

Mr & Mrs G A Shone

Gerald House

Inspection report

4 Gerald Road
Prenton
Merseyside
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Tel: 01516521606

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22 July 2016
28 July 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 22 and 28 July 2016, the first day of the inspection was unannounced. We carried out this inspection at this time as the home were in special measures and had been rated inadequate and we needed to check that improvements had been made to the quality and safety of the service.

Gerald house is a detached property situated in Prenton. The home is registered to provide accommodation and personal care to people with mental health needs. The capacity of the home is 18. The home is two floors with a passenger lift. Most bedrooms have en suite facilities and there are gardens to the front and back of the property.

The home has a registered manager. 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.

At our last comprehensive inspection of the home in January 2016 we found a number of breaches of regulations. As a result we served warning notices on the home for breaches related to the safety of the premises and its equipment, infection control, medication management, staff recruitment, training and supervision and the management of the service. We found that improvements had been made in all of these areas but minor further improvements were required. However, in response to the improvements that had been made we took the home out of special measures.

We had previously found that the provider had not had suitable systems and processes to ensure the premises and equipment were safe, suitable for use and met statutory requirements. At this inspection we found the safety of the building and equipment had improved and it provided a safe environment for people to live in.

During our last inspection we found that the provider did not have adequate arrangements in place to ensure the ordering of medicines and the way in which medicines were accounted for were safe. During this inspection we found that this had improved and the provider had implemented new procedures that were adhered to by all staff.

We had found that the provider did not have suitable systems in place to assess, monitor and prevent the spread of infection. At this inspection we found a number of improvements including the implementation of cleaning rotas.

We had found that the provider failed to assess and mitigate risks to people's health, safety and welfare. At this inspection we found a number of improvements including implementing audits and improving the systems relating to the personal allowances of the people living in the home.

Following the inspection in January 2016 we had also given the home a number of requirement actions. We required them to make improvements to staff training, supervision and recruitment. We had found that staff had not received suitable training or supervision to enable them to carry out their role effectively. At this inspection we found a number of improvements, example being that we found that staff had received formal one to one supervision and had undertaken a number of training courses. However, at this inspection we observed poor moving and handling practices.

People we spoke to were happy with the food provided and we saw that people had a choice of nutritious meals and received support if needed to eat their meals.

There were sufficient staff working at the home to meet people's care needs and staff were friendly, welcoming and were observed to have good relationships with each other and a kind and respectful approach to people's care.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been adhered to in the home. The registered manager told us of the people at the home who lacked capacity and that the appropriate Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority.

People who lived at the home were able to tell us who the manager was and said they felt comfortable if they felt the need to complain. We saw that the registered manager and deputy manager were a visible presence in and about the home and it was obvious that they knew the people who lived in the home well.

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.

Some risk management actions were not being followed.

Staff were recruited safely and there were sufficient staff working at the home to support the people living there.

Medication storage and administration were correctly carried out.

Is the service effective?

Requires Improvement ●

The service was not always effective

Training and formal supervision for staff had improved. However further improvements were needed as unsafe lifting practices were observed.

People were given enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs.

The requirements of the Mental Capacity Act (2005) had been fully implemented to protect people's rights.

Is the service caring?

Good ●

The service was caring

Confidentiality of people's care files was evident.

Resident meetings had taken place.

People we spoke with said the staff treated them with dignity and respect and we observed that staff were gentle, patient and caring.

Is the service responsive?

Good ●

The service was responsive

The complaints procedure had been updated and was

accessible to people living in the home.

A range of social activities was provided.

Each person had a care plan that meet their individual needs and risks.

People had prompt access to healthcare professionals when required.

Is the service well-led?

The service was not always well-led

Policies were in need of updating.

The system for monitoring and auditing personal allowances had been improved however, additional improvements were needed.

The service had a manager who was registered with the Care Quality Commission.

Requires Improvement 

Gerald House

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 22 and 28 July 2016. The first day of the inspection was unannounced. The inspection was carried out by two adult social care (ASC) Inspectors. Prior to the inspection we asked for information from the local authority quality assurance team and we checked the website of Healthwatch Wirral for any additional information about the homes. We reviewed the information we already held about the service and any feedback we had received.

During the inspection we spoke with three people who lived at the home, two care staff, the cook and the assistant manager. We looked at the communal areas that people shared in the home and a sample of individual bedrooms. We reviewed a range of documentation including five care records, medication records, four staff files, policies and procedures, health and safety audits and records relating to the quality checks undertaken by the manager.

