

Yardley Great Trust







Greswold House

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

The inspection took place on 5 and 8 December 2014 this was unannounced. Greswold House provides accommodation for 29 older people some who are living with dementia.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe with staff and they were happy with their care. People knew who they could talk to if they had any concerns. We observed that staff

Summary of findings

supported people in their care and respected people's choices. There were sufficient numbers of staff who had been appropriately recruited to meet the needs of people and keep them safe.

Staff told us that risk assessments had been completed so they had the information about the risks involved when supporting people with their care. All risks relating to people's physical and health had been assessed and appropriate arrangements were in place to minimise risk to people health and wellbeing.

People told us they received their medication and records confirmed that on-going checks were made to ensure this. We found the arrangement's for the management of people's medication was safe.

All the people we spoke with told us that the staff enabled them to be as independent as possible giving them support when needed. People told us that they felt staff supported them well and felt confident that they were trained to meet their needs. This showed that people received the support they needed.

People were happy with the meals they received and we saw that they ate and drank sufficient amounts to remain healthy.

Arrangements were in place so health and medical support was sought when needed to ensure people's health care needs were met.

People were fully involved in all aspect of their care. People were able to raise their concerns or complaints and these were thoroughly investigated and responded to. People were confident they were listened to and their concerns taken seriously.

People told us the atmosphere in the home was warm and friendly and that staff were supportive enabling them to have control over their life and continue with meaningful activities and friendships.

People and relative told us that staff and the manager was approachable at all times. We saw that the provider had recently sent questionnaires to people so they could gain their views about the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People said they felt safe. Procedures were in place to keep people safe and staff knew how to protect people from abuse and harm.

Risks to people were assessed and managed appropriately and there were sufficient staff that were safely recruited to provide care and support to people.

Good



Is the service effective?

The service was effective.

People said they received effective care and support because staff were trained and supported to ensure they had the skills and knowledge to support them.

People were supported to eat and drink well and their health care needs were met when needed. All the people spoken with were happy with their meals which was well presented.

Good



Is the service caring?

The service was caring.

People said they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

Good



Is the service responsive?

The service was responsive.

People said they were involved in all decisions about their care and that the care they received met their individual needs.

People were able to raise concerns and give feedback on the quality of the service, and procedures were in place to ensure that the service learnt from people's experiences.

Good



Is the service well-led?

The service was well led.

People said they received a good quality service; the service was monitored to ensure it was managed well.

The management of the service was stable open and receptive to continual improvement.

Good



Greswold House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 5 and 8 December 2014 and was unannounced. Our inspection took place over two days and was carried out by two inspectors.

Before our inspection we reviewed all the information we hold about the service. We contacted the local authority and reviewed the inspection history of the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which

they are required to send us by law. By gathering information from different sources this enables us to have a better understanding about the service and the people who live there.

We also asked the provider to send additional information in the form of a Provider Information Return (PIR). This gives the provider an opportunity to tell us about their service. The provider told us they could not locate the PIR that we had requested.

We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at medicine management processes and records maintained by the home about staffing, training, peoples individual care records and monitoring the quality of the service.

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Is the service effective?

Our findings

People told us they thought the staff that supported them were trained. One person commented, “They [staff] just do things so easily so they must be trained never thought of it really, but they are very good at what they do.” Another person told us, “Yes I do think they are trained because it’s like second nature to them. I think staff are excellent,” This showed that staff demonstrated their skills and knowledge when caring for people, so that people were assured of their competencies and ability to care for them.

All staff spoken with was knowledgeable about people’s needs. All staff spoken with commented on the training provided to them which enabled them to perform their role and records looked at confirmed that staff received training. All of the staff told us that they received supervision, attended team meetings to support them to do their job. A number of staff talked about having a qualification in care and opportunities that were available for them to develop their skills. One staff member told us, “The organisation is supporting me to become a dementia champion which I am really pleased about.” This showed that staff were trained and supported to develop their skills further.

Staff spoken with told us they had some training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The DoLS provide a legal

framework around the deprivation of liberty so people’s rights are protected. The manager told us that most people could make decisions about their care and treatment. Where required the appropriate referral would be made to ensure decisions were made in people’s best interest. Our observation showed that most people had some capacity. The manager was assessing people who may need a referral. We observed that two people may need an assessment during our visit.

People spoken with told us their meals were good. Our observations showed that meals were well presented and people were given choices. Records looked at showed that other health professionals were involved when required such as dieticians when necessary in order to assess people’s nutritional needs. Staff spoken with were all able to explain people’s dietary needs in line with their care plans. People who required support, staff assisted them appropriately. This meant that people’s nutritional needs were met.

People we spoke with told us that the staff supported them to see health care professionals such as GPs. One staff member told us, if someone is ill we discuss with them about getting the doctor. Records confirmed and people told us that referrals were made to other healthcare professionals such as district nurse, GPs and dentists. A relative told us that staff always let them know if they had any concerns about [the person name] and felt that they [staff] were very prompt in making referrals if needed. This ensured that people were supported to access appropriate support to remain as healthy as possible.

Is the service caring?

Our findings

All the people we spoke with said they had a good relationship with the staff that supported them. One person said, “The staff are all very kind and thoughtful.” Another person said, “They are really kind.” During our discussion with staff they talked about the people they supported in a kind and compassionate way and were passionate and enthusiastic about their work. We saw staff address people with respect and respond to people politely. This showed that people received care and support from staff that were committed to providing a caring service.

