Greystones Nursing Home Ltd

Greystones Nursing Home

Inspection report

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Bradford
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Date of inspection visit:
02 April 2019
04 April 2019

Date of publication:
14 May 2019

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service:
Greystones Nursing Home provides nursing or personal care for up to 31 people including people living with dementia or who have mental health needs. At the time of our inspection, there were 29 people living at the service.

People's experience of using this service:
● We found four breaches of the regulations in relation to recruitment, premises, person-centred care and good governance. The provider was not always recruiting staff safely. The provider was not always ensuring premises was appropriately maintained. The provider did not always ensure people were offered enough social stimulation throughout the day. We also identified concerns relating to medicine competencies, staff supervisions and appraisals, premises not adapted to suit all residents' needs, policy and procedures and the Accessible Information Standard. The provider's quality assurance processes in place were not effective in identifying the issues found at this service. The management of the service failed in their oversight and monitoring of the quality of the service.
● People told us they felt safe.
● People were supported to take their medicines in a safe way and were safely managed.
● People enjoyed the meals and their dietary needs had been catered for.
● Records showed people had regular access to healthcare professionals to make sure their health care needs were met.
● People and relatives felt staff were kind and caring and treated them with dignity and respect when providing care.
● A complaints procedure was in place. People and relatives told us they would have no hesitation in raising concerns.

Rating at last inspection:
At the last inspection the service was rated 'requires improvement' with three out of the five key questions rated as 'good' (report published 5 April 2018). At this inspection the overall rating has remained 'requires improvement', although only one out of the five key questions remained rated as 'good'.

Why we inspected:
This was a planned inspection based on the rating at the last inspection. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement:
Please see the 'action we have told the provider to take' section towards the end of the report

Follow up:
We will continue to monitor the service to ensure that people received safe, high quality care.

Further inspections will be planned for future dates. We will follow up on the breaches of regulations we have made at our next inspection.

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

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?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always 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.

Greystones Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
One adult social care inspector and one assistant adult social care inspector conducted the inspection on day one. One adult social care inspector visited on the second day of inspection.

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

The registered manager left the service in December 2018 and the home was being managed by a manager who was not registered with the Care Quality Commission. The provider was actively advertising for the position of registered manager. It is a legal requirement that the home has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Notice of inspection:
The inspection took place on 2 and 4 April 2018. The first day was unannounced.

What we did:
Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the CQC. A notification is information about important events which the service is required to tell us about by law. We used information the provider sent us in the

Provider Information Return. This is information we require providers to send us at least once annually 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 decide which areas to focus on during our inspection. We requested and received feedback from other stakeholders. These included the local authority safeguarding team, the local authority contracts team and the clinical commissioning group.

During the inspection, we spoke with seven people who used the service and two relatives of people who used the service to ask about their experience of the care provided. In addition, we spoke with one visiting health care professional during the inspection. We spoke with six members of staff, which included the home manager, a nurse, three members of care staff and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment, and supervision records for six staff, which included assessments of their competencies. We also looked at records relating to the management of the home and variety of policies and procedures developed and implemented by the provider.

Details are in the key questions below.

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: 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. Regulations may or may not have been met.

Staffing and recruitment

● Staff were not recruited safely. Appropriate checks to protect people from the employment of unsuitable staff were not always completed prior to staff starting an induction. We found two recruitment files only contained one reference, another recruitment file contained two references, but these did not show who had provided the reference and what job the reference related to. Interview records were not available for inspection for two out of the four recruitment files we looked at. There was no evidence available to show gaps in employment history had been followed up. The service had a recruitment and selection policy, however we found this had not been fully updated to reference evidence-based guidance or up to date legislation. We spoke to the home manager and provider regarding our concerns and following our inspection they sent us an action plan detailing how the they intended to address the issues raised.

The lack of a robust recruitment process meant that people were not always protected from the employment of unsuitable staff. This was a breach of regulation 19 (1) fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

● Toilet roll holders were unusable because the central tube to hold the toilet roll in place in two communal toilets and two communal bathrooms were missing from the holders. We saw toilet rolls were placed on the window cill bottom, however, on day one of inspection we found one toilet had no toilet roll available for people to use and in one bathroom we saw there were no paper handtowels available for people to dry their hands. We also saw excrement smeared across a tiled wall in a communal bathroom, however noted this was also seen by a member of staff who attended to the area extremely quickly. We raised our concerns with the home manager who told us the toilet roll holder central tubes and paper towels were often removed by a person who lived at the service and assured us the toilet roll holders would be replaced. They also told us staff regularly checked bathrooms and toilets throughout the day to ensure toilet rolls and paper towels were available. On day two of the inspection the toilet roll holders had not been replaced or ordered. We also checked the maintenance book and found the toilet roll holders had not been previously reported as broken. We discussed our concerns again with the home manager and provider who told us they were currently looking at sourcing a different type of toilet roll dispenser.

