The Yardley Great Trust Group

Grey Gables Residential Home

Inspection report

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04 March 2021

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Ratings

Overall rating for this service	Inspected but not rated

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

Summary of findings

Overall summary

About the service
Grey Gables is a residential care home providing personal care and accommodation for up to 40 older people some of whom may live with Dementia. The service was supporting 24 people at the time of the inspection.

People's experience of using this service and what we found
The management of controlled drugs needed improving to ensure safe practices were being followed. Improvements were also needed to ensure all prescribed creams and eye drops were dated when opened to ensure they were not used after their expiry date. A person sustained an avoidable injury due to staff not following procedures in place. All required action has been taken in relation to this by the manager. Improvements were required in relation to completion of monitoring charts to ensure they were completed consistently and reflected the support provided to people. New electronic care planning systems have been implemented as planned to improve the completion of records.

Systems were in place to protect people from risk of abuse. Measures were in place to prevent the spread of infection. People told us, and we observed there were enough staff on duty to meet the needs of people.

Systems were in place to monitor the service provided. such as audits. These needed to be improved to ensure they were more detailed to enable the provider and management team to identity shortfalls. People's needs were met, and arrangements were in place to support people to maintain contact with their loved ones. Staff enjoyed their role and were supported by the management team.

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 31 October 2018.

Why we inspected
The inspection was prompted in part due to whistle blowing concerns we had received in relation to the management of medicines, staffing levels, infection control practices, people's care, and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. As this was not a fully comprehensive inspection we are not able to provide an overall rating. We have rated each question we inspected.

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.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well Led sections of this full report.

You can read the report from our last comprehensive inspection, undertaken before the change of provider by selecting the 'all reports' link for Grey Gables on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Grey Gables Residential 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 site visit was carried out by one inspector.

Service and service type
Grey Gables 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 service had a manager registered with the Care Quality Commission. 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. The current registered manager was on maternity leave at the time of the inspection and the service was being managed by the deputy who was acting up to the position of manager.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 10 February and ended on 04 March 2021. We visited the service on 10 February 2021.

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 who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-
We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with four care staff, acting deputy manager, chef, domestic and the interim manager. We also spoke with a healthcare professional.

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

After the inspection site visit.
We continued to seek clarification from the manager to validate evidence found. We reviewed various records such as training information, care plans and quality assurance records. We also undertook telephone calls to relatives to gain feedback. We had telephone discussions with the manager to discuss these records and 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 for this newly registered service. This key question has been rated requires improvement. This meant 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.

Assessing risk, safety monitoring and management

- Prior to our inspection an isolated incident had occurred. Two staff did not use the required equipment or follow the required procedure to support a person to transfer to their chair/bed. This resulted in the person sustaining an avoidable injury. Action has been taken by the manager in relation to this incident.
- Monitoring charts used to monitor peoples skin integrity, pressure relief, and fluid intake were not always being fully completed to ensure risks to people were being minimised. For example, a person's care plan stated they should receive two hourly pressure relief to prevent sore skin, but the monitoring charts we reviewed indicated this was not always provided at these required intervals. This was discussed with the manager and following our inspection, a new electronic care planning system was implemented as planned, which would alert the manager if the required support was not being provided. New checks were also put in place to monitor the completion of these documents.
- People told us staff knew about any risks associated with providing their support. A person told us, "The staff know I am unsteady on my feet, so they walk with me."
- Discussions with staff demonstrated their knowledge of peoples' needs including any risks they needed to be aware of.
- Risk assessments were in place for other people whose care we reviewed. These were applicable to individual needs and covered a variety of areas including malnutrition, skin integrity, falls, and moving and handling. Where risks were identified there was a corresponding care plan to manage this. For example, people at risk of falling had a mobility plan in place.

Using medicines safely

- We reviewed the management of medicines including controlled drugs held at the home. We found the stock of controlled drugs for two people was not being managed effectively as more than one bottle of medicine had been opened and was in use. This meant it was difficult to assess if the required quantity was in stock in accordance with what has been administered. Action was taken by the manager to address this following our inspection.
- We saw in a person's bedroom they had several opened tubes of prescribed cream, all of which had not been dated when opened. We also found creams and eye drops for other people which had not been dated when opened. This meant it was difficult to check when they should be disposed of in accordance with the expiry instructions. Action was taken by the manager to address this following our inspection.
- People we spoke with told us they received their medicines when they needed them. One person told us, "The staff give me my tablets because I would forget if it wasn't for them."
- Records we reviewed and other medicines we checked demonstrated people had received their medicines as prescribed.

● Staff told us they had received training to administer medicines which included an assessment of the competency to do this safely.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe when being supported by staff. One person said, "I feel safe and secure here the staff are lovely and treat me well."
● Relatives told us they had no concerns about the safety of their loved ones. One relative told us, "Although I have not been in the home due to Covid restrictions, I have maintained contact with [person's name] and they would soon tell me if something had happened or if a staff member had been unkind. I think [person's name] is safe."
● Staff we spoke with confirmed they had received training in relation to safeguarding people from abuse and knew the procedures to follow. One staff member told us, "I would report any concerns straight to the manager and then go higher if needed or contact external agencies. I couldn't work here if anyone was being abused."
● The management team were clear about their responsibilities to safeguard people and reported any safeguarding concerns to the local authority and CQC.

