

Ewood Residential Homes Limited

Grey Gables Residential Home

Inspection report

Grey Gables
1 Lodges Grove, Bare
Morecambe
Lancashire
LA4 6HE

Tel: 01524923225

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22 September 2021
03 November 2021
04 November 2021

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Grey Gables Residential Home is a residential care home registered to accommodate up to 16 people in need of personal care. Accommodation is provided over two floors with single rooms, all with en-suite facilities. On the days of the inspection there were 11 people living at the home.

People's experience of using this service and what we found

We found failings with medicines processes and administration. We could not be sure people always received medicines as prescribed. Recording issues needed to be addressed to ensure safe practice. We have imposed a breach of the regulations about this concern that can be seen in the 'Safe' section of this report.

Care planning and risk assessing was inconsistent. Some records had not been updated and some were contradictory. They did not provide a reliable and accurate record to guide staff. There were a limited amount of environmental checks and none of these were documented. A new 'Home Fire Risk assessment' was required because of substantial changes since the last assessment in 2018. The kitchen condition was unsuitable and we reported concerns to a partner agency who inspected the service the day after the inspection concluded. We have imposed a further breach of the regulations around these concerns that can be seen in the 'Safe' section of this report.

Management and provider oversight was an issue and there were some regulatory failings around notifying CQC of changes and some safety incidents. The provider's systems and processes for the oversight, quality monitoring and safety of the service had been ineffective in anticipating and addressing concerns we found during the inspection. This placed people at risk of harm. We have imposed a further breach of the regulation that can be seen in the 'Well-led' section of this report.

Recruitment processes needed to be reviewed as they did not meet current legislation and guidelines. There was no evidence staff had been employed who were unsuitable but the processes were not as thorough as required to prevent the recruitment of inappropriate staff. We have made a recommendation about this that can be seen in the 'Safe' section of this report.

Infection, Prevention and Control (IPC) processes required additional input from management and we were only somewhat assured about the service's ability to mitigate the transmission of infections.

Staff told us they had received training relevant to their roles and when they commenced employment. We found some issues with training which were addressed during the inspection. This particularly related to safe practices in the kitchen.

Staff supported people to have access to health professionals and specialist support and the service worked well with external professionals.

People said they felt safe in the home and were trusting of staff and management. We observed some good practices and interactions between staff and people during the inspection. The service's safeguarding processes were robust.

The provider acted during and immediately after the inspection to address the risks we found. This included improved monitoring, reviews and medicines management oversight.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 31 October 2019).

Why we inspected

We received concerns regarding the handling of a specific incident and management oversight of the service. As a result, we undertook a focused inspection to review the key questions of 'Safe' and 'Well-led' only. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the 'Safe' key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grey Gables on our website at www.cqc.org.uk

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the oversight of the service, management of medicines, care planning and risk assessing and the systems used to oversee the quality and safe running of the home at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect

sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our well-led findings below.

Grey Gables Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Grey Gables Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. There was a prevalence of COVID-19 in the geographical area at the time of the inspection and we needed to ensure it was safe and there were sufficient management staff available to support the inspection.

Inspection activity started on 22 September 2021 and ended on 4 November 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners and professionals who work with the service. We also looked at information we had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of the public and the fire service. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with three people who used the service. We spoke with one relative about their experience. We spoke with nine members of staff including the registered manager, care manager, deputy manager and care workers and a member of the catering staff. We looked at a variety of records to gather information and assess the level of care and support provided to people. We reviewed in detail three care records. We looked at staff rotas, risk assessments, multiple medicine records and three recruitment files. We also considered a variety of records relating to the management and governance of the service, including policies and procedures.

We looked around the home in both communal and private areas to establish if it met the needs of people who lived there and if it was safe.

After the inspection

We continued to seek clarification from the provider and care manager to validate evidence found. We also considered new fire safety documents, additional training records and audits.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People did not always receive medicines as and when they should. When people were unavailable to take their medicine, there was no consideration towards administering their medicine at a later time. Pharmacists and GP's had not been consulted about this and it meant there was a risk people were not receiving essential medicines at a therapeutic level.
- Staff had not always followed good practice when recording the administration of medicines. The provider had recently changed the recording system from paper to a digital format and staff were not completely familiar with the new system. There was an inconsistency around how the new system was being used and this had led to unreliable and inconsistent recording.
- People's medicines had not always been stored safely. Some medicines had been stored in a warm place that was unsuitable for storage and others in a domestic fridge that had an unreliable thermometer gauge.

We found no evidence that people had been harmed as a result of these issues. However, this series of medicines related errors were a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Action was taken by the provider during and after the inspection to ensure medicines administration, storage and recording was safe. An external pharmacy audit was arranged to provide a comprehensive review of medicines arrangements. During inspection, the provider reverted to a paper system of recording the administration of medicines whilst additional training was undertaken to ensure the digital system was being used appropriately and met the requirements of the service.

Assessing risk, safety monitoring and management

- Care records were not always up to date and were sometimes contradictory. Personal care information, reviews and risk assessments were not consistently recorded. This meant the care staffing team did not always have accurate records on which to refer. This put people at risk of inappropriate care and support.
- Environmental risk assessments were not always in place. Some servicing requirement records were unavailable such as those relating to mobility aids and some fire doors. Fire safety checks were not being completed and the home's comprehensive fire risk assessment was out of date. The provider took action around this during the inspection and whilst this report was being drafted. A specialist fire safety engineer was instructed to complete a comprehensive review.
- The kitchen was not to a standard that was conducive to good hygiene practices. Kitchen staff had not

been trained around safe food preparation and fire safety hazards that can present in a kitchen environment. These issues were reported to another agency who inspected and took appropriate action.

