

Greystones Nursing Home Ltd

Greystones Nursing Home

Inspection report

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30 September 2020

05 October 2020

07 October 2020

12 October 2020

13 October 2020

19 October 2020

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Greystones Nursing Home is a residential care home providing personal and nursing care for up to 31 people who are living with dementia or have mental health needs. At the time of our inspection there were 25 people living at the service. Accommodation is provided over three floors. There are 21 single bedrooms and five double rooms, some of the bedrooms have ensuite facilities. There are a variety of communal areas on the ground floor and gardens to the front and back of the property.

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

People were not always safe. Recruitment checks were not thorough and did not ensure staff were safe and suitable to work in the service. There were not always enough staff to meet people's needs and keep them safe.

Maintenance of the environment had improved and there was an ongoing refurbishment programme. The service was clean and safe infection control procedures were followed. People received their medicines when they needed them. Safeguarding procedures were followed and risks to people were assessed, although assessments were not always up to date. People enjoyed the activities which were provided.

There was a lack of effective and consistent management of the service. The registered manager left in December 2018 and since then there have been three managers, none of whom have registered with CQC. The provider recently introduced new quality assurance systems however these were not always effective in identifying and addressing areas where the service needed to improve. People who used the service, relatives and staff provided consistent positive feedback about their experience. The provider and manager responded to the inspection findings and told us of some actions they had taken to improve the service.

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

Rating at last inspection (and update) The last rating for this service was requires improvement (published 14 May 2019) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 2 and 4 April 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, premises and equipment, person-centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-

led which contain those requirements.

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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to Inadequate. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greystones Nursing Home on our website at www.cqc.org.uk.

Enforcement

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

We have identified breaches in relation to recruitment, staffing and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection was carried out by two 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

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

The registered manager left the service in December 2018. The current manager submitted an application to register with the Care Quality Commission following this inspection. It is a legal requirement that the home has a registered manager in post. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave a short period of notice of the inspection because we needed to check the arrangements in place for preventing and containing transmission of Covid-19 prior to entering the building. Inspection activity started on 30 September 2020 and ended on 19 October 2020. We visited the service on 7 October 2020.

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, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection-

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with five members of staff including the manager, the clinical lead, a nurse, a care worker and a housekeeper. Discussions with people who used the service, relatives and staff were conducted either on site or via telephone calls. We reviewed a range of records. This included four people's care records and a sample of medication records. We looked at six staff recruitment files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to recruit staff safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19

- Staff were not recruited safely as thorough checks had not always been completed before employment commenced. Shortfalls we identified were similar to those found at the previous inspection in April 2019.
- Four recruitment files did not have a full employment history and there was no evidence to show gaps in employment had been explored.
- One staff member had no proof of identity, no application form or employment history. Two references had been typed onto a sheet but were undated and unsigned. The manager said the referees had been contacted by phone but could not recall who had made the calls or when.
- Another staff member had only one reference which was from a work colleague. There was no employer reference.
- The provider's recruitment and selection policy had been updated in April 2020, however this was not being followed.

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

The provider responded after the inspection. They confirmed all future applicants will supply a 10 year employment history and full employment checks had now been completed for the staff member who had no proof of identity, application form or employment history.

- People, relatives and staff raised no concerns about staffing levels. However, we found there were not always enough staff to meet people's needs and keep them safe, particularly at nights and weekends.
- The provider had no formal system in place to calculate safe staffing levels. The manager told us the current staffing levels were one nurse and four care staff in the morning, one nurse and three care staff in the afternoon and one nurse and two care staff at night. Duty rotas showed these levels were not maintained. At times there was only one nurse and two care staff on duty during the day for 25 people accommodated over

three separate floors, including one person who was funded for eight hours one-to-one support.

- Duty rotas showed there were several occasions when there were only two staff on duty at night between 10pm and 6am. These staff also carried out cleaning and laundry duties during their shift.
- At weekends there were no domestic or laundry staff on duty. These tasks were completed by care staff in addition to providing support and care to people.
- Duty rotas were not always accurate or reliable.

We found no evidence that people had been harmed however, systems were not in place to demonstrate staffing levels were effectively managed. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. They confirmed action had been taken to increase night staffing levels, domestic staff were now working at weekends, a tool was being used to assess staffing levels and duty rotas were being monitored.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the premises were properly maintained. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- People lived in a safe environment. Refurbishment works were ongoing.
- The provider had recently employed a maintenance person which ensured any identified works were addressed promptly. Checks had been carried out to ensure the premises and equipment were safe.
- Staff were provided with two-way radios which improved communication and enabled them to summon assistance promptly. Sensor equipment was linked into the system so staff were alerted when the sensor was triggered.
- Risk assessments were in place however these were not always up to date. For example, one person's falls risk assessment had not been updated since 16 September 2020 despite them having had five falls since this date.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the service. One person said, "If anyone fights, they stop it. It's when people aren't well. They don't hit us or tell us what to do. It feels very safe."
- Safeguarding procedures were followed by staff who had received safeguarding training.
- Where safeguarding incidents had occurred action had been taken to make sure people were safe. Referrals had been made to the local authority safeguarding team and notified to CQC.

