

Greycliffercg Ltd

# Greycliffe Manor

## 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 ●

# 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 24 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

The environment was safe and there was equipment available to support staff in providing safe care and support. Health and safety checks of the environment and equipment were in place. However, we found the audits for checking the hot water taps had noted the water was extremely hot. No follow up or adjustment to ensure people were protected had been carried out. The area manager and quality assurance manager, who supported us through the inspection due to no registered manager in post, said they would contact maintenance straight away. We received confirmation from the acting manager after the inspection that the water temperature had been made safe for people. We also found that regular fire alarm testing had not taken place. This was raised and we received confirmation that this had been carried out and that the recordings of this was held in a separate file not made available on the day of the inspection.

We have made recommendations about the management and follow up of health and safety audits.

Medicines were ordered, stored and disposed of safely. However, medicines needing extra security were not signed by two staff as required.

We have made recommendations about the management of medicines and that the provider actions issues highlighted during our inspection.

The service currently has several people testing positive and isolating due to COVID 19. There were processes in place to prevent and control infection at the service including additional cleaning and safe visiting precautions. However, we found one bin holding used PPE over spilling with no lid on the bin. We also found another used PPE bin with a broken lid. This meant staff were having to open the bin manually which could cause an infection control issue. We received confirmation that the broken bin had been replaced.

We have made recommendations about the management of infection control.

People were supported by staff who completed an induction, training and were supervised. Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and there was a designated activities staff member to assist people. Staff knew how to keep people safe from harm.

Records were accessible and up to date. However water temperature audit, though completed had not been followed up immediately to help protect people. These taps have since been made safe. The management and staff knew people well and worked together to help ensure people received a good service.

People told us they were happy with the care they received, and people said they felt safe living there. Comments from people included; "Staff are very caring." Another person said; "Staff definitely support me." People looked relaxed, happy and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received appropriate training and support to enable them to carry out their role safely, including fire safety and mental health training.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

Records of people's care were individualised and reflected each person's needs and preferences. Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. People's communication needs were identified, and where they wanted, people had end of life wishes explored and recorded.

People were involved in menu planning and staff encouraged them to eat a well-balanced diet and make healthy eating choices. Special diets were catered for. One person said; "Food is very good, like homemade cooking."

Staff told us the management team, currently supporting the service in the absence of an employed and registered manager, made themselves available and assisted them daily. They went onto say how they were approachable and listened when any concerns or ideas were raised. One staff member said; "It's run very well."

People and their families were provided with information about how to make a complaint and details of the complaint's procedure were displayed at the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for the service under the previous provider was good, (published 4 October 2017.)

A focused inspection was carried out in April 2021 after concerns had been raised. That inspection was not rated.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Greycliffe Manor

## 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 Health and Social Care Act 2008.

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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Greycliffe Manor Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was no registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with six members of staff including the quality assurance director, quality assurance manager, care workers and auxiliary workers.

We reviewed a range of records. This included three people's care records and four medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 of this newly registered service. The previous rating for this service had been good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Systems for medicines that required additional security were not consistently followed. These medicines should have been checked by two members of staff when administered. There was no second signature to evidence this had occurred. The manager provided information after the inspection showing that these had been recorded elsewhere. However, confirmed they had not been recorded in the appropriate recording book.
- Medicines were audited regularly with action taken to make ongoing improvements.

We recommend the provider follow reputable medicines guidance in the recording of medicines requiring extra security.

- Medicines were ordered, stored and disposed of safely and securely. There were no gaps in medicines administration records (MARs) and when people were prescribed 'as required' medicines there were protocols in place detailing the circumstances in which these medicines should be used.
- People received their medicines in a safe way, as prescribed for them.
- People's medicine support needs had been assessed and were recorded in care plans. Care plans included additional risks related to medicines. For example, highlighting allergies and reactions to certain medicines.
- External creams and lotions to maintain people's skin integrity were applied during personal care.

### Assessing risk, safety monitoring and management

- Water temperatures were regularly checked and recorded. However, when identified in checks extremely hot water temperatures were not adjusted immediately to help keep people safe from harm and to protect them from the risk of scalding. We received confirmation this issue had been actioned.
- We found the laundry room door unlocked and ajar which put people at risk of harm. The management informed us after the inspection these issues had been resolved.
- Paper records had not recorded that weekly fire checks were taking place as required. Following the inspection, we were told the checks were occurring but recorded elsewhere and electronically.

We recommend the provider actions issues highlighted in audits, for example extremely hot water temperatures.

- Emergency plans were in place outlining the support people would need to evacuate the building in an

emergency. Fire safety procedures and appropriate checks and training for staff were in place.

