The Yardley Great Trust Group

Greswold House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Greswold House is a residential care home providing personal care and accommodation for up to 30 people some of whom may live with Dementia. The service was supporting 30 people at the time of the inspection. The home has three separate units across three floors.

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

The providers internal checks had not identified the shortfalls we found during our inspection. These needed to more detailed to ensure they covered all required areas to identity and drive improvements. The management of medicines required improving to ensure the recording, and storage of medicines was safe.

People were supported by staff that understood their needs and had been trained and understood how to protect people from abuse. People had access to healthcare professionals to ensure their healthcare needs were met. Systems were in place to reduce the risk of infection, and to review any incident and accidents to see if there were any lessons to learn from these.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People enjoyed the food provided which met their preferences. People were supported to access meaningful activities which they enjoyed.

People made positive comments about the staff that supported them. Staff were described as kind, caring and respectful. People were treated with respect and dignity and their independence was promoted. People knew how to raise concerns and felt confident any issues would be addressed. People were supported to provide feedback about the way the service was managed.

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 the service under the previous provider was good published on 01 April 2019.

Why we inspected
We undertook this comprehensive inspection due to the service being unrated following a change in provider.

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.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Greswold House

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 Health and Social Care Act 2008.

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 was undertaken by three inspectors 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.

Service and service type
Greswold House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Greswold House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 15 September when a site visit was undertaken and concluded on 28 September when formal feedback was provided. We requested and reviewed records virtually during this time.

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 and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people and three relatives about their experience of the care provided. We also spoke with seven staff which included care and senior staff, domestic, the deputy manager, and registered manager.

We reviewed a range of documents and records including the care records for four people, 14 medicine records, three staff recruitment files. We also looked at records that related to the management and quality assurance of the service.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection since the change of provider. This key question has been rated requires improvement. This meant some aspects of the service were not always safe.

Using medicines safely

- The management of medicines was not always safe.
- Controlled medicines for one person were being stored securely in the home but these had not been recorded in the controlled drugs register upon receipt in accordance with the home's procedures. The person had returned to the home from hospital with the controlled medicines which had been discontinued. Therefore, they were due to be returned to the pharmacy.
- The medicine records confirmed medicines had been administered to people as prescribed. However, we found discrepancies for three people when we counted the balances of medicines in stock. These were not accurate with what medicines had been administered and signed for. This meant we could not be assured people had received the medicines when they needed them.
- We saw opened tubes of prescribed cream, and eye drops had not always been dated when opened. This meant it was difficult to check when they should be disposed of in accordance with the expiry instructions.
- We found one person's eye drops were not being stored at the required temperature in accordance with the manufacturer's instructions which could impact upon the medicine.
- Action was taken by the management team to address the above concerns during and following the inspection site visit.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the home and when supported by staff. A person said, "The staff look after all my needs. I don't have to worry about anything." A relative told us, "[Relative] is much safer here and I have peace of mind. The staff are good, and I have no concerns."
- Where people were observed to have bruising staff recorded this, however an explanation for this was not always explored, recorded or escalated when needed. In response to this the management team took action to address this with staff and strengthened the systems in place.
- People were supported by staff who had been trained in safeguarding. Staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. A staff member told us, "I would report any concerns straight away to the senior or manager, and if needed to external agencies such as yourself (CQC)."
- The management team were clear about their responsibilities to safeguard people and reported any safeguarding concerns to the local authority and CQC.

Assessing risk, safety monitoring and management

- Systems were in place to assess and mitigate risks to people.
- Risk assessments had been completed and covered a variety of areas including malnutrition, skin

integrity, falls, and moving and handling. Where risks were identified there was a care plan to guide staff on how to manage this. For example, people at risk of falling had a mobility care plan in place.
● People told us staff supported them in accordance with their needs. One person said, "The staff make sure they keep an eye me, and make sure I have my frame when I walk to prevent me from falling."
● Discussions with staff demonstrated their knowledge about the risks to people's safety. A staff member said, "Communication here is good and we have handovers, so we are aware of any changes to people's needs."