People told us, they were involved in discussing their care needs with staff. They were involved in planning their care so they decided how they wanted their care and what they wanted support with. Care records looked at confirmed people’s involvement in planning their care.

We saw that staff addressed people by their preferred names. Personal care was carried out in private and staff were discreet when speaking with people about their care. We saw sensitive staff interactions with people. For

example, we saw that staff sat beside people to speak with them face to face. This meant staff took time to explain and discuss their care. One person said, “They are very good.” Another person said, “I would not say a bad word about them.”

People spoken with told us their privacy; dignity and independence were respected by staff. One person told us, “They are kind and respectful.” Another person said, “They talk to you respectfully and treat you with dignity and respect.” We saw that when staff addressed people this was done in a caring way. Staff explained what they were going to do. We saw that the staff waited for the person to respond then carried out the task. Staff spoken with told us they made sure people’s privacy was maintained by discussing the care with people. Staff would also ensure people were in agreement, and make sure doors and windows were kept closed whilst providing personal care. We saw that when staff spoke with people this was discreet and no one else could hear. This meant people had individual attention from staff that ensured their dignity and privacy was maintained.

Is the service responsive?

Our findings

People spoken with told us that the staff always discussed their care with them and they were very much involved in how they wanted this done. We saw that staff continually asked people about their care and the support they wanted. One person told us, they [staff] make sure it is my wishes and what I want, this may change on a daily basis so staff are very flexible.”

People spoken with told us they involved in planning and agreeing their care. One person told us I like to get up a bit later than the others so I have my breakfast a bit later.” Another person told us, “Staff are very good if I don’t want to do anything then I don’t, it’s my choice and staff respect that. As far as I am concerned they [staff] involve me in the care and support I receive.” People spoken with told us that the staff always discussed their care with them and they were very much involved in how they wanted this done.

People told us they were satisfied with the care and support they received. They also said they were encouraged to make decisions about their own lifestyles. One person said, “I go to bed and get up when I want. No-one tells me what to do here.” All the people spoken with told us that the care that staff provided was personalised to their needs.

People were able to join in group activities that the home had organised and some people had individual hobbies that they liked to do. We saw that some people were

making snowmen for the Christmas period. People could attend afternoon teas and book clubs if they wished. Staff told us that they asked people about their interest and what they would like to do so they felt valued and kept active. One person told us, “I am always busy, doing one thing or another.”

We saw that meetings were held so arrangements could be made for chosen social activities. Some external events had been arranged. People went out with family and friends. There was no restriction placed on visiting times. This showed people were encouraged to be as active as possible and maintain relationships that were important to them.

People told us they were given information about how to make a complaint. This information was also displayed in the entrance of the building, giving details about who to contact. One person told us, “If I wasn’t happy I would tell the manager or staff because they do listen.” Another person said, “I don’t really have any complaint.” We saw that clear processes were in place to investigate and respond to people’s concerns and complaints.

We looked at a sample of concerns/complaints that had been investigated by the manager and we saw that these were investigated and responded to appropriately. Record showed where issues had been raised with staff or the manager used this information to learn from and take action to ensure that further occurrences were minimised.

Is the service well-led?

Our findings

People spoken with told us that there was a good atmosphere in the home. One person told us, "I do feel at home here, it has a warm, friendly feeling when you come in, you are treated like a person which is very important to me." People told us they thought the service was run very well and felt confident they could talk to all staff about any issues they had and action would be taken. People told us that the staff always ask their views about their care. One person told us, "They ask about my family and friends which is important to me, I am very happy living here". Another person told us, "The staff are so nice I know if I needed to speak about something they would take the time to sit and listen to me".

A relative told us the management and staff always want to improve things and suggestions are gratefully received." People told us that the manager and all staff were approachable. One person told us, "The manager is very nice I can speak to her at any time."

Staff told us there was an open door policy and the manager listened to concerns or suggestions about improvements and addressed them. Staff told us about the manager would listen and resolve problems. All staff told us they were able to put forward ideas for improvements to the home during staff meetings or just by approaching the manager. There were systems in place to support the manager in monitored the service. Accident/ complaints were monitoring so improvements could be made where needed to prevent reoccurrences.

People were consulted and their views were sought about the service provided to them. Surveys were given to people so their views could be recorded and action taken if required. This showed that people who lived there were involved in how the service was run and suggestion for improvement were listened to.

We saw minutes of staff meetings and meetings with the people who lived there to discuss the service provided and if there were improvements needed or social events to be organised. Records showed that issues were followed up to ensure action needed had been successful.

One person told us I had all the information I needed to make a decision about coming here, if I need to know anything I ask staff and if they don't know they find out for me." People told us staff listened to them, they had meetings to discuss the service and were involved in events in the home. For example a recent survey had been held about a stray dog that the manager had found. A survey was sent out to the people living there to see if they would like the dog to become part of the home. The manager would keep the dog at home but would bring the dog in to see people. There was a majority vote and the dog became part of the home. This showed the people were listened to and involved in the running of the home.

People's views and changing needs were regularly reviewed so staff had up to date information about the service and people living there. People told us and we saw that there was continuous involvement with people who live there so the service provided was based on people needs.

Before the inspection we asked the provider to send us the provider information return. This is a report that gives us information about the service. This was not returned before our visit. The provider told us they could not locate the PIR that we had requested. Information we hold told us that where necessary the service kept us informed about events that they are required to inform us of.

There was a registered manager in post so staff were supported and there was a stable staff group. This meant there were minimum changes to the management and staffing structure so people had continuity of care.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

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.