

Greycliffercg Ltd

Greycliffe Manor

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Greycliffe Manor is a care home, which provides accommodation and personal care for up to 25 people living with dementia and other physical health needs. At the time of the inspection 11 people were using the service. The care home is an adapted building over two floors, with a shaft lift and/or stairlift giving people access to the upper floor.

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

Risks associated with people's care were managed safely and staffing levels were reviewed in line with people's changing care needs.

Overall, we were assured infection, prevention and control practices were being followed, however three members of staff were seen to have poorly fitting masks and risk assessments had not been put in place. Immediate action was taken at the time of the inspection to rectify this. A community nurse confirmed that when they visited following our inspection, staff were seen to be wearing PPE in line with government guidance.

The service had experienced an outbreak of Covid 19. The provider had worked in collaboration with health and care agencies in managing the outbreak and had carried out an independent review to help identify learning. Pastoral care and support was being given on an ongoing basis to staff, in order to come to terms with the emotional impact of the pandemic.

The community nurse was complimentary of the staffing culture and told us "Staff are really caring".

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

Rating at the last inspection

This service was registered with us on 04/11/2019 and this is the first inspection.

The last rating for the service under the previous provider was Good published on (4 October 2017)

Why we inspected

We undertook this targeted inspection because we received concerns in relation to the management of falls, nutrition and skin, training in respect of sepsis, the recording of medicines, access to hot water in bedrooms, and the security of the building.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned

about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led key questions sections of this full report.

The overall rating for the service has not changed following this targeted inspection and remains Good. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greycliffe Manor 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?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Greycliffe Manor

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of Regulations 12 (safe care and treatment) and 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2011. This was in response to concerns received about the management of falls, nutrition and skin, training in respect of sepsis, the recording of medicines, access to hot water in bedrooms, and the security of the building.

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.

Service and service type

Greycliffe Manor 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. 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 three people who lived at the service. We also spoke with three care staff, the housekeeper and the chef, as well as the registered manager, deputy manager, area manager, and regional director.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at care records, policy and procedures and quality assurance records. We spoke with a community nurse to seek their feedback.

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 Good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

CQC had received information of concern in relation to the management of falls, nutrition and skin, training in respect of sepsis, the recording of medicines, access to hot water in bedrooms, and the security of the building. However, we found no evidence during this inspection that people were at risk of harm from these concerns.

Assessing risk, safety monitoring and management

- People at risk of falls had care plans and risk assessments in place to help mitigate associated risks.
- People at risk of skin damage had their needs assessed and reviewed. The support of external agencies to ensure the right equipment was in place was sought. This was reflected in their care plan and, was observed by us being used appropriately.
- People's dietary and hydration needs were met. People's weight was monitored; care plans and risk assessments were in place and action was taken when concerns were identified, such as contacting external health care professionals. Kitchen staff worked closely with care staff, by attending daily handover meetings. This meant they could quickly respond and adapt meals as required.
- People were seen to have drinks in reach, and those who had urinary tract infections (UTIs) were prompted to drink more frequently. The amount people consumed was recorded so any risks could be acted on promptly.
- A community nurse was complimentary about how staff manage people's risks relating to skin care and nutrition. Explaining that any advice given was acted on, and records put in place. They described how staff tailored people's care to meet their individual needs, and people were always seen to have a drink to hand.
- Staff received first aid training on an annual basis, of which covered the topic of sepsis.
- Hot water was available throughout the building.
- The building was not fully secure and there was an open-door policy. This was taken into consideration when pre-assessments were carried out, making sure those moving into the service were not at potential risk.
- The provider was in the process of renovating the building. Shortly after our inspection they submitted an action plan regarding the building work, which provided assurances as to how ongoing risks to people were being mitigated during this time.

Staffing and recruitment

- The provider had a comprehensive staffing dependency tool which was used to assess staffing levels within the service based on people's current care needs. The tool was also able to produce data to help identify pressurised points of the day, so that staffing levels could be adjusted responsively.
- Staff were observed to support people in an unhurried manner and call bells were answered promptly.

- The registered manager requested from the local authority, one to one staffing when they could demonstrate a person's care needs were not being effectively supported by the staffing levels. For example, additional one to one staffing had meant that for one person they had become less anxious in the evenings.

Using medicines safely

- The provider had introduced an electronic system to manage people's medicines. Staff had been trained in how to use the system and had their ongoing competency assessed. However, in response to a recent medicine error the training was being strengthened to help improve staffs understanding.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. We observed three members of staff who's face masks did not fit properly, this was despite a variety of sizes being available to staff. We raised this immediately with the registered manager who took appropriate action in ensuring suitable masks were worn by all staff members.

An external health professional told us, they had visited the service following our inspection and confirmed staff were wearing PPE in line with current government guidance.

- We were assured that the provider was accessing testing for people using the service and staff, but individual risk assessments for staff had not been completed for staff in order to identify ongoing risk and/or for staff from a BAME background. The registered manager told us they would take immediate action to put these in place.
- 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 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.

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 Good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

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

- The registered manager told us they felt well supported by the senior management team.
- Internal governance systems were in place to help monitor the ongoing quality of the service. This included audits by the registered manager, a review of quality and safety by the area manager on a monthly basis, and a six-monthly internal inspection. The computer-based governance system also meant the provider and senior managers had an overarching view of service compliance, from a distance.

Continuous learning and improving care

- We found the service actively sought to continuously learn and improve people's care.
- The provider carried out an independent review to help identify learning from a COVID-19 outbreak. The review identified some changes, for example additional Person Protective Equipment (PPE) areas were created and spot checks/records were enhanced following advice from the Public Health Team.
- The provider ensured the registered manager and staff received ongoing pastoral care and support, in order to come to terms with the emotional impact of the pandemic.

Working in partnership with others

- The provider worked in collaboration with health and care agencies to assist in the management of the COVID-19 outbreak.
- The registered manager was complimentary of the support they had received from partner agencies, during what was a very challenging time.
- The community nurse told us the service worked in partnership; there was effective communication and advice was always acted upon. They were complimentary of the staffing culture and told us "Staff are really caring".