We looked around the premises and spent time observing the care and support provided to people throughout the day.

Is the service safe?

Our findings

We spoke with people who lived at the home and asked if they felt safe. One person told us "Oh yes", another person told us "There is no one here who makes me feel ill at ease". We asked staff members if they knew safeguarding processes and asked if they felt confident to report any type of potential abuse. All the staff we spoke with were able to show an understanding of the different types of abuse and how to report abuse.

At our last inspection, we found that not all of people's needs and risks were appropriately assessed and staff lacked clear guidance on how to meet people needs and risks safely. During this inspection, we found that improvements had been made. We saw that there was adequate information on people's individual needs and risks and simple but clear guidance for staff to follow in the provision of care. For example, staff now had adequate information on people's health needs and the signs to spot in the event of ill-health. People's mental health needs were described and risks in relation to people's mobility, skin integrity, falls and nutrition all had risk management actions in place for staff to follow to prevent potential harm.

We found no evidence that some of the risk management actions were being followed. For example, two people were at risk of developing pressure ulcers. Their care files stated regular repositioning checks were required and that these checks should be recorded. When we asked for the repositioning records in relation to these checks, the deputy manager told us no records were kept. This meant there was no evidence these checks had been undertaken.

A letter from the hospital in relation to one person's medical condition stated that a monthly examination was to be undertaken to enable any further signs of ill-health to be picked up quickly. We found that there was no corresponding care plan or risk management plan in place to advise staff of this. When we asked the manager and deputy manager about this, they acknowledged they were unaware of this letter and did not know they needed to undertake these checks. We returned to the service a few days later to complete our inspection and the manager had already acted on these issues. Both people had re-positioning charts for staff to use and information and guidance on how to undertake the other person's physical examination and why this was important had been implemented.

At our last inspection, we found that the way in which controlled medication was stored and the way in which 'when required' medications such as painkillers were booked into the home were unsafe. During this visit, we saw that sufficient improvements had been made. We saw that controlled drugs were stored in a locked cabinet that was secured to the wall. This meant they were stored safely and protected from unauthorised use.

We checked people's medication administration charts. We saw that any medication that was prescribed to be used 'when required' medication had been properly recorded on the person's records with the name of the medication, dosage and frequency detailed for staff to follow. We checked a sample of the stock of medication in the medication trolley and compared it to people's medication administration records. The balance of stock matched what had been administered. This indicated that medication had been given

correctly.

Where people had refused medication or a dose of medication had not been given, a clear log of the reasons why was now maintained. This was good practice as it enabled any trends in why a medication was not administered to be identified so appropriate action could be taken.

At our last inspection we found that the provider failed to ensure the premises and its equipment was safe, suitable for purpose and met statutory requirements. During this inspection we found that regular tests had been carried, these included nurse call systems, emergency lighting, fire alarms and fire extinguishers. We also saw that electrical devices had been tested and the provider had ensured that all lifting equipment had been subject to a thorough examination by a competent person.

We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas, electric had been tested and were safe. There was a fire evacuation plan that had been reviewed and updated. Personal emergency evacuation plans (PEEPS) had been completed for all of the people who lived in the home and were readily available in a file in case they were required. We noted that the home clearly displayed health and safety notices for the staff and people living at the home, this included basic first aid information and what actions to take in the event of electric shock.

During the first day of the inspection we observed unsafe maintenance of fire doors. The door to the dining room had not automatically closed during a test of the alarm system and we observed unsafe practices used to remedy this. This was immediately brought to the registered and deputy managers attention who assured us that this was going to be addressed immediately. When we visited on the second day this had been actioned.

At our last inspection we found staff had not always been recruited safely. We saw that all staff files now held appropriate recruitment information including criminal conviction checks and contracts of employment.

The home had cleaning rotas in place for the domestic staff. This seemed up to date and we observed that the home was clean with no offensive odours.

We looked at staffing levels and saw that these had been consistent over the previous month. This meant the people living at the home had adequate support from staff.

Is the service effective?

Our findings

We asked people about their quality of life, they confirmed the staff were skilled and that there were enough staff on duty to ensure they had a good quality of life. One person told us "They are absolutely genuine people, they were there for me when I wanted help".

