The Grey Gables Trust

Grey Gables Residential Home

Inspection report

39 Fox Hollies Road
Acocks Green
Birmingham
West Midlands
B27 7TH

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14 July 2017

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 11 and 14 July 2017 and was an unannounced comprehensive rating inspection. At the last inspection in May 2015, the service was rated 'Good' overall, with a rating of 'Requires improvement' in the key question of 'is the service 'Well-Led'. At this inspection we found the provider was still rated as 'Requires Improvement' in Well Led, although for different reasons than at the inspection in May 2015.

Grey Gables Residential Home is a 40 bed care home supporting people with care and accommodation. At the time of our inspection there were 37 people living at the home.

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. The registered manager was on annual leave for the first day of our visit, so was unavailable until the second day of the inspection. On the first day we were supported by the deputy manager and the provider.

The provider had failed to send us a notification of an incident and was not aware of their responsibility to do so.

People were kept safe and secure, and relatives believed their family members were safe from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider.
People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.

Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual care and support needs.

Staff sought people's consent before providing care and support. Staff understood when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People's rights to privacy and confidentiality were respected by the staff that supported them and their dignity was maintained.

People had a variety of food, drinks and snacks available throughout the day. They were able to choose the meals that they preferred to eat.

People were supported to stay healthy and had access to health care professionals as required. They were treated with kindness and compassion and there were positive interactions between staff and the people

living at the location.

People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well and benefitted from opportunities to take part in activities that they enjoyed.

Relatives and staff were confident about approaching the manager if they needed to. The provider had effective auditing systems in place to monitor the effectiveness and quality of service provision. People's and relatives views on the quality of the service were gathered and used to support service development.

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 safe.

People received their prescribed medicines safely.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately managed to support their safety and well-being.

People were supported by adequate numbers of staff on duty so that their needs were met.

Is the service effective?

Good

The service was effective.

People's needs were met because staff had effective skills and knowledge to meet these needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

Is the service caring?

Good

The service was caring.

People's rights to privacy and confidentiality were respected.

People were supported by staff that were caring and knew them well.

People's dignity and independence was promoted and maintained as much as possible.

Is the service responsive?

Good

The service was responsive.

People's needs and preferences were assessed to ensure that their needs
would be met in their preferred way.

Complaints procedures were in place for people and relatives to voice their
concerns.

People were supported to take part in social interaction and activities that were important to them

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had failed to send us notification of an incidents and was not aware of their responsibility to do so.

Relatives and staff felt that the management team was approachable.

People's and relatives feedback on service quality was used to make improvements in the service.

The provider had systems in place to assess and monitor the quality of the service.

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 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.

This was a comprehensive inspection which took place on 11 and 14 July 2017 and was unannounced. The membership of the inspection team comprised of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

When 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. The provider had submitted a Provider Information Return (PIR) form prior to our inspection visit. The PIR is a form that asks the provider to give some key information about the service, what the services does well and improvements they plan to make. We also contacted the Local Authority commissioning service for any relevant information they may have to support our inspection. We also looked at the Health Watch website, which provides information on care homes.

During our visit to the home we spoke with seven people who use the service, four relatives, three care staff members, the registered manager, the deputy manager and the provider. Not all of the people living at Grey Gables had capacity to give in-depth answers to all of our questions. Therefore, we used an observational tool called Short Observational Framework for Inspection (SOFI), which we used to help us collect evidence about the experience of people who use services, especially where people were not able to tell us verbally.

We looked at the care records of four people and three staff files as well as the medicine management processes and records that were maintained by the provider about recruitment and staff training. We also

looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home and we saw that people looked relaxed in the company of staff. A person we spoke with told us, "The staff are nice, I don't really have any problems at all, there's nothing I'm really worried about". Another person we spoke with said, "If I felt unsafe, I would call and tell the [registered] manager". A relative we spoke with told us, "I have never heard any raised voices, seen any signs of abuse or neglect here". Staff we spoke with told us that they had received training on keeping people safe from abuse and avoidable harm, and were able to give us examples of the different types of abuse and what signs they would look out for that would alert them that someone might be at risk. Staff we spoke with were aware of what action to take if they suspected that someone was at risk of harm or abuse. One staff member told us that they would report any concerns they had to the registered manager

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with told us, "Risk assessments are done on a day to day basis, but there are also regular monthly updates [reviews]. Staff are expected to check care plans as part of their key worker responsibilities". We saw that the provider had processes in place to support staff with information if they had concerns about people's safety and how to report those concerns. During our visit we observed a staff shift handover, where we saw staff discussing people's health and wellbeing and any concerns or changes that had been identified. We're informed of any changes [to peoples care and support needs] during [shift] handovers". We saw that the provider carried out regular risk assessments and that they were updated regularly in care plans to minimise future incidents. The provider had systems in place to ensure that all accidents and incidents were recorded.