Staffing and recruitment
● People told us there was enough staff to meet their needs. One person said, "I press my buzzer, and someone comes along immediately."
● We received mixed feedback from staff who told us how sickness sometimes impacted on staffing levels and at peak times they were very busy. A staff member said, "If we are fully staffed it is okay. But as I am working on a unit on my own if someone in their room needs me then I must go to them and try and get cover for the lounge. We do have staff who can come and cover most days."
● We observed people's needs were met in a timely manner. The registered manager told us a dependency tool was in place which was kept under review. The management team also told us, where needed they assisted staff on the floors at peak times of the day, and this was confirmed by staff.
● Recruitment checks were undertaken to ensure staff were suitable to work at the home. Checks had been carried out with the Disclosure and Barring Service (DBS) and references had been obtained. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection
● We were somewhat assured that the provider was using PPE effectively and safely. We observed occasions where staff pulled their masks down to talk with people. This was shared with the registered manager to address.

● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed areas of the home that were worn such as the flooring and equipment and needed to be repaired or replaced. The registered manager told us these areas were being addressed.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

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

● We were assured that the provider was responding effectively to risks and signs of infection.

We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● 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.

● People were able to see their visitors without any restrictions

Learning lessons when things go wrong
● The management team acknowledged lessons learnt from ensuring any bruising identified was consistently followed up and records completed where needed.
● Systems were in place to record and learn from incidents or accidents. These were reviewed by the registered manager to see if any immediate action was needed to mitigate the risk. They were then analysed on a monthly basis by the registered manager for patterns and trends and action taken where needed. For example, sensor aids being implemented or a referral to the falls team.
● Learning from incidents was shared with staff and this was confirmed by staff and the staff meeting records we reviewed.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection since the change of provider. This key question has been rated good.
This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and relatives confirmed an assessment was completed to ensure the home could meet the person's needs. A relative said, "We were asked what support [relative] required and all about their needs and life."
- The registered manager told us they completed their own face to face assessment and encouraged people to visit the home where possible to enable them to make an informed decision about moving in.
- People's care plans and risk assessments were tailored to their individual needs and considered their protected characteristics, as identified in the Equality Act 2010. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability. The assessment records could be improved further to be more inclusive to people from the LGBTQ+ community.

Staff support: induction, training, skills and experience

- Staff had access to training opportunities to enable them to have the skills for their role when they commenced employment in the home. However, we did identify several gaps in the training matrix for additional and refresher training. The registered manager showed us the training programme which would commence within the next few weeks to address these gaps.
- In addition to the core training the registered manager told us training in mental health and counselling would be arranged to support staff impacted by COVID-19 and any other issues.
- People and relatives told us they thought staff had the required skills and abilities to meet their needs. One person said, "The staff know what they are doing, they are good at their job."
- Staff confirmed they had received the training they needed for their role which included an induction. A staff member said, "I had an induction when I first started which included meeting people and shadowing experienced staff so I could get to know people, their needs and routines. We then complete training and are encouraged to complete a national vocation qualification."
- New staff where applicable were supported to complete the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink to maintain their health. One person told us, "The dinners are very good." Another person said, "Everything is cut up for me."
- Where people were at risk of weight lost this was monitored and their calorie intake increased where possible in their food and drinks.

● We saw people were supported to have various drinks and snacks throughout the day.

Adapting service, design, decoration to meet people's needs
● We saw areas of the home that required renewal due to wear and tear. The registered manager advised us these had been identified and quotes were being obtained for these.
●The home was decorated to promote a homely environment for people to enjoy. People's bedrooms were personalised in accordance with their preferences.
● The home was decorated to reflect the passing of the queen with flags and pictures in the lounge areas. We saw the flag outside of the home was also at half-mast out of respect.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to access healthcare services to ensure their needs were monitored and met.
● Records supported people regularly saw the GP who conducted regular visits to the service to monitor people's medical needs and general wellbeing. Information about people's weights were also shared with the GP on a monthly basis.
● We spoke with a visiting healthcare professional who told us, "The communication here is good and the staff escalate any concerns quickly. I visit regularly and have no concerns."
● People where supported to access other routine services such as dentist, opticians and chiropodist now the COVID-19 restrictions had been reduced.