Using medicines safely

- People said they received their medicines when they needed them. One person said, "I'm on tablets. [Staff member] looks after them in a big cabinet. They bring them round; they've got our names on them."
- Audits showed systems were in place for ordering, receipt and disposal of medicines. Medicines were stored securely.
- Medicine administration records were well completed by staff. Staff who administered medicines had their competency assessed.

- Protocols were in place to guide staff as to when to administer 'as required' medicines. However, we found two people who were prescribed 'as required' medicines did not have these protocols in place.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- The provider's infection prevention and control policy was not up to date.

We have also signposted the provider to resources to develop their approach.

The provider responded after the inspection. They confirmed their infection control policy had been updated.

Learning lessons when things go wrong

- The manager completed an accident and incident analysis monthly, however the identification of trends and themes was limited. For example, no consideration was given to the time when incidents and accidents occurred to establish whether there was a pattern.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider had failed to ensure robust and effective quality assurance systems were in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- We identified a continued breach with regard to staff recruitment with the same issues around references and employment history which were identified at the previous inspection. We also had significant concerns around staffing levels. Neither of these issues had been identified or addressed through the provider's own governance systems.
- There has been a lack of consistent and effective management at the service. The registered manager left in December 2018. Since then the service has had three different managers, none of whom have applied for registration with CQC. One relative told us, "The managers leave. I think there has been about six since [family member] moved in. They don't say when they are leaving. It'd be good if they phoned and told us, you build up a relationship with them."
- The provider had installed a new computerised care planning and quality assurance system to improve record keeping and overall monitoring of service provision. Although we found some personalised detail in people's care records, there were also gaps in information. For example, there was no mental capacity assessment or best interest decision recorded for the use of a door sensor for one person.
- There was a lack of effective provider oversight and monitoring. Their most recent audit in May 2020 lacked detail, for example, the provider listed records they had reviewed, which included personnel records, and stated all were compliant. However, there was no detail to show which records were reviewed or how compliance had been ascertained. Personnel records we reviewed had significant shortfalls.

We found no evidence that people had been harmed however, systems to assess, monitor and improve the service were not sufficiently robust. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. They confirmed the current manager submitted an application

to register with the Care Quality Commission following this inspection.

- The manager completed monthly audits which showed an overall improvement in many aspects of the service since the manager started in post at the end March 2020. They had also initiated fortnightly meetings with the provider.

The provider responded after the inspection. They supplied copies of provider audits which had been carried out monthly up until February 2020. They confirmed monthly provider audits would be re-instated. The manager stated their intention to register with CQC.

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

At our last inspection the provider had failed to ensure people's social care needs were met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People told us of activities they had taken part in. One person said, "We do activities, bingo in the morning, arts and craft in the afternoon. I was playing bat and ball yesterday when they throw it to you, I love that. We have a big therapy room, and we go in there, we do colouring and games, have a cup of coffee and a chat."
- We saw photos of people picking fruit in the garden. One person told us, "We picked apples from the garden and [the cook] made apple pies. They tasted just like bought ones and we had them with cream."
- Due to COVID-19 local lockdown restrictions people have not been able to go out as they normally would. One of the team leaders has also taken on the activity role and organised activities to meet people's individual needs.
- The manager told us of plans they had to involve a volunteer in activity provision when the COVID-19 restrictions are lifted.
- Relatives told us they had been kept updated by staff and supported to stay in touch with their family members throughout the lockdown.

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 manager understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff spoke positively about the manager and the improvements they had made. One relative said, "[Family member] has come on amazingly since they have been here. The new manager is so passionate about the residents."
- Staff said they felt supported. One staff member said, "[The manager] is approachable. Any concerns I could go to [them]. Communication is good. It's a good place to work."
- The manager liaised with a range of health and social care professionals to ensure people's needs were met.

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 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	There were insufficient staff to meet people's needs and keep them safe. Regulation 18 (1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There were not robust systems in place to assess, monitor and improve the quality of the service, assess, monitor and mitigate the risks to service users and accurate, complete and contemporaneous records of service users care and treatment were not maintained. Regulation 17 (1)(2)(a)(b)(c)

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Robust recruitment processes were not in place to make sure staff were suitable and fit to work in the service. Regulation 19 (1)(2)(3)

The enforcement action we took:

Warning notice