

The Grey Gables Trust

Grey Gables Residential Home

Inspection report

36 Fox Hollies Road
Acocks Green
Birmingham
B27 7TH
Tel: 0121 7061684
Website:

Date of inspection visit: 19 May 2015
Date of publication: 09/07/2015

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?

Requires improvement 

Overall summary

The inspection took place on 19 May 2015 and was unannounced. Grey Gables provides accommodation for up to 40 people. At the time of our visit there were 38 people living there.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

All staff spoken with knew how to keep people safe from abuse and harm because they knew the signs to look out for. Where incidents had occurred the provider took action to help in reducing re occurrences.

Summary of findings

People were protected from unnecessary harm because risk assessments had been completed and staff knew how to minimise the risk when supporting people with their care.

There was enough staff that were safely recruited and trained to meet people's needs.

People were supported with their medication and staff had been trained.

People were supported to be able to make decisions about their care and received personalised care.

People knew who they could raise their concerns with and felt confident they would be listened to. No complaints had been made about the service provided.

Staff supported people with their nutrition and health care needs and referrals were made when needed so that their health needs were met.

Systems were not used effectively to identify and manage improvements if required. Care plans were not always produced in a timely manner to reflect the changes in people's care needs or when new people moved into the home.

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?

Good



The service was always safe.

People told us they felt safe. Procedures were in place to manage risks and this ensured people's safety. There were sufficient numbers of staff to provide care and support and staff was recruited following the necessary checks so people were protected.

People received their medication as prescribed.

Is the service effective?

Good



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.

Is the service caring?

Good



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.

Is the service responsive?

Good



The service was responsive.

People received personalised care and had their care and support needs regularly reviewed.

People were supported to participate in activities if they wanted. Relatives were able to visit people at all reasonable times. The provider had a system to respond to complaints appropriately.

Is the service well-led?

Requires improvement



The service was not always well led.

People were happy with the service they received and there was an inclusive environment. However the service was not always monitored effectively to identify and implement improvements when required.

The views of everyone involved in the service were not gathered to ensure that improvements were based on the views of people.

Grey Gables Residential Home

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 was planned to check 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 was carried out on 19 May 2015 by two inspectors. The service provides accommodation for up to 40 older people. In planning our inspection we looked at the information we held about 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.

During our inspection we spoke with ten people, five relatives' five staff, and the registered manager. We looked

at the care records of three people to see how their care and treatment was planned and delivered. Other records looked at included three staff recruitment and training files to check staff were recruited safely, trained and supported to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to ensure people received a quality service. By gathering information from different sources this enabled us to have a better understanding about the service provided to people who lived there.

Some of the people were unable to tell us in detail about how they were supported and cared for. We used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People spoken with told us they received a safe service and they felt safe with the staff that supported them. One person told us, “This is my home I feel very safe here.” Another person said, “The staff look after us, they treat us very well, I feel I am in safe hands, I have no concern at all.” There were clear procedures in place to help staff to keep people safe from abuse. All staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from harm. All staff we spoke with knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse. Information we hold told us that where concerns were raised the appropriate action was taken and reported to the local authority as required.

People told us and we saw that people were supported safely because risks were assessed and steps put in place to manage them. People told us they were involved in identifying risk and plans were agreed. We observed that people had access to mobility aids and equipment to keep them safe and they were able to move around safely. All staff spoken with told us that risk assessments and risk management plans were available in people’s care plans to tell them how to care for people safely. This ensured that risks were identified and people were supported safely to move around the home.

People were kept safe because the provider had assessed staffing levels to identify how many staff were required to meet people’s needs, and staff were safely recruited

following appropriate checks. Staff spoken with told us checks such as references and police checks were completed before they started their employment. This showed the provider took reasonable steps to protect people. People told us that there was always staff around to help if needed. One person told us, “If I want something there is always staff around to ask.” Another person told us, “You think staff are not about, but they are just around the corner, always popping in and out [of the lounge].” Our observations showed that staff were visible and available when people wanted assistance.

The manager told us and staffing rotas confirmed that staffing levels were increased when the need arose. For example, when a person needed an escort to attend an appointment or if someone needed extra support because of illness. Staff spoken with confirmed this and told us additional staff provisions were always made.

All the people we spoke with told us that they were supported to take their medication and we observed that people were given their medication as prescribed. We saw from medication administration records [MAR] and staff confirmed that regular checks were completed to monitor that people had received their medication as prescribed by their doctor. Staff told us that only staff who had received training in the safe handling of medicines was allowed to give out medication. Staff told us that each day a spot check was completed and we saw records to confirm this. We saw that all allergies were written on the MAR charts so that when new medication was prescribed the medication was checked against known allergies.

Is the service effective?

Our findings

People told us they thought the staff that supported them were trained. One person commented, “They [staff] just get on with it and they look after us so well.” Another person told us, “I think they are trained because they look after us so well.” All staff spoken with was knowledgeable about people’s needs. All of the staff told us that they received supervision, training and attended team meetings which meant they were supported to do their job. Training records looked at showed that some training had not been updated or completed. However, we saw staff that supported people in a skilled and knowledgeable way. Staff spoken with were clear about their roles and responsibilities in meeting people needs. People told us they were happy with the support they received.

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. During our inspection we saw that staff offered people choices and waited for agreement from the person before performing any care tasks and provided personalised care.

The DoLS provide a legal framework around the deprivation of liberty so people’s rights are protected. The manager told us that applications had been submitted to the local authority to assess where the restriction in place such as the locked door were lawful. Throughout our inspection we saw that staff involved people and people’s liberty was not restricted.