Ensuring consent to care and treatment in line with law and guidance
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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA

● People told us they were supported to make choices about how their needs were met, and their consent was obtained. One person said, "The staff ask for permission and get consent every time." Our observations supported this.
● In response to risk or incidences people for their safety had sensor mats or infra red systems installed in their bedrooms. Although people had verbally consented to this and knew these were in place, their consent had not been recorded in their care plans. The deputy manager took action to address this during the inspection.
● We saw people were not restricted and were able to make decisions which may not be good for their health such as smoking.
● The home had CCTV both internally and externally. We saw discussions had been held with people and their relatives about the rationale for this to be installed, which was for people's safety.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection since the change of provider. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People confirmed staff treated them with respect and their identity as an individual was promoted and valued. One person said, "The staff are very respectful at all times, I am well looked after by them." A relative told us, "My [relative] is very well looked after, always well-dressed the way they used to like it with matching clothes."
- We observed staff speaking with people respectfully, ensuring they maintained eye contact and speaking at a pace that met the person's preferences.
- Staff ensured people had their personal belongings with them when in the communal areas such as their handbags and favourite items.
- Staff we spoke with shared their commitment, passion and respect for people to receive good care.

Supporting people to express their views and be involved in making decisions about their care

- We observed people where supported to make daily decisions about their care. For example, in relation to personal care, food and drink and where they wanted to spend their time.
- A person told us, "I choose to stay in my room, and this is respected, and I watch TV and spend the day how I want. I sometimes eat in my bed if I want to and staff never say I cart."
- We saw people accessing the outdoor area when they wanted to go and have a cigarette or for some fresh air and chairs had been provided for them to use.
- The registered manager understood when advocacy services would be required for people and shared an example where advocacy services had been sought for a person they supported.

Respecting and promoting people's privacy, dignity and independence

- People told us staff maintained their dignity and promoted their independence. One person said, "They always knock on the door before entering, and they never rush me which is important." A relative told us, "The staff are very polite the way they talk to everyone. The staff are very caring it shows in their passion."
- We observed staff encouraging people to be independent when eating, drinking and mobilising providing gentle encouragement and assurance where needed.
- During discussions the registered manager spoke about the home's values of ensuring where possible people were enabled to do things for themselves to maintain their independence, self-respect and purpose. Examples of how staff had supported this included enabling people to clean and dust their bedrooms, and one person was supported to cook an evening meal for people as they enjoyed cooking for others.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection since the change of provider. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People and their relatives told us their needs were met. One person said, "I am happy here and the staff meet my needs." A relative told us, "This is an excellent home, the staff keep me informed, we are happy with the care provided."

● People's care records included information about their life history, and interests to enable staff to learn about people's back grounds and preferences.

● We observed staff being responsive to people's needs and providing reassurance and emotional support to people when they needed this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● Observations confirmed staff communicated with people in accordance with their needs. Staff knew the communication needs of the people they supported.

●Information about how people communicated was included in the initial assessment to ensure arrangements could be made to meet any identified needs. Information was then used to develop people's care plan.

●The registered manager understood their responsibility to comply with the AIS and the importance of communication. The Registered manager told us information could be made available in alternative languages or easy read if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People and relatives told us they were satisfied with the provision of activities available. One person told us, "There is activities arranged we go out, or play games, or sing. I am happy with what is provided."

● A group of people had gone out for a pub lunch on the day of our inspection visit with the activities co-ordinator. The registered manager told us arrangements were also being made for the queen's funeral where people would be supported to watch the funeral and have a high tea together.

● We saw activities were available on the units such as doll therapy for people to use. A book club had recommenced for those people that enjoyed reading. Other activities included, baking, exercises, arts and

crafts, and projects about the war and areas where people used to live. People that did not enjoy group activities also had one to one time with the activities co-ordinator.

● People were supported to follow their spiritual preferences. Arrangements had been made for services to be streamed into the home for people to watch. Some people were supported to maintain contact with representatives from religious groups via telephone calls. The registered manager confirmed if people wanted to access places of worship, they would be supported to do this.

