

Ewood Residential Homes Limited

Grey Gables Residential Home

Inspection report

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

Tel: 01524425376

Date of inspection visit:
14 March 2017

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27 April 2017

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

The inspection visit took place on 14 March 2017 and was unannounced.

Grey Gables residential home is situated in a residential area of Bare in Morecambe, close to local shops and amenities. The building is a large detached dwelling with a small car parking area. There is a small, secure garden area to the rear. There is a small extension on the ground floor with bedrooms. Bathrooms and toilets are on this floor. The first floor houses bedrooms and a bathroom. Grey Gables is registered for 16 people. At the time of the inspection visit there were 14 people who lived at the home

At the last inspection in February 2015 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take action when required. Recruitment checks were carried out to ensure suitable staff were employed to work at the home. Our observations and discussions with staff, relatives and people who lived at the home confirmed sufficient staff were on duty both day and night.

Records looked at and talking with staff and the management team found staff had been recruited safely, appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care and social needs. Staffing levels were observed to be sufficient to meet the needs of people who lived at the home.

Risk assessments had been put in place and were individual to the person assessed. This was to minimise potential risk of harm to people during the delivery of their care. These had been reviewed on a regular basis and were relevant to care provided.

We had a walk around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

We found medication procedures at Grey Gables were safe. Staff responsible for the administration had the competency and training required. Medicines were safely kept with appropriate arrangements for storing in place.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

We observed lunchtime meals and found people who lived at the home were offered alternative choices. People were served when they came into the dining room at different times, they were not all told to sit down at the same time. Comments were positive about the choice and quality of meals. One person who lived at the home said, "Lovely food and plenty of it."

We observed staff engaged with people in a caring and relaxed way. We found they spoke to people in soft tones and used appropriate touch and humour. One person who lived at the home said, "Of course they are all caring."

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns.

The registered manager/owner used a variety of methods to assess and monitor the quality of care at Grey Gables. These included regular audits of the service, annual surveys, resident meetings and staff meetings to seek the views of people about the quality of care at the home.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Grey Gables 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 visit took place on 14 March 2017 and was unannounced.

The inspection team consisted of an adult social care 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. The expert-by-experience had a background dealing with older people and people in the early stages of dementia.

Before our inspection visit we reviewed the information we held on Grey Gables. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also reviewed 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

We spoke with a range of people about the home This included four people who lived at the home, four staff members, four relatives and the deputy manager. We also spoke with the registered manager who was also the owner.

We looked at care records of two people who lived at the home, training and recruitment records of staff members. We also looked at records relating to the management of the service. In addition we checked the building to ensure it was clean, hygienic and a safe place for people to live. This involved a walk around the

premises.

We also contacted other health and social care organisations such as the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced living at Grey Gables.

Is the service safe?

Our findings

We asked people if they felt safe at the home the responses we received were positive. For example one person who lived at the home said, "It is a small home and lots of comings and goings with people, so that is why I feel safe. Also at night we have good staff around that also makes you feel comfortable and relaxed." Another person said, "Yes the home is safe." A relative we spoke with said, "I feel easy knowing [relative] is safe and looked after."

The management team had procedures to minimise the potential risk of abuse or unsafe care. These had recently been reviewed and policies updated to ensure current processes and practices were up to date. We also looked at training schedules for staff and found safeguarding vulnerable adults training was one of their mandatory courses. One staff member said, "They have a mandatory training programme and safeguarding is one course they insist we keep up to date."

Care plans of people who lived at the home had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. The risk assessments we saw provided instructions for staff members when delivering personal care support. We found where potential risks had been identified action taken by staff had been recorded. For example equipment in peoples bedrooms such as pressure mats to alert staff if people were at risk of falling at night were in place.

We found staff had been recruited safely, appropriately trained and supported. They had skills and experience required to support people with their care needs. The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. At the time of the inspection visit, people we spoke with felt staffing levels were sufficient. One staff member said, "We are busy but we do have time to spend with residents which I like and the manager wants us to do that." A relative said, "I come here often and yes I feel there is enough staff around because they don't seem rushed off their feet."

We looked at how medicines were recorded and administered. Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records for two people This was during the morning and lunchtime medication round with a trained staff member. Records showed medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed and at the right time.

We had a walk around the building and found it was clean, tidy and maintained. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building and were in operation. These were observed being used by staff undertaking their duties. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties.

We looked at documentation and found equipment had been serviced and maintained as required. For

example records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use.

Is the service effective?

Our findings

By talking with people who lived at the home, relatives and staff we found people received good effective care that met their needs. For example a large percentage of the staff had worked at the home for a long time and had developed relationships with people. One staff member said, "We know the residents well and when someone is not well or don't feel themselves we can pick up on it straight away." A relative said, "It is a small place and [relative] is known well by staff. Any little problem is identified immediately by the staff."

Relatives told us they were always updated with information about their relatives care needs or if they were not well. One relative we spoke with said, "The staff are really good and any little issues they will always inform me."

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).

The registered manager and deputy manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed she understood when an application should be made and how to submit one. We did not observe people being restricted or deprived of their liberty during our inspection. When we undertook our inspection visit 14 people had requests for an assessment to the local authority. During the inspection we did not see any restrictive practices.

We arrived at breakfast time and people were having breakfast in the dining room, their own bedroom or in the lounge area it was their choice. We observed staff supported people to eat their meals wherever they wanted to. One person who lived at the home said, "I like it in my room and the staff are very happy with doing that for me."