People were protected in emergency situations because the provider had procedures in place to support people in the event of an emergency such as a fire. Staff were able to explain how they followed these procedures in practice to ensure that people were kept safe from potential harm. A staff member we spoke with told us, "We [people and staff] evacuate to the car park and make sure the fire doors are shut". They told us that people who couldn't be easily evacuated from the premises would be kept safe as all rooms had fire doors fitted. This re-iterated what had been recorded in the PIR and emphasised that staff knew how to respond to keep people safe in an emergency.

There were sufficient numbers of staff working at the home to meet people's needs and keep them safe from harm or abuse. A person we spoke with said, "There always seems to be enough of them [staff] around if we need them". A member of staff we spoke with told us, "There's plenty of staff, no problem". We observed that there were enough staff available to respond to people's needs and they were attentive when support was requested. We saw that the provider had processes in place to cover staff absences. They also had systems in place to ensure that there were enough members of staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely. We saw that this was reflected in the evidence provided in the homes PIR.

The provider had a recruitment policy in place and staff told us they had completed a range of checks before they started work. These included references from previous employers and Disclosure and Barring Service

(DBS) checks. A member of staff we spoke with told us, "The recruitment was okay. My DBS and references were all checked". The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. Records we looked at showed that all pre-employment checks were completed by the provider to ensure that staff were eligible to work within the service.

People received their medicines safely and as prescribed. A person we spoke with told us, "I am given medication sometimes, they [staff] make sure you take them". We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. We saw that the provider had guidelines in place for staff outlining how to identify when people needed their 'as required' medicines.

Good

Is the service effective?

Our findings

We found that staff had received appropriate training and had the skills they required in order to meet people's needs. A person we spoke with told us, "They [staff] look after me well, but I feel I need more specialist care". We discussed this with the registered manager who explained that they regularly up-skill staff depending on the needs of the people living at Grey Gables. This was corroborated by a relative who told us, "They [provider] have put on extra training for staff to help them to look after [person using the service] and others who have the same needs". A member of staff we spoke with told us, "I'm happy with the training we [staff] have and the [registered] manager listens to any training requests we have". Staff we spoke with told us they were pleased with how the provider supported their learning and development needs and we saw that the provider had systems in place to support the on-going learning and development of staff. We saw that the manager responded to training requests made by staff and was aware of the knowledge and skills that they needed to support people who used the service. Evidence gathered from the PIR demonstrated that the provider was developing training for staff around the needs of people using the service.

Staff told us they had regular supervision meetings with their line manager to support their development. A staff member we spoke with told us, "We [staff] get supervision every six to eight weeks. [Deputy manager's name] does mine and they go okay, I get to say what I need to". We saw staff development plans which showed how staff were supported with training and supervision. We saw that the home operated an 'open door policy' and staff were free to approach the manager for support and guidance when required throughout the day.

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 Act 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. Most of the people living at Grey Gables had the mental capacity to make informed choices and decisions about all aspects of their lives. Staff we spoke with told us that they understood about acting in a person's best interests and how they would support people to make informed decisions. Staff understood the importance of gaining a person's consent before supporting their care needs. A person we spoke with said, "They [staff] do ask and I am able to make decisions about my own care". A member of staff told us, "I always ask what they [people] would like, I never presume". Throughout our visit we saw staff asking people's permission before supporting them with their care and support needs. For example; We saw a person being asked by a member of staff if they were ready to be moved away from the dining table in their wheelchair.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the provider had made appropriate applications to the local authority to deprive people of their liberty where this was required to keep them safe. Members of staff we spoke with told us that they had received MCA and DoLS training and understood

what it meant to deprive someone of their liberty. A member of staff explained to us how they had to ensure a person they cared for didn't leave the home on their own, as they would not be safe.