Staffing and recruitment
● People told us there was enough staff to meet their needs, and staff responded to call bells in a timely manner. One person said, "I think there is enough staff they come when I need them, so I am okay."
● Staff told us there was enough staff on duty to meet people's needs. One staff member told us, "The number of people living here has reduced unfortunately due to Covid, so I think there is enough staff on duty, and if there wasn't, I would raise it so people get the care they need."
● A dependency tool was in place which was regularly reviewed, and the manager told us she monitored how long call bells were ringing before being responded to.
● We reviewed the recruitment files for two staff members. Most of the required recruitment checks had been completed before the staff members commenced working in the service. This included a Disclosure and Barring check (DBS), which ensured potential staff were suitable to work with vulnerable people. We found there were gaps in the employment history that had not been fully explored and recorded for one staff member. The manager advised us this would be addressed and the information updated.

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

● We were assured that the provider was meeting shielding and social distancing rules.

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

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were 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.

Learning lessons when things go wrong

● We reviewed the systems in place to monitor incidents and accidents in the home. These were analysed on a monthly basis for patterns and trends and action recorded where needed, of how risks to people were to be mitigated. For example, sensor aids being implemented.

● Feedback from a healthcare professional raised some concerns about the number of skin issues at the home. At the time of the inspection two people's skin condition was being monitored. This was discussed with the manager who advised this would be monitored as healthcare professionals had not raised skin concerns to them before. All incidents or deterioration in people's skin was reviewed as part of the monthly audits to ascertain if further action was needed to be taken such as staff training or referrals to healthcare professionals.

● The manager told us about the action taken in relation to the previous medicine errors. The provider has now installed CCTV in the medicines room, and staff count the balance of medicines prior to administering to ensure any shortfalls are identified in a timely manner.

● In response to the recent incident where a person sustained an injury the manager has put systems in place, and had discussions with all staff, to ensure lessons were learnt to mitigate the risk of this occurring in the future.

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 for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems were in place to maintain oversight of the service provided. The management team completed several audits which covered a variety of areas including infection control, care plans, staff files and medicines. However, some of these audits were not robust enough to identify the shortfalls we found during our inspection visit. For example, the medicine issues we found and discrepancies with the monitoring charts.
- The manager has informed us since our inspection visit new audits had been implemented, and all care records have transitioned to an electronic system as planned.
- We saw the building needed refurbishment, and redecorating as several areas were worn, an improvement plan was in place for this.
- Records were in place to support the audits completed by the provider, which were completed regularly via telephone calls to obtain feedback from the manager. Actions were recorded as required. For example, improvements with the environment, update on people's well-being following incidents and any external concerns that had been shared.
- Staff we spoke with understood their roles and responsibilities within the home and told us they felt supported by each other and the management team. One staff member told us, "I really enjoy working here, we are a good team and the manager is lovely and will come and help us when needed. I feel supported and I know I can approach the management with any issues and will be listened to.
- The provider was aware of their legal responsibilities to report any notifiable incidents promptly to CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were consulted about the care provided and staff met their needs. One person said, "The staff and manager are all good. I am looked after, and staff always ask permission before supporting me. It's been a difficult year but the staff have been brilliant.
- Systems were in place to gain feedback from people and relatives. We saw records of the meetings that had been held with people to discuss the service provided, Covid restrictions, and to enable people to raise any concerns.
- Surveys had been sent out to relatives to gain their feedback, as much as they were able to share due to the Covid restrictions in place. Positive comments were made, for example in relation to how staff had

supported people to maintain contact with their loved one. Where improvements were identified, such as improvements to the environment, action was included as part of the analysis report that had been completed in response to the feedback provided.

● Relatives we spoke with told us staff have kept them involved and updated about their loved one's well-being. One relative told us, "It's been really tough not being able to visit or only having window visits, so we have been reliant on the staff who have been good at telling us how [person name] is. They have kept us updated throughout."

● Staff we spoke with confirmed systems were in place to ensure they were involved and kept updated such as handovers, and staff meetings. Staff were informed about the recent concerns that had been shared with CQC and the outcomes of these following investigations that had been completed. Staff were reminded of the confidential procedures in place which could be used by staff to raise any concerns with the manager. One staff member told us, "The manager is amazing and keeps us up to date with any changes she is very supportive of staff and communication is good here."

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 their legal responsibility to be open and honest with people when things went wrong.

● The manager demonstrated this following the incident that had occurred where a person sustained an avoidable injury. Immediate action was taken to ascertain what went wrong and to ensure all relevant people were informed. Action was taken to mitigate against any future risks.

Continuous learning and improving care

● The manager was receptive to our feedback following the inspection and has taken action to address all areas we have raised.

● The manager was aware the care planning system and records needed improving and was keen for the electronic systems to be implemented and training provided to staff. This had been delayed due to a Covid-19 outbreak within the home. The manager told us this is now working well, and all information has been transitioned over from paper to the electronic system.

Working in partnership with others

● The manager told us how they worked in partnership with many agencies to ensure people's healthcare needs continued to be met, such as district nurses, GP, and dieticians.

● Feedback from a healthcare professional told us, staff did follow their recommendations, but they did have some concerns about the ongoing management of peoples' skin. This was shared with the manager who advised us this will be monitored to ensure staff worked in partnership with healthcare professionals as such concerns had not been shared previously.

● The manager has worked with all partner agencies including the local Public Health England office to ensure feedback and recommendations in relation to preventing and managing Covid outbreaks had been implemented in a timely manner.