Improving care quality in response to complaints or concerns

● People and their relatives knew how to raise concerns. A person told us, "I have never complained, I know I can speak with the manager if I have a problem."

● A complaints procedure was in place and we saw where issues had been raised these had been reviewed and responded to appropriately. Learning from concerns were shared with the staff team where needed so improvements could be made.

End of life care and support

●There was limited information in people's care records about their end of life wishes. We saw some people had respect or 'do not attempt cardiopulmonary resuscitation' (DNAR) forms in place.

● The registered manager told us this topic was discussed with people and their relatives, but they were reluctant to discuss and provide detailed information due to the sensitive nature of the subject. We discussed how this subject should be considered as part of the ongoing review process.

● The registered manager told us how a recent sudden death had impacted on the staff and highlighted the need for additional training for staff to enhance staff skills and knowledge.

Requires Improvement

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.

This is the first inspection since the change of provider. This key question has been rated requires improvement. This meant the service management and leadership required improvement to maintain effective oversight of the service.

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

- Although systems were in place to audit and maintain oversight of the service these needed to be improved to make them more robust and to drive improvements.
- Medicines audits were completed on a weekly basis, but these mainly focused on a balance count of the boxed medicines and controlled drugs. Where discrepancies were identified it was unclear what action had been taken in response to this.
- The medicine audit did not review other areas such as opening dates on creams and eye drops, storage of medicines and stock control. We found some people had excess stock of medicines without a reason for why they had not been returned in a timely manner. The management team were receptive to our feedback and devised a new medicine audit to cover these areas and to make the required improvements.
- The home used an electronic care planning system and we found in some people's care plans the information was task focused and not person centred. For example, in people's daily records which reflected what they had eaten, drank and if they had personal care but no information about their wellbeing. For one person whose mobility care plan had been updated in response to their fluctuating needs, the information was confusing and not clear for staff to follow. We discussed this with the management team who advised of their frustrations with using the system and the need for it to be reviewed. More robust audits were also needed to maintain oversight of these records.
- The management team were aware of their legal responsibilities to report any notifiable incidents promptly to CQC.
- We saw evidence to support the provider undertook visits to the service to monitor standards. The management team also completed daily walk arounds on all units to monitor the ongoing delivery of care to people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives, we spoke with knew who the deputy and registered manager was and expressed positive comments about them. One person told us, "They are very nice people, friendly and they come and check on us to make sure we are okay." Another person said, "The manager is approachable and listens to me. If I need anything I can just go to the office."
- A relative told us, "I always feel welcomed when I visit. It is very good here, lovely place with a friendly team and well managed."
- Our observations supported this feedback. The management team were knowledgeable about people's

needs. During discussions with the management team they told us how they strived to ensure people were at the heart of the service, and how they tried to promote a 'family atmosphere."

● Staff told us they felt supported in their roles and described the management team as approachable. A staff member said. "The manager and deputy are both really good, kind caring and take time out to listen to staff. They manage the service well and in people's best interests."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Systems were in place to gain feedback from people, relatives and staff. This included meetings, surveys, and individual discussions. Various topics were discussed using these forums about the service and people's care delivery. One person told us, "We have regular consultation about the food."

● During COVID-19 the management team created a Facebook page with people's consent to assist them to maintain contact with their loved ones and to share information. Technology is also now used to enable loved ones to be part of reviews and meetings via zoom meetings.

● Staff told us they were able to share any ideas and felt valued. The home celebrates the work undertaken by staff through the employee of the month award where staff were nominated and receive an award for their hard work.

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

● The registered manager understood their responsibilities in relation to the duty of candour regulation. The registered manager was able to demonstrate how they had responded to incidents and contacted people's loved ones to discuss these to meet the requirements of this regulation.

Working in partnership with others

● The management team worked in partnership with a variety of partner agencies such as healthcare professionals, and the local authority who recently completed a quality assurance visit. Actions from this visit were being addressed by the management team.

● The management team also worked in partnership with the local Public Health England office to ensure feedback and recommendations in relation to responding to and preventing Covid-19 outbreaks had been implemented in a timely manner.