty in order to safeguard them. Care records held relevant documentation, such as best interest decisions, mental capacity assessments and individualised DoLS care plans. Throughout our inspection, we observed people moving around freely and going out into the community if they wished,

We found people's care needs were being met effectively. Staff told us the service worked together with external health and social care professionals. These included occupational therapists, district nurses, doctor, community psychiatric nurses, consultant psychiatrists and dieticians to support people to lead healthy lives. We saw evidence of relevant appointments and these were arranged at the appropriate time. All external healthcare appointments were recorded in the care and support plans. Annual health checks for physical and emotional needs were in place.

Staff training records evidenced that training had been completed across a wide range of subjects. These included adult protection, health and safety, infection control and moving and handling. Where necessary the provider accessed an external training company to assist with the training programme.

People told us they enjoyed their meals and there was a choice at every meal. The menu for the day was displayed in the dining area and snacks and drinks were available throughout the day. People were weighed each month and a dietician or speech and language therapists were asked for advice if people were at risk of losing weight.

Staff received regular supervision from either the trainee manager or the registered manager. Records of the staff supervision were held in the staff personnel records and we were given access to these. Staff told us they had regular meetings with the registered manager. One member of staff said, "We have a meeting with [registered manager] every four to six weeks. We can discuss anything we like and ask for extra training". Annual appraisals were in place. Staff meetings were organised and gave staff the opportunity to discuss the care and support provided and any lessons to be learnt. Minutes of the meetings were kept and we were

able to read these during the inspection.

## Is the service caring?

### Our findings

People told us they received very good care from the staff. Comments included, "These girls are the tops. Nothing too much trouble" and "I get excellent care thank you very much. The girls are great and we have a lot of laughs". In the recent survey sent to relatives the comments about the care provided were all extremely positive.

Relatives said, "Thank you for all you do. [family member] is very happy and loves her home" and "In my opinion mum couldn't be in a better place. All the staff are kind and considerate to her needs". We spoke to a visiting healthcare professional on the telephone. They told us, "I have no problems at all. The staff know the people very well and provide the most appropriate level of care and support".

Staff we spoke with demonstrated a good understanding of the needs of the people they supported. We saw caring interactions during the day but always in a light hearted manner. One member of staff said, "Sometimes people have off days like we all do. We understand that and always make sure we react in the proper way. If people want to stay in the rooms and just be quiet we respect that".

Respect was evident in the way staff spoke with and wrote about people in the care plans. Staff were aware of equality issues and told us, "We treat everyone the same here and always have done". Staff knocked on doors and gave people space in their own rooms. We noted that care was delivered discreetly and allowed people to retain their dignity.

People were encouraged to retain their independence as much as possible. Some people went out during the day and staff supported them in their decision to do this.

People's records and personal information were securely stored in a lockable room which was occupied throughout the duration of our inspection.

The advertisement of local advocacy services in the communal area of the home ensured people could access support if required. There was no one accessing this type of support at the time of our inspection.

## Is the service responsive?

### Our findings

People we spoke to who lived in Greystone House told us the staff supporting them respected their choices and the decisions they made. One person told us, "I can come and go just as I please. I wanted a lie in today and that was fine with everyone. I go downstairs for my meals though". Another person said, "If I want to go out I can as long as I tell the girls I am going out".

We saw that care staff communicated well with the people they supported and gave them the time they needed to express their wishes. People who had capacity to make decisions about their care, treatment and lifestyle were supported to do so. Observations during the day showed that staff were able to communicate with people who had limited speech so all those who lived in the home had their needs met in the most effective way.

We spoke on the telephone to three external health and social care professionals to ask for their comments about the support provided by the staff at Greystone House. All the comments were positive and included, "I have no problems at all about the care given by the staff. I have always found it appropriate to the needs of the individual. Staff are not afraid to ask for advice and, more importantly, take notice". Another commented, "My experience of Greystone House has been quite positive. Staff are open to social workers and respond positively to our comments and concerns and have been quick to act".

We looked at four care and support plans and found they were up to date and informative. All documentation was reviewed each month by the trainee manager. Daily notes were written by the care staff during each shift as a record of the daily routine. Any changes were reflected in the level of support provided.

We saw a weekly programme of activities and entertainment for people who wanted to join in. Staff said to us, "It depends on how people feel on the day. Some people are not interested and others enjoy music like the singer we have today". Some people went out to Carlisle either by themselves or with a member of staff. The trainee manager took small groups of people out for lunch or coffee and one person told us, "I like going to the shops with [trainee manager] and we always have a cup of coffee while we are out".

There had been no formal complaints made by people in the home but one relative had raised an issue with the registered manager. This was dealt with as soon as possible and the registered manager told us that lessons had been learnt from dealing with the situation. Comments from families in the recent survey indicated that they had no complaints to make. There was a complaints log in place.

## Is the service well-led?

### Our findings

Greystone House is a family- run business and the registered manager has had a number of roles in the home prior to their registration with the Care Quality Commission. 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 in the home told us they thought the home was "Fine just as it is and we see the manager all the time". Staff were happy with the way the home was run. One member of staff said, "I worked in a different home before I came here and I am very happy here". Relatives said, "We couldn't have been luckier when [relative] got his place in Greystone House. He says it is his home now".

We found the home had clear lines of responsibility and accountability with a structured management team in place. The registered manager had a lot of experience of managing the home and together with the trainee manager they were knowledgeable and familiar with the needs of the people they supported.

There was a quality monitoring system in place that covered health and safety, infection control, incident recording, fire safety equipment, policies and procedures, the environment, care plans and risk assessments. This meant any shortfalls were identified and acted upon.

Staff meetings were held and minutes were made available for us. Meetings were also held for people who lived in the home. The registered manager and trainee manager ensured they spoke to people every day and made themselves available for visitors and relatives.

All equipment was serviced under annual service level agreements and we saw all checks were up to date.

The registered manager worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, district nurses and other healthcare professionals.

The service did not have a web site but the last CQC rating was on display in the hall where people could see it.