People and relatives we spoke with told us they were happy with the food at the home. A person we spoke with told us that the chef prepared the type of food that they used to eat. Another person we spoke with said, "We had salmon for lunch today, very nice". A relative we spoken with said, "The meals here are lovely, dad eats everything, the portions are substantial and he has put on weight". We saw that there was a selection of food available and observed that people had access to food and drink whenever they wanted throughout the day. Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. A relative we spoke with told us how they often ate with their family member at the home and how staff ensured that their family member's meals were provided in line with their specific dietary requirements. We saw that there was involvement from health care professionals where required relating to people's dietary needs and staff monitored people's food and fluid intake, where necessary. A staff member we spoke with told us how they monitored people's weight and daily fluid intake to ensure that their nutritional needs were met. Staff told us that they were aware of people who had specific nutritional needs and that these were recorded in people's care plans. This showed us that staff knew how to support people to maintain a healthy diet.

Everyone we spoke with told us that their people's health needs were being met. A relative we spoke with said, "The staff are lovely they really look after her well. She's coming to the end now but I know she's well taken care of". We saw from care plans that people were supported to access a variety of health and social care professionals. For example, dentists, opticians and GP's, as required, so that their health care needs were met and monitored regularly.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us that staff treated them with kindness and compassion. A person said to us, "I'm happy here, it's a lovely place and the girls [staff] are smashing". Another person we spoke with said, "If I feel down, they [staff] come in and speak to me". We saw that people were relaxed in the presence of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people.

Not all of the people living at the home were able to verbally express how they preferred to receive their care and support. A member of staff we spoke with told us that some people had difficulty communicating verbally, so staff wrote things down on paper, or used objects and pictures to aid communication. Another member of staff gave us an example of how they supported a person who had a stroke, "We show them menu's or write things down, but most [people] we can talk to". We saw that the provider worked closely with local Mental Health teams, Speech and Language Therapists (SALT) to support people in communicating effectively. Throughout our time at the home we saw good interactions between people and staff.

The provider supported people to express their views so that they were involved in making decisions on how their care was delivered. We saw that people and their relatives were involved in developing care plans that were personalised and contained detailed information about how staff could support people's needs. A person we spoke with said, "I do know about my care plan, they [provider] do discuss it with me". A relative we spoke with told us, "We talk about her [person using the service] care plan a lot, I know everything that's in it". Staff were able to meet people's care and support needs consistently because they knew people's needs well.

People were supported to make decisions about what they did, where they went and what they liked to do. A person we spoke with told us how they enjoyed socialising at meal times, "A few of us sit together at mealtimes, it's a nice atmosphere on our table". We saw a person ask a member of staff if they could move from the lounge they were in, to go to another lounge where people were playing a game. The member of staff supported them to move to where they wanted to go. This demonstrated to us that people were free to make their own decisions and were supported by staff to do so.

Staff told us how they supported people to be as independent as possible. A person we spoke with told us, "They [staff] respect me being as independent as I can, but they will assist me when needed". Another person we spoke with said, "I wash and dress myself. Yes, I am old, but I still take care of myself very well". A member of staff we spoke with gave an example of how they promoted people's independence, "In the morning we offer people the flannel to wash themselves as much as they can. We also get the physio in to support their mobility, to encourage walking". Throughout the day we saw staff supporting people to make decisions for themselves, where practicable, regarding what they wanted to do, thus promoting their independence. We saw a person laying the tables in the dining room, a member of staff we spoke with told us that they liked to help out and considered themselves part of the staff team.

People's privacy and dignity was respected and maintained by staff. A person we spoke with told us, "They [staff] treat me with respect, they close the curtains when delivering personal care, and they close the door". A member of staff we spoke with said, "Personal care for someone with dementia, I explain what I'm doing, I cover their top or bottom half with a towel. If they ask to go to the toilet, I get them there as quickly as possible". Throughout our visit we saw that staff spoke to people respectfully and their privacy and dignity was maintained.

Everyone we spoke with told us there were no restrictions on visiting times. A person we spoke with said, "Visitors can come at any time". A relative we spoke with told us that there were no restrictions on when they wanted to come and visit their relative. Throughout our time at Grey Gables we saw relatives visiting at all times of the day, some of them taking their family member out of the home to do things they enjoyed. This highlighted to us that people were supported to maintain contact with people who were important to them whenever they needed to.

Good

Is the service responsive?