The lack of properly maintained premises meant people were at risk of receiving poor quality care. This was a breach of regulation 15 (1)(e) premises and equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

● Staff received supervision and checks of their competency to administer medicines. We found concerns identified during supervision in December 2018 by the home manager for two members of staff had not been followed up. Following our inspection, the home manager submitted an action plan which confirmed medicine competencies had been carried out for one member of staff and scheduled for the other member of staff.

● Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

● Where people were prescribed medicines to take 'as and when required' detailed information was available to guide staff on when to administer them.

● There was an audit process in place to identify and mitigate risks associated with the improper management of medicines.

● Controlled drugs, which are prescription medicines controlled under Misuse of Drugs legislation, were stored securely, logged in a register and managed appropriately. A random sample we checked found the amount of medicine remaining was correct and tallied with the register.

● Staffing levels were based on people's needs. The home manager said the service did not currently use a dependency tool to ensure staffing levels were appropriate, however, they told us they were currently introducing one. We will check this at our next inspection. We asked people whether they thought there was enough staff. One person told us, "Staff are sometimes busy." A relative told us, "They usually come pretty quickly." Another relative said, "I think there is enough staff, [Name] never wants for anything." A member of staff told us, "They [staffing levels] are ok."

● People were protected from avoidable risks. Risk assessments were undertaken and reviewed monthly by the home manager for a range of risks, such as those associated with falls, nutrition and hydration and skin integrity. Recognised risk assessment tools were used to help determine risks.

● Equipment was used to help keep some people safe, such as bed rails. The associated risks were assessed, and consideration was given as to whether the equipment was necessary to keep the person safe.

● Personal emergency evacuation plans were in place to ensure people were supported in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

● People were supported to understand how to keep safe and to raise concerns if abuse occurred. One person told us, "I feel safe here." A relative said, "Yes, I feel [Name] is kept safe."

● Staff knew how to recognise abuse and protect people from the risk of abuse.

● The provider had reported alleged abuse to safeguarding when it was identified.

Preventing and controlling infection

● Staff had received training in infection control and followed good infection control practices to help prevent the spread of healthcare related infections.

● People told us staff wore gloves and aprons when providing personal care and all staff we asked told us they had access to adequate supplies.

● The service had the highest rating awarded by the Food Standards Agency.

Learning lessons when things go wrong

● The provider was keen to develop and learn from events. We saw accidents and incidents were appropriately recorded. These were reviewed and monitored for any themes or patterns to take preventative action by the home manager.

- The home manager shared lessons learnt with staff ad hoc and at staff meetings.

Requires Improvement

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

● Staff received annual appraisals, however we found the records relating to staff appraisals carried out in July 2018 were not always dated or signed by the employee and the person carrying out the appraisal as an accurate record. One person's appraisal form was blank.

● Supervision was carried out by the home manager to support staff to develop in their roles.

We reviewed the staff supervision 2018 matrix and saw this had not been kept updated since July 2018. We raised our concerns with the home manager, who told us they were currently redesigning and updating both the annual appraisal and supervision matrix. We will check this at our next inspection.

● People were supported by staff who had ongoing training which was up to date.

● Staff were given opportunities to review their individual work and development needs.

● Staff induction procedures did ensure they were trained in the areas the provider identified as relevant to their roles.

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

● Menus were not displayed in the dining room or elsewhere in the service. We observed two people asking member of staffs what was for lunch who then needed to go into the kitchen to ask as they were not aware. We discussed this with the home manager who told us the dining room notice board had recently been broken. The home manager told us a replacement notice board was ordered between day one and day two of inspection. We will check this at our next inspection.

● People had choice and access to enough food throughout the day. Food was well presented. We saw a selection of fresh fruit, crisps and sweets were available throughout the day in the dining room. We asked people if they liked the food. Comments included, "It's OK, they [referring to staff] ask for suggestions", "You get a lovely breakfast here" and "I love the food."