At our last inspection we had seen that the provider did not have suitable arrangements in place to ensure that staff received appropriate training, support, supervision and appraisal in their job role. At this inspection we saw that the provider had implemented a supervision and appraisal system and had implemented a training programme. We also saw through documented supervisions how the service had been using opportunities from visiting professionals as a learning experience for staff, an example of this was a visit from an independent mental capacity advocate.

We observed inappropriate moving and handling techniques called "drag lifting" during our inspection. This technique is not safe for the person being supported or the staff providing the support. It puts people at risk from physical injury. We immediately brought this to the managers attention who, following our first day of inspection had identified and booked additional training for staff by the second day of inspection.

People's weights were monitored monthly or more frequently if required and medical advice sought if people's dietary intake significantly reduced. People at risk of malnutrition, had their dietary intake monitored by staff daily to ensure that their dietary intake was sufficient to maintain their physical well-being.

One person had a medical condition that meant they needed a special diet. We saw that a clear and sufficient nutritional care plan was in place to ensure this person's medical condition was managed effectively. We saw that staff undertook regular checks of the person's well-being and sought medical advice promptly as and when required in relation to both their medical condition and diet. We saw that throughout the day people had access to sufficient quantities of food and drink. One person told us "Excellent food, I come down about 8 o'clock at night for a snack".

People told us they enjoyed the food at Gerald House one person told us, "Yes it's very good." During the inspection we saw that people were offered drinks and snacks throughout the day, we observed staff with a person who had lunch late and who was still hungry. The person was asking for sandwiches and drinks, this was catered for with a caring attitude by staff. We also saw that people received support when needed, with their meals

We visited the kitchen and found that sufficient supplies of food including fruit and vegetables were available. In discussion with staff they were able to tell us about the support people required with their meals, including providing a diabetic diet. One person told us "I'm very happy with my diet".

We were able to see how a suggestion from a residents meeting for 'toad in the hole' was catered for by the cook and that this had been a great success. This showed how the home listened to the people living there

and catered for their needs and preferences.

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 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 Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.

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. For example, where people needed to be deprived of their liberty to keep them safe, a brief assessment of the person's capacity to make this decision had been completed. This was in accordance with the Mental Capacity Act (MCA) 2005 and meant consent was legally obtained. Further work was required to ensure people's capacity was routinely assessed for other specific decisions about their care.

We saw that some rooms had been redecorated, others had been reutilised for example one had been adapted into a wet room for the benefit of the people who lived in the home and another room had been adapted into a treatment room for the use of people needing appointments such as chiropody or hairdressing.

We asked people living at Gerald House if staff asked for their consent, and everyone we spoke to said "Yes". One person told us "Oh yes, they ask if I want help in the shower".

Is the service caring?

Our findings

One of the people living at Gerald House told us, "They've always been nice to me (staff)" another said "I think of them (staff) as friends", and " They're absolutely genuine people". People told us that they made everyday decisions themselves, one person said, "If I want a lie in, then I have one".

On our last inspection we saw that no regular resident/relative meetings took place to enable people to be involved in discussions about the running of the home. During this inspection we saw evidence that the home had held a meeting and had taken on board suggestions from the people living at the service, an example being changes to the menus. The manager informed us that at the next meeting they were going to discuss people's opinions about having their names on their bedroom doors. We asked the people we spoke to if they had been involved in these meetings and they all said "Yes", one person told us "We had one the other day".

We saw evidence that end of life discussions had taken place with people and their relatives with people's preferences and wishes recorded. This showed us that the home understood and respected the advance decisions made by people in respect of their end of life care.

We observed staff throughout the day supporting people who lived at the home. Interactions between staff and the people they cared for were positive. All the staff we observed were respectful of people's dignity and supported them at their own pace. It was clear that staff had warm, positive relationships with people and that the staff were trusted by the people who lived at Gerald House. We were told by one person "They are just wonderful here, it's ideal for me".

When we spoke with the staff they showed an awareness of the health needs of the people who lived in the home and were able to tell us of what care was needed and preferred. It was obvious from our discussions that the staff knew the people well and they spoke about them warmly. We saw staff addressing people in the manner they preferred and using communication strategies appropriate for individuals.

We observed that confidential information was kept secure either in the main office or the locked medication room.

Is the service responsive?