People told us they enjoyed their meals and they had choices at mealtimes. One person told us, “They [staff] cook what I want; I don’t have to have what is on the menus.” Another person told us, “The food is good and there are choices.” We saw that finger food was given to one person. Staff told us that this enabled the person to eat independently as was their preference. People who needed support to eat were supported appropriately. One relative told us, “The food is marvellous.” We saw that special diets were catered for. For example, low sugar diet and soft meals were available. Another person had been prescribed supplements to maintain a healthy weight. Records showed that where required people were referred to a dietician for advice regarding the support they needed to eat and drink safely. We saw where equipment was required to help people eat, such as plate guards and special cutlery this was provided. The meal time was relaxed and staff gave assistance where required.

People we spoke with told us that the staff supported them to see health care professionals such as GPs. One person told us, “I can see the doctor when I want and the district nurse comes weekly.” 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.” Relative spoken with all expressed satisfaction with the service provided for their family member. One relative told us, “The staff are absolutely lovely, not one can I fault.”

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. People spoken with told us that staff listened to their wishes and did as they asked. Staff spoken with were able to explain people’s different care needs and what they needed to do to meet these. Staff told us that people’s independence was promoted when they assisted with personal care and gave us examples how they did this. For example, if people were able to wash themselves or get dressed themselves this was encouraged.

One person told us, “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. We spent

time in the communal areas and saw that the interaction between people and staff were caring, respectful and that staff understood people’s individual needs and way of communication. We saw that staff gave time to people to express themselves. We saw that the staff waited for the person to respond then carried out the task. Staff spoken with told us they would make sure people’s dignity was maintained by discussing the care with people to ensure they were in agreement. Our observations confirmed this.

One person said, “They are very good.” This showed people were involved in their care and staff supported people with the decision people made. One relative told us. “We feel there could not be better care. We have been consulted, supported and involved in decisions about [named person] so we know they are being looked after. This gives us peace of mind.”

People told us any personal care was always carried out in private. For example if a person saw a doctor or nurse then people were always escorted to their bedroom so they had privacy. Staff spoken with had an in-depth knowledge about people’s care and how they encouraged people to be involved. This meant people had individual attention from staff that ensured their dignity and privacy was maintained.

Is the service responsive?

Our findings

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 personalised care was provided. For example, one person told us they liked to have a shower not a bath. Another person told us, "I like to have support when I want support, for example when I get up and this could be late in the morning." Another person told us, "They [staff] let me do as much as I can for myself and help when I ask, they never rush me."

We saw that following an assessment of people's care needs care plans were developed and showed the input from each individual. Relatives told us that reviews took place about their family member relative's care. One relative told us that when their relative's care needs changed, equipment was provided to meet their needs. Another relative told us they were kept informed about any changes in their family member's needs. Although care records seen showed that information was not always updated. However staff spoken with were aware of the changes and provided care appropriately

People were supported to maintain contact with friends and family. People told us that their families would take them out. One person told us, "I would like to go out more." We saw that relatives visited at various times during our

inspection. Relatives we spoke with said they were able to visit at any time and were always made welcome and invited to activities that took place at the home. One relative told us, "They did an excellent birthday party for [named person] and every one had a fabulous time". This showed that relatives were involved in special occasions and able to support people in the activities people wanted to take part in.

During our inspection we saw that some people were taking part in activities. One person told us, "Staff ask us what we want to do, some of us don't like joining in activities in a group but we can do things on our own." Another person told us, "When it's warm I like to go into the greenhouse in the garden" as gardening was their hobby. One person said they liked to play bingo. Care records showed people's preferences of the activities they liked had been discussed.

People told us they were given information about how to make a complaint which 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. We saw that the manager learnt from the concerns raised to prevent re occurrences.

Is the service well-led?

Our findings

All the people we spoke with told us there was a good atmosphere in the home and staff were respectful and kind. One person told us “It’s more relaxed here than where I lived before, not so many do’s and don’ts.” People told us that the manager was always available if they needed to speak with her and one person told, if you ask to see the manager then she never keeps you waiting.” Our observations showed people were relaxed and had a good rapport with the manager and staff.

People felt involved in the home and one person told us, “I attend meetings where we discuss issues like the menu and activities.” Records of meetings showed that people were listened to and actions taken to support their requests such as being involved in managing the gardens. Regular surveys were sent out to relatives and people using the service. The most recent surveys showed that people were happy with the service provided and that they were able to make suggestions that were taken up such as ways of fundraising and celebrations such as an Easter Buffet. There was no evidence that other people’s views about the service were sought, for example the views of staff and visiting professionals had not been gathered.

There was a registered manager in post so staff had leadership and someone to discuss issues or seek advice from when needed. Staff told us they could talk to the manager at any time and felt that the manager would listen and taken action if required if they made suggestion to improve the service for people. However some staff felt that the manager did not always listen to them and there was not always a response within a reasonable time. The

manager told us that a number of audits had been carried out but there was no evidence of these and no analysis of the findings of the audits so that improvements could be assured. For example, regular walks around the home were not recorded to show the issues that needed to be improved.

We were told the manager discussed shortfalls in the service with staff within supervision sessions but these were not monitored as there was no record kept of the improvements required. Complaints, incidents, accidents and safeguarding concerns were recorded however there was no analysis to identify whether there were any developing trends so that actions could be taken to prevent reoccurrence. We saw that there was a training schedule in place but this showed that some training was not up to date.

We saw that care plans were not checked for quality and although staff knew the people well there was not sufficient information for new staff to be able to provide personalised care. One person that had been in the home for over three months but did not have an up to date complete care plan in place. A care plan audit was carried out monthly however previously identified issues were not followed up to ensure the required actions were undertaken. This showed that records were not complete and accurate at all times and audits were not used effectively to make improvements.

The manager told us external monitoring was undertaken by a member of the committee where shortfalls were identified then an action plan would be agreed to make the improvements. The latest visit details were not available on the day of the visit.