- Staff knew people well and were aware of people's risks and how to keep them safe.
- Risk assessments were detailed and up to date which meant staff had guidance on how to manage people's care safely. They covered areas such as skin integrity and personal care. Risk assessments for weight management and nutrition and dependency levels had also been undertaken.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans documented information for staff on people's health needs, so they could respond quickly to prevent situations from escalating.
- Contingency plans were in place and showed how the service supported people during an outbreak of COVID-19.

#### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home currently had several people testing positive and isolating due to COVID 19. We found one bin overflowing with used PPE and without a lid on. We also noted another clinical waste bin with a broken lid therefore staff needed to open this manually which could be an infection control concern particularly as the service was currently in outbreak. The management informed us after the inspection these issues had been resolved.
- 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. We heard one person arranging to see their relative later that day.

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

#### Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People and staff told us there were enough staff on duty to meet people's needs.
- The staff said they worked additional hours, so people had staff they knew and trusted. This was to support appointments or during staff absences.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service before new staff started work.

#### Systems and processes to safeguard people from the risk of abuse

- The service had effective systems in place to protect people from abuse.
- People told us they felt safe. Comments included; "It's a good service and they help me which keeps me safe."
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff were able to describe the signs and types of abuse. Staff understood to report any concerns they had to the

management team.

- The management team was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. The previous rating for this service had been good. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The physical environment was continuously being reviewed, updated and improved. Several rooms had recently been decorated. However, some sheets and quilt cover were worn, faded and bobbled. We found some areas of the home were not clean, this included communal bathrooms and toilets and some carpets stained and worn. The acting manager informed us after the inspection that there was a "wide-ranging renovation programme that has been running for several months. The whole building had been repainted during the pandemic and we are now focusing on resident carpets and specific rooms."
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The management team and staff worked with external healthcare professionals to deliver care in line with best practice. During the pandemic and the most recent outbreak, the management team said the local healthcare team had been supportive and had helped ensure people received the care required.
- People's individual needs had been assessed before they moved in. New admissions had to receive a negative COVID-19 test before admission.
- Assessments of people's individual needs were detailed, expected outcomes were identified and their care and support regularly reviewed. All documents relating to people's care were made available to staff via a handset linked to a computerised care planning system. Staff agreed the information held about each person was comprehensive. Staff were able to access updated information at any time and handovers gave any updates on people.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. Staff members new to the service told us; "The team here are really supportive." Another said; "A nice friendly home. Staff have been very welcoming."
- Staff were provided with opportunities to discuss their individual work and development needs. Staff received one to one meetings with a manager to enable them to raise any issues and share ideas. Staff told us they were well supported by the management team. One said; "Supportive and welcoming."
- Staff, new to the care sector, were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was

assessed before they started to provide support independently.

- Staff told us about the updated and recent training they had completed. There was a system in place to monitor training.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with healthy meals which they enjoyed. One person told us; "There are two choices" and "They make a nice sandwich as well." Another person said; "Fish and chips (today's menu) are good."
- Staff were aware of any specific dietary requirements for people, for example, if people needed a soft diet. People were involved in menu planning.
- Care plans included information about people's dietary needs and their likes and dislikes. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.
- Drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, through personal choice, had drinks provided and these were refreshed throughout the day.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- Staff supported people to see external healthcare professionals regularly, such as GPs and district nurses. Home visits by some healthcare professionals continued during the pandemic and the service was able to contact other professionals via phone calls in an emergency. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- People's care records highlighted where risks had been identified. For example, where people's skin integrity was at risk people were referred to the district nurse team for advice.

Supporting people to live healthier lives, access healthcare services and support