Our findings

We found that staff knew people well and were focussed on providing personalised care. A member of staff we spoke with told us, "It's all about them [people] and their choices; about what they want to do". A member of staff we spoke with told us that they were a key worker for three people, and that they would discuss all the things that were important to them to gain a greater insight into what their personal care and support needs might be. We saw detailed, personalised care plans that identified how people liked to receive their care. One person's care plan noted, 'Being independent for as long as I can is the most important thing to me'. Another read, 'I get up, wash myself. I like to make a cup of tea. I watch TV in peace and making my own decisions is important to me'. We saw that care plans were regularly reviewed and updated when people's needs changed. We also saw personalised plans in place for people's wishes to be upheld and respected at the end of their life

Throughout our visit we saw that staff were responsive to people's individual care and support needs. A person we spoke with told us how staff were quick to respond when they were feeling depressed. They told us how staff would sit and talk to them and call for a doctor if one was required. Another person we spoke with told us, "The staff are always in touch with my family, if I needed them, they would be here". At lunch time we saw staff supporting some people to eat their meal, they sat at the same level as the person they were supporting and spoke to them throughout.

Staff were knowledgeable about supporting people whose behaviour might become challenging to manage in order to keep people safe. A member of staff we spoke with gave us an example of how they support one person whose behaviour occasional became challenging, by diffusing the situation by distracting the person with a game or a cup of tea, which generally worked. Staff we spoke with could explain to us the types of triggers that might result in them becoming 'unsettled' and presenting with behaviours that are described as challenging, and we saw that people's care plans included information to support what staff had told us.

We saw that people had things to do that they found interesting. The deputy manager told us, "People are asked at residents meetings about activities they'd like to do, they're always consulted. If we put on a new activity we always ask for their feedback. We saw records of residents meetings which corroborated what we had been told by the deputy manager. We saw that there were a variety of resources available for people to use, which were placed in every communal area, such as; games, books and puzzles. On the day of our visit we saw a group of people involved in a singing session and a game of 'Connect Four'. We observed a person wearing headphones and when we spoke with them later in the day they told us, "I like listening to stories, this one's about Alaska".

People and relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. A person we spoke with told us, "I've never had to raise a concern or complaint, if I wasn't happy I would speak to my wife or the council". We found that the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised. We saw that complaints received had been recorded and responded to appropriately. At the time of our visit there were no complaints that required addressing.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law. However, during our visit we were informed of an instance when some money had gone missing from a person using the service and we had not been informed. We discussed this with the registered manager and the provider who told us that one of the regulations of living at the home stipulated that large amounts of personal money were not to be kept at the location. However, they had informed the police of the incident and had conducted a formal internal investigation, both of which had proved inconclusive. The provider informed us that this was an isolated incident and as such they were not aware that they should have notified us of the event. The most recent CQC reports and ratings were displayed in the main reception area of the home.

At the last inspection completed in May 2015 we found the provider needed to make improvements as 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. During this inspection we saw that the provider had made significant improvements and regular questionnaires were being sent out to people using the service and their families, to ascertain their views on the quality of the service. We saw that questionnaires were being audited and the results were fed back to all concerned.

We looked at systems the service had in place to monitor the safety of the service. We found that the provider had systems in place for reviewing care plans, risk assessments and medicine recording sheets. We saw that quality assurance and audit systems were in place for monitoring the service provision at the location and feedback from people, relatives and staff was used to develop the service. A relative we spoke with told us, "Yes, they [provider] do involve me a lot, I can talk to [manager's name] whenever I need to". A member of staff told us, "If someone has an idea, we discuss it and see if it will work. It's very democratic here".

We saw that staff were clear about their roles and responsibilities, so they knew what was expected of them to ensure that people received the appropriate care and support. We saw that the provider had regular staff meetings to inform them of any issues or changes that they needed to be aware of to carry out their duties effectively. Staff told us that they enjoyed working at the home. A member of staff we spoke with told us, "I'm happy working here, I feel valued and get thanks for doing extra shifts". Another member of staff we spoke with said, "It's very busy here but it's nice, there's never a dull moment".

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been one whistle blowing notification raised at the home, which was investigated by the local authority and was closed with no substantiated evidence found.. Whistle-blowing is the term used when someone who works in or for an

organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality. The individual is usually raising the concern because it is in the public interest. That is, it affects others, the general public or the organisation itself. From the PIR we could see that there had been no recent Whistle-blowing incidents at the home.

Relatives and staff we spoke with were confident about approaching the manager if they needed to. A person we spoke with said, ""I know who the manager is, she is very approachable and we always get a present at Christmas". A relative we spoke with told us, "The staff are approachable, if there are any questions asked that they cannot answer there and then, they will call you back with the answer". A member of staff we spoke with told us, "I feel well supported, [manager and deputy manager's names] are very nice and I can go to them at any time if I need to. If the manager's off site, there's always someone on call".

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.