Our findings

On our last inspection we saw that the provider's complaints procedure had been out of date and had been stored on a shelf behind the staff desk in the entrance area meaning it was not displayed for people who lived at the home to easily see. During this inspection we saw that the complaints procedure had been updated with the correct information in it and this was displayed at the entrance to the building making it easily accessible for everyone. Everyone we spoke to knew who the staff and manager was and knew who to go to if they had a complaint. One person commented "If there was any problems I'd go to the owner, they'd be straight on it. It's not swept under the carpet".

At our last inspection we were unable to find any information about the activities provided. This meant there was no evidence that a suitable programme of activities were provided to ensure people who lived at the home lived in a social stimulating environment that maintained their quality of life. During this inspection we were able to see evidence of an activities programme and when we spoke to the people living in the home, they were able to tell us what activities they had attended and enjoyed. One person told us how they were always asked to read poetry by others who lived in the home. We were also able to see how Gerald House had implemented two programmes that included home based activities and trips out. One person told us "We go out various places, it's good".

People's assessments and care plans were person centred. They identified people's needs and preferences in the delivery of care and it was clear from the information we reviewed, that staff at the home knew people well.

When people's needs and risks changed, care plans and risk assessments had been updated. Some risk assessments were not signed and dated by staff. We saw that people's care and general well-being was reviewed monthly by their assigned keyworker. A keyworker is a named member of staff who has overall responsibility for understanding and ensuring an individual's needs are met. This was good practice.

We saw that people's care files contained information about the person's life history for example, education, employment and family life. Personal life histories capture the life story and memories of each person and help staff deliver person centred care. They enable the person to talk about their past and give staff and other professionals an improved understanding of the person they are caring for.

From people's care files, we saw that people had access to a wide range of healthcare professionals as and when they needed it. For example, one person required support with their emotional health and we saw that advice had been sought from a qualified professional in relation to this person's care. One person had skin integrity issues and we could see that they had active and regular visits from the district nurse team to ensure their needs were met.

As we walked around the premises we were able to see how walking aids were next to the person who needed them. We asked people if they were able to leave the premises and go to places of their choice. One person told us "You tell them and you can go". We also asked the people if they were able to have

family/friends visit at anytime. All said yes with one person commenting "I could get a dozen people in here and they'd [staff] be happy".

Is the service well-led?

Our findings

The home had a registered manager who had been in post for six years and a deputy manager who were both present during both days of inspection. All staff we spoke to told us that they were supported in their role and had no hesitation when approaching the managers. At our last inspection we found that some audit systems that were in place were insufficient and were not used effectively to assess, monitor and mitigate the risks to people's health, safety and welfare. During this inspection we saw that improvements had been made.

Since our last inspection we saw that the manager had implemented a weekly manager audit and we were able to see records from beginning June 2016. This weekly audit included amongst other items care plan reviews, personal allowances, medication, cleaning and staff files. The audit also looked at supervision, appraisal and training. At our last inspection this had not been in place. We were able to see that the audit tool had been used effectively as we saw on one week care audits needing completion and on the following week they had been completed.

People had been asked for feedback on the service. Records also confirmed that respondents were listened to and as a result some changes had been made. An example of this was regarding the menus and activities. One person we spoke to said "I said we needed dancing, next thing we've got dancing".

During our last visit we saw that there had been no suitable arrangements in place to safeguard people against financial abuse. At this inspection we looked at a sample of the balance of people's monies against the receipts maintained by the provider and we saw that the system for monitoring and auditing personal allowances had been improved. We discussed with the manager the importance of ensuring exact amounts tallied with the documentation as every person's records we looked at had more money than was recorded. On speaking to the manager it was due to the home not having change.

We saw that the provider had made significant changes to the home and had a plan to continue to update the premises.

We saw that staff were now being supported and that training and supervision had been improved but we still had concerns about some of the care practices in the home, specifically moving and handling and the training the staff had received. In particular the poor practice we observed may not have occurred if staff training had been checked to be relevant and effective.

We saw that some of the home's policies were in need of updating. We spoke to the manager concerning this as policies formed part of the induction programme and the manager told us that this was due to be updated but the service had prioritised other aspects of the home for improvement. We discussed the importance of having up to date and relevant policies and the manager assured us that this would be actioned.

We spoke with the registered manager and assistant manager and we found both to be open and receptive

to our feedback and told us that they recognised that the home needed to continue to improve and that they were committed to the work required.

All the people we spoke to who lived at Gerald House knew who the manager was and said they would have no hesitation approaching either them or any of the staff if they were worried about anything. This showed the home had an open and inclusive culture.