We observed lunchtime meals and found people who lived at the home were offered alternative choices. People were served when they came into the dining room at different times, they were not all told to sit down at the same time. We observed people being assisted with their meal. The staff member spoke to them and told them what they were giving them. This demonstrated staff were attentive throughout lunch and aware of people's needs. Drinks were provided and offers of additional drinks and meals were made where appropriate. Comments were positive about the choice and quality of meals. One person who lived at the home said, "Lovely food and plenty of it." Another person said, "They make homemade cakes and things you cannot say anything bad about the quality of meals here."

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been.

The outside areas were accessible for people who lived at the home so they could have the opportunity for some exercise and privacy. The layout of the building provided sufficient space for people to walk around. In addition work was continuing around the premises to make it more suitable for people who lived with dementia or had complex needs. For example wooden floors and appropriate signage around the home to aid people who lived with dementia.

Is the service caring?

Our findings

We arrived at breakfast time and found people who lived at the home and staff to be relaxed, happy and comfortable. This continued throughout the day. People we spoke with confirmed they were happy and felt cared for. For example comments from people who lived at the home included, "Oh yes very caring people, and I have to say not one isn't." Another said, "They do care yes nothing is too much trouble." A relative we spoke with said, "They always make me welcome and my observation is the staff and manager are kind, considerate and patient with everyone who lives here."

We observed staff engaged with people in a caring and relaxed way. For example, they spoke to people in soft tones and used appropriate touch and humour. One person who lived at the home said, "You can always have a laugh with the girls."

We found staff and the management team demonstrated an understanding of people's needs. We discussed care of some of the people at the home. Individual conversations with staff showed they understood care needs and personality of people we discussed. One staff member said, "We are a small home so get to know people personally."

We observed all staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on all doors before entering. They also called people by their preferred name which had been recorded on their individual care plan. This was confirmed by talking with people who lived at the home and our observations during the inspection visit.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff.

Staff had a good understanding of protecting and respecting people's human rights. Training had been provided by the service for guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each individual's uniqueness.

The management team and staff told us they fully involved people and their families in their care planning. Records we looked at contained evidence of them being engaged in the development of their care plan throughout the process. Care planning and other documentation had records about their preferences and how they wished to be cared for.

We spoke with the registered manager/owner about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service that was responsive to their care needs. Relatives also informed us the care their relatives/friends received was focussed on them as individuals. One relative we spoke with said, "They are so patient and respond to what is best for [relative]. I think the staff treat people as an individual and base care and support around [relative]." People who lived at the home we were able to talk with informed us they were encouraged to express their views about how they wanted their care provided.

Two care plans we looked at were detailed and were clear about support needs of people and how they wanted their care delivered. Care records were in the process of being redeveloped to ensure they were easy to follow and contained maximum information about the person. They had been developed where possible with each person and family members, identifying what support they required. There was evidence of people being involved in their own care plan. People told us they had been consulted about support that was provided for them. One of the management team said, "The care records will be better, simpler and have the information there for staff to follow." A staff member said, "The new ones are better."

Grey Gables had a complaints procedure which was made available to people on their admission to the home and on in the reception area. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

During our inspection visit we spoke with people about the complaints process and people responded by knowing the procedure to follow should they have concerns. One relative said, "I have no issues or concerns, however we were given a written procedure to follow should we have a complaint." Staff told us if they received any complaints and people were unhappy with any aspect of their care they would pass this on to the registered manager.

Staff completed a range of assessments to check people's abilities and review their support levels. For instance, they checked the individual's needs in relation to mobility, mental and physical health and medication. We found assessments and all associated documentation was personalised to each individual who lived at Grey Gables. Documentation was shared about people's needs should they visit for example the hospital. This meant other health professionals had information about individuals care needs before the right care or treatment was provided for them.

Is the service well-led?

Our findings

There was a registered manager employed at Grey Gables. 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. The registered manager at Grey Gables was also the owner.

When we spoke with staff and relatives, we found there were clear lines of responsibility and accountability with a structured management team in place. The registered manager/owner was experienced and familiar with the needs of people they supported. Discussion with the deputy manager and senior staff confirmed they were clear about their role and between them provided a well-run quality service. This was confirmed by talking with people who lived at the home and relatives. For example one relative said, "I know who runs the place and they do so consistently." A person who lived at the home said, "[Registered manager] is there if I need her and the deputy is very good willing to sort things out if need be."

The deputy manager produced minutes of staff and 'resident' meetings that were held on a regular basis. We found examples of suggestions from meetings had been implemented to ensure the service continued to develop and people had a voice in the running of Grey Gables. For instance at a recent 'residents' meeting, people suggested a fish and chip supper would be a change and a social event. This was done by the staff who brought food in from the local 'chippy'. People told us they enjoyed the occasion. One person who lived at the home said, "It was a treat and we sat together and made an evening of it."

The management team had a system of obtaining views from relatives, friends and people who lived at the home by means of annual surveys. Seven returned surveys from February 2017 were positive. The registered manager told us they would analyse any negative comments and act upon them.

The management team had procedures in place to monitor the quality of the service provided. For example regular audits had been undertaken and any discrepancies were acted upon. One environmental audit identified damp and a leaky roof. This was attended to and repaired. Other audits completed included, care records of people who lived at the home and medication. This helped to ensure people were living in a safe environment.

The management team 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 provider was in the process of improvements to people's fire and environmental safety. This followed recommendations from a recent fire service inspection. The service had a plan of action that was to be completed by the end of May 2017. The registered manager/owner would inform CQC when this was completed.

The registered manager also informed us they worked in conjunction with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.