● People's weight was monitored for any changes. Records showed people's nutritional and fluid needs were recorded, assessed and referrals made when appropriate.

● Where people required their food to be prepared differently because of medical needs or problems swallowing this was catered for.

Adapting service, design, decoration to meet people's needs

● Adaptations had not been made to the ground floor of the home to be 'dementia-friendly'. Words, colours and picture signage were not in place to assist people to navigate around all areas of the home. We fed back our observations to the home manager and provider who both assured us there was a planned programme of maintenance in place which included decoration and signage. We will check this at our next inspection.

● Risks in relation to premises and equipment were identified, assessed and monitored adequately.

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

● 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 to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

● Where people were deprived of their liberty, the home manager worked with the local authority to seek authorisation for this to ensure it was lawful.

● Staff had received appropriate training and could explain what capacity meant.

● Care plans were developed with people and where appropriate, their authorised representative. We saw consent had been sought for people to receive care and treatment.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

● The records we looked at confirmed referrals had been made when necessary and the provider maintained regular contact with relevant services, such as GPs, district nurses and podiatrists.

● Staff worked well with other agencies to ensure people's needs were met. For example, we saw referrals to speech and language therapists, physiotherapists and psychologists.

Ensuring consent to care and treatment in line with law and guidance

● Assessments and care plan documentation prompted assessors to consider people's communication needs, preferences and characteristics protected under the Equality act such as gender, religion, sexual orientation and disability.

● We heard and saw staff offering people choices and involved them in decision making; asking for consent before delivering any care or support. One staff member told us, "Maybe they [referring to people living at the home] don't want it yet, I will go back and ask again."

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

● People's care plans were stored in a lockable cupboard in the reception desk area. We noted one occasion when the desk area was unattended, and the cupboard door was wide open. We immediately brought this to the attention of a member of staff who closed and locked the door and raised our observation with the home manager.

● Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would implement this. For example, a member of staff described they would ensure doors and curtains were closed before carrying out personal care. They further told us they would knock on a person's bedroom door and speak before entering the room. Another member of staff told us they would never discuss a person or their needs in open communal areas. A relative told us, "I think privacy is respected."

● People were supported to remain independent. One person said, "I can come and go as I please."

● People were able to maintain contact with those important to them. We observed visitors were greeted in a warm and friendly manner and it was clear staff knew them well. A relative told us, "I'm always greeted by name."

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

● Care plans we looked at confirmed regular reviews were taking place but there was limited evidence how people and if appropriate, their relatives had been involved during the reviews of care.

● People who required it, had been supported to access advocacy services. Advocacy services are independent of the provider and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

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

● We observed interactions between staff and people throughout our inspection. We saw staff were caring and took a genuine interest in the people they supported. One person told us, "It's a wonderful team. Since day one, they have made me feel welcome here." A relative told us, "The care is absolutely excellent, they [referring to members of staff] have time to talk to [Name], they show interest." A second relative told us, "Staff are very kind, friendly and approachable. They are busy, but they do find time to speak to me, very professional, very open and never seem to tire of my questions." A member of staff told us, "I love working here." A second member of staff said, "It's so nice to work here. It's a good team."

● All staff we spoke with were extremely knowledgeable of people's likes and dislikes and it was clear staff knew people well. There was laughter and friendliness observed between staff and people throughout the inspection.

● Staff had developed positive relationships with people and displayed affection towards them. A staff

member told us, "I try to care for people as if they were my own family."

● Where people were unable to communicate their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.

● Staff supported people with whatever spirituality meant to them. People could attend religious services if they so wished. Where people had religious needs, we saw these recorded in the care plans we looked at.

● A visiting health care professional told us, "I find it a good home. I never have any concerns. Staff are always very helpful."

Requires Improvement

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● The provider employed an activity co-ordinator for two hours a week. The home manager gave us a copy of the individualised weekly schedule of activities which showed individual morning, group morning, individual afternoon and group afternoon activities which were completed by a mixture of typed, hand written activities and blank spaces. The home did not have an activities information board and we did not see activities information displayed in the home. We asked staff what daily activities were available for people in communal areas and one to one activity for people who were cared for in their bedroom. One staff member told us, "Some [referring to people who lived at the home] like watching TV, drawing, bingo. Clients have been assessed that they can leave and go to the shops." We looked at people's individual records for social and leisure activities and saw these had not always been completed daily and some days were blank. We raised our concerns with the provider and home manager regarding people not being offered enough social stimulation throughout the day and spending long periods of time watching television or sitting in the lounges or their bedrooms. The provider told us staff carried out one to one activity daily but sometimes forgot to complete the paperwork. The home manager told us of their current plans to increase the number of dedicated weekly activity hours. Following our inspection, the home manager submitted an action plan outlining how they intended to address our concerns.