- People's health conditions were well managed, and staff engaged with external healthcare professionals including physiotherapists.
- There were clear records to show staff were monitoring specific health needs such as people's weight, nutrition and hydration and skin care.
- Staff supported people to continue to mobilise independently. We observed staff offering support to people who used mobility aids.
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff through shift handovers.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made and received to deprive people of their liberty within the law.
- People were asked for their consent before any care was delivered. People, who were able to, had signed their care plans to indicate they agreed with their planned delivery of care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. The previous rating for this service had been good. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a relaxed and happy atmosphere in the service and staff were friendly and supportive. People were positive about staff and their caring attitude and told us they were treated with kindness and compassion. People said; "Staff are very caring" and "It's lovely here."
- Staff enjoyed spending time with the people they supported and took time to sit and chat with people throughout the day. Staff knew what was important to people and how to offer people comfort and reassurance. We observed plenty of good interaction and humour between staff and people.
- Where people were unable to express their needs and choices, care plans detailed their ways of communicating.
- Care plans also contained background information about people's personal history. This meant staff were able to gain an understanding of people and engage in meaningful conversations with them.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make as many decisions as possible about their daily living. People said they could speak with staff about anything they wished to discuss.
- People were able to choose how they spent their time. Some people chose to spend time in their own rooms, while others preferred one of the communal areas.
- Staff put people at the centre of the service and reflected the provider's values. Staff valued people's views and encouraged us to talk with as many people as we could during our visit.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care people could manage for themselves and what they needed help with.
- People were able to decline aspects of planned care and staff respected people's decisions and choices in relation to how their support was provided.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff clearly understood the importance of protecting people's privacy, dignity and independence. For example, ensuring that doors were closed when providing personal care and asking people if they could assist them.
- People were supported to maintain and develop relationships with those close to them. Records showed family members had been updated when changes in people's needs were identified.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. The previous rating for this service had been good. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There was comprehensive information held which showed people's needs, routines and preferences.
- Care plans were person centred and detailed people's likes and dislikes and how best to deliver care and support. For example, how to manage if a person's health deteriorated. Staff said they got regular updates on people's health.
- Care records detailed information about people's backgrounds, history, social, physical and health needs. Care plans provided information for staff on how to meet people's identified needs including, support people needed to maintain their physical health and well-being, nutrition and personal hygiene.
- Where people had a specific health condition, such as diabetes or a long-term illness, guidance was in place for staff on how to manage those conditions.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs, and preferences were identified, recorded and highlighted in care plans. This included reference to the type of communication the person may find difficult and how to support them. We observed people and staff communicating effectively together throughout the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service and were supported by staff to go through procedures to ensure visiting was safe during the COVID-19 pandemic.
- A new post of a 'residents' enabler' had started. This was to organise trips out and engage people in activities. The service had large pleasant outside area's for people to enjoy.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how a complaint would be responded to and the timescale. There were no open complaints currently being investigated.
- People told us they would be confident to speak to the management or a member of staff if they were

unhappy.

#### End of life care and support

- The service provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- During the COVID-19 pandemic, relatives were supported to safely visit people where they were receiving end of life care.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care with other professionals.
- Staff worked with the appropriate health and medical professionals to ensure the appropriate equipment and medicines were in place for people at the end of their lives.

# 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 of this newly registered service. The previous rating for this service had been good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service is required to have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of this inspection the service had not had a registered manager since July 2021.
- The assessing and monitoring of the safety and quality of the service was not always carried out. For example, audits had recorded extremely hot water temperature in taps within the service. However, no immediate action had been taken to resolve this issue. After the inspection the acting manager informed us they had made these taps safe for people.
- Regular audits took place and these were completed by the management team. Audits of the service had not picked up that items, in particular sheets and quilt covers were found to be worn, faded and bobbed. The acting manager informed us after the inspection that there was a "wide-ranging renovation programme that has been running for several months.
- Poor PPE practices put people at risk. The service was currently in a COVID outbreak with a number of people isolating in their rooms. We found one bin overflowing with used PPE and another PPE bin with a broken lid which meant staff had to manually touch the lid to access the bin. We also found areas of the home to be unclean and this included communal bathrooms and toilets and some carpets stained and worn.
- Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service.
- There was good communication between all the staff about important information on the changes in people's care needs. This was communicated to staff effectively via daily handovers.
- The management and staff worked to drive improvements across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.

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 management demonstrated an open and transparent approach to their role. There were processes in

place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.

- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.

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

- People and staff were complimentary of the service. One staff member said; "It's run very well" while another said; "Very well supported by management."
- There was a warm and friendly atmosphere in the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Staff told us they enjoyed their roles. Comments included; "Been absolutely lovely (since starting to work in service)."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to enable people, staff and relatives to give feedback.
- Communication between people, staff and families was good.
- Staff and people told us the service was well managed and they felt valued. Staff told us the management team were very approachable and always available for advice and support.

Continuous learning and improving care

- Policies and procedures were designed to support staff in their practice.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care. They also worked in close association with the local surgery and district nurse team during the latest COVID-19 outbreak.
- The management kept up to date with developments in practice through working with local health and social care professionals.

Working in partnership with others

- The management team told us how they had worked alongside the local GP surgery and the local authority during the pandemic, the lockdowns and during the recent outbreak. The management team worked collaboratively with professionals and commissioners to ensure people's needs were met and people had the relevant support and equipment was made available.
- Where changes in people's needs were identified, prompt and appropriate referrals for external professional support were made. These included GPs to provide joined-up care and support.