We found no evidence that people had been harmed as a result of these issues. However, this series of care planning, recording and environmental errors were a risk of harm and a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Electrical and gas safety certificates were current, and checks were being done on some emergency systems. We saw people had Personal Emergency Evacuation Plans in place (PEEP's) but these needed reviewing. Some staff had received fire training but there were no fire wardens in place and a specified person needed to be trained to complete essential safety checks. These issues were dealt with during the drafting of this report by the provider instructing a recognised expert in fire safety.

Staffing and recruitment

- Recruitment was not always well managed. Records showed that some necessary checks were not made to ensure staff were suitable for the role. During the inspection, some of these issues were addressed by the care and deputy managers.
- In one case, we saw an issue of concern because previous employers in health and social care had not been contacted to ensure the employee's performance was appropriate. The care manager said that additional checks would be made. All checks such as those into identity and criminal records had been made and there was no evidence that anyone had been harmed because of these omissions.

We recommend the provider thoroughly reviews its recruitment processes to ensure they are compliant with legislation and best practice.

- There were enough staff employed. People told us they did not have to wait for staff to support them. Rotas and our observations at inspection supported this position.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. The kitchen required refurbishment. Some furnishings, flooring and décor were worn and stained. The care manager said they had made recommendations regarding this which the provider was acting on, this included new flooring in a particular location and some redecoration.

- We were somewhat assured personal protective equipment (PPE) was used safely to minimise the risk and spread of infection. Used PPE was not being disposed of properly and some staff had not been trained around the proper use of PPE and associated processes. However, all staff were using PPE correctly during the inspection and disposal methods had improved when we resumed the inspection on the second day.

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. Checks at the front door with visitors were not robust enough. This was resolved on the first day of inspection and when we returned to continue the inspection, we saw substantial improvements in this area.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to further develop and improve their approach in this area.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities around protecting people from abuse. They told us what action they would take if they believed anyone was at risk. Staff had a good understanding of the types of abuse that could occur in a care home setting and knew how to elevate concerns. They said they had received good support around these concerns from management and the provider.
- Staff confirmed they had received training on safeguarding vulnerable adults.
- Referrals had been made to the local safeguarding team. However, some of these concerns had not been reported to CQC and we comment further about this in the 'Well-led' section of this report.

Learning lessons when things go wrong

- Reviews of incidents by the care manager had highlighted the potential for staff and management learning lessons from experiences. Although these reviews had not been recorded, staff said there had been informal sessions with the care manager and their deputy when learning lessons was discussed.
- The care and registered managers said that lessons had been learned from the inspection and action would be taken to formalise 'learning sessions' with staff and management to improve the service's record keeping.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- The registered manager was not managing the regulated activity in the home (personal care) and this had been left to the care manager and their deputy. The registered manager had failed to tell CQC of this change of responsibility.
- The provider's systems and processes for the oversight and quality monitoring of the service had not been effective in addressing concerns we found during the inspection. This had led to inaccurate and incomplete records and some that lacked detail. We could not be assured people always received appropriate care and support.
- The recent implementation of a new medicines administration system failed to consider how any problems that arose might affect people receiving their medicines safely. There had been no registered manager or provider oversight of these processes.
- Systems and practices had failed to identify inaccurate and out of date documentation within care records and inappropriate medicines systems. Similarly, no one had identified that checks were not being done for essential safety issues such as fire risks, kitchen hygiene, IPC measures, servicing of mobility equipment and training requirements.
- Essential safety and 'notice of changes' notifications had not been sent to CQC. As such, we were prevented from exercising regulatory authority in some areas until establishing the issues at inspection.

These series of governance and oversight issues were a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At inspection, and during the drafting of this report, audits, checks and retrospective notifications to CQC were instigated by the registered manager and other management staff.
- The care manager said there was an 'informal' system where management and staff worked together to learn from events so that care was continually improving. They said this would be formalised so that it could be incorporated into staff meeting and individual staff member's supervisions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- A relative spoke positively about their working relationship with the service. People also said they there

was good communication with staff and management. We observed good practices and positive relations between staff and management and with people who lived at the home.

- Appropriate information sharing and referrals had been made to external agencies. The service also made appropriate requests when additional support was required and a visit by a professional such as a G.P. may be necessary.
- People told us they were asked for their opinions and felt their views were respected and valued. A newly appointed catering staff member said they spoke with everyone who lived in the home to establish their likes and dislikes and when making arrangements for parties for the celebration of special events.
- Formal residents meetings hadn't been held during the COVID-19 pandemic but the care manager said it was hoped these would be resumed in the New Year 2022.
- Staff commented positively about support they had received from management including the registered manager. The overwhelming view of staff was that the home was a positive and happy environment in which to work. They said management had provided an openness and inclusivity that helped create a stable staff team and allowed them to care for and support people in the home.

Working in partnership with others

- The management and staff team had established good working relationships with a variety of professionals within the local community. This included district nurses and social workers.
- When required, people had been referred to the appropriate external professionals and agencies for advice, treatment and support,

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment R 12(2)(g) A series of medicines related errors related to storage, administration and recording. and R 12 (2)(a) & (b) A series of care planning, recording and environmental omissions that were a risk of harm to people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance A series of governance and management issues