The lack of social stimulation meant people were at risk of receiving poor quality care and isolation. This was a breach of regulation 9 (1)(b) person-centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The service did not fully understand people's information and communication needs. We did not see enough evidence of how the Accessible Information Standard had been met through identifying, recording and highlighting people's individual information and communication needs in their care plans or environment. Following our inspection, the home manager submitted an action plan outlining how they intended to address our concerns. We will check this at our next inspection.

● Care plans reflected people's needs and preferences when being supported. For example, one person's care plan indicated they needed to be nursed in low stimulus areas and gave guidance for staff on how they should interact with the person. Our conversations with staff confirmed they were aware of these instructions and following them.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy. We saw complaints were recorded, investigated and responded to appropriately and within appropriate timescales.

● People and relatives knew how to make complaints should they need to. One person said, "I used to talk to [Name] (referring to the previous registered manager). I can talk to [Name] (referring to the provider)." A

relative told us, "I'd feel comfortable in making a complaint. I'd talk to staff."

End of life care and support

● The provider had an end of life policy. In one care plan we saw detailed person-centred requirements regarding a person's religious beliefs and needs. However, we found other care plans contained limited person-centred information relating to end of life wishes. We discussed these findings with the home manager who was receptive to working towards respectfully gathering information to enable person centred care to be provided at the end of a person's life.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At this inspection we identified breaches in the regulations related with recruitment, premises and equipment and person-centred care as detailed earlier in our report.
- We also identified concerns relating to medicine competencies, staff supervisions and appraisals, premises not adapted to suit all residents' needs, policy and procedures and the Accessible Information Standard. We saw new audit processes introduced by the home manager to monitor the quality of the service, but the effectiveness of the audits could not be measured at the time of our inspection. We found the provider was in breach of regulations in relation to good governance because there were systematic and widespread failings in the oversight, monitoring and management of the service, which meant people did not always receive safe care. The provider submitted an action plan after the inspection detailing actions to be taken to address the concerns identified at our inspection.

The lack of robust quality assurance meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home had been managed since December 2018 by a manager who had not registered with the CQC. It is a legal requirement that the home has a registered manager in post.
- Under the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015, registered providers have a legal duty to display the ratings of CQC inspections prominently in both the office and on their website if they have one. We saw found the service had met this requirement.

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

- The provider sought the views of people, their relatives and staff to improve the service. Although we found the minutes from the meetings held in February and March 2018 were waiting to be typed up and shared.
- We found the provider had sought formal feedback from staff in January 2019 through a staff audit questionnaire. However, the results of which were waiting to be analysed and were not available for inspection.
- The home manager made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care

●Policies had been reviewed but had not been fully updated to reference evidence-based guidance or up to date legislation.

● The home manager told us they felt supported by the provider.

● The home manager and provider were responsive to our inspection and were keen to further develop and improve the home. This was evident as they as they provided us with an action plan detailing how they intended to address the concerns we identified during the inspection.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

● The home manager had a good understanding of the responsibilities to notify us of things which affected people who used the service, such as accidents or other matters of concern.

● People and staff spoke positively the service and the home manager although one relative we spoke with said they did not know who the home manager was. One person told us, "[Name] seems a very nice person and is approachable." One member of staff said, "[Name's] good." A second member of staff told us, "[Name] is good. There is a transition period and they're trying to make change for the better."

● The home manager understood their responsibility relating to the duty of candour and evidence showed they acted accordingly and line with requirements.

Working in partnership with others

●The home manager work in partnership with other agencies, including the local authority and health staff. They told us they kept up to date with good practice through local authority events and training.

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 9 HSCA RA Regulations 2014 Person-centred care A comprehensive programme of social stimulation and activities were not in place for people who used the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with broken equipment because of inadequate maintenance.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems had not identified the concerns we found during this inspection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Robust recruitment procedures had not been followed.