

The Poppies Care Home Limited

Gresham Lodge Care Home

Inspection report

255 Ashby Road
Scunthorpe
South Humberside
DN16 2AB

Tel: 01724846504
Website: www.greshamlodge.co.uk

Date of inspection visit:
10 March 2020

Date of publication:
30 April 2020

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

Gresham Lodge is a residential care home providing personal care for up to 21 people, some of whom may be living with dementia. At the time of inspection, 21 people lived at the service.

Peoples experience of using this service and what we found

People were happy and felt well supported by staff who were kind, caring and had developed positive relationships with people. Staff treated people with respect and maintained their privacy and dignity. Staff considered people's values, views and beliefs, and supported people in a person-centred manner.

The service held social events for people and their relatives to attend. However, staff did not always have time to support people with social activities daily. The registered manager told us they would address this and ensure that people did not become bored. We have made a recommendation about the provision of activities.

Quality assurance systems were in place to monitor the safety and quality of the service. Some areas of monitoring required further work. The management team constantly looked at ways to improve the service and sought the views and opinions of people and staff.

Staff were recruited safely and received appropriate training and support for their role. Staff worked well as a team and had a positive approach to their work. Staff were supported by the management team.

The home was clean, friendly and homely. Staff understood people's needs and were aware of potential risks and how to keep them safe. Staff were knowledgeable about safeguarding and able to raise concerns. People received their medicines safely.

People had their needs assessed and had access to healthcare services. People received appropriate support to eat and drink and were offered a varied and balanced diet.

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.

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

Rating at last Inspection

The last inspection for this service was good (published 15 September 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Gresham Lodge Care Home

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 Care Act 2014.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Gresham Lodge 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 CQC. 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 information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals who work with the service. We used the Information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service, two relatives and observed how staff interacted with people, to ask about and understand their experience of the care provided. We spoke with five members of

staff including the registered manager, head of care, care staff and the cook.

We reviewed a range of records about peoples care and how the service was managed. This included three peoples care records and six people's medicines administration records. We looked at two staff files, meeting minutes and a range of records relating to the running of the service and quality assurance.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and assessments of people's capacity to make decisions around their care. We spoke with one professional who regularly visits the service.

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. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed.
- Staff were knowledgeable about how people like to take their medicines.
- Staff were trained to administer medicines and their competency checked to ensure they continued to follow best practice.
- Topical creams were not always stored safely in people's rooms. We reported this to the registered manager who told us they would address this.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe here the staff are brilliant."
- People were protected from avoidable harm and abuse. Staff understood the signs of abuse, how to report safeguarding concerns and appropriately followed reporting processes.
- Staff were encouraged to address concerns and were able to raise whistleblowing concerns. The management team regularly discussed the whistleblowing process and encouraged open conversations.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were appropriately managed. Staff understood how to manage risks for each person and care plans contained relevant information to support and guide staff. For example, sensor mats were used for people at high risk of falling to alert staff when they needed help.
- Safety was a priority in the service. A staff member told us, "We do risk assessments daily. We're checking if the hoist is working, the sling is ok, the environment is safe and making sure people are safe."
- Staff provided appropriate support to reduce people's distress or anxiety. For example, some people had complex care needs and appropriate staffing levels were in place. This enabled staff to provide reassurance and support when necessary. Positive behaviour plans did not always contain enough detail. We raised this with the head of care who advised care plans would be updated.
- Plans were in place to ensure people received appropriate support in an emergency. Each person had an up to date emergency evacuation plan which clearly informed staff of the support people needed to maintain their safety.

Staffing and recruitment

- Recruitment practices ensured staff were safe to work with vulnerable people. Appropriate checks were completed before staff started working.
- Staff met people's needs in a timely way. However, people and staff felt having an extra member of staff during busy times would help. One person said, "Staff are brilliant but seem busy and stressed out at times." The registered manager told us they monitored staffing levels to ensure they were appropriate to meet

people needs.

- The management team were available to provide 'hands on' care when needed.

Preventing and controlling infection

- Processes were in place to control and prevent the spread of infection. Staff were trained in infection control and used protective clothing and equipment appropriately.
- The environment was clean, and people told us staff were thorough with their cleaning.

Learning lessons when things go wrong

- The registered manager promoted a culture of learning.
- Accidents and incidents were monitored and analysed to aid learning and improve care.
- Staff reported accidents and incidents and told us these would be discussed in supervision and 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider's induction processes ensured staff had the required skills and experience.
- Staff were appropriately trained which enabled them to provide effective care. Staff completed mandatory training and completed extra training in areas of interest.
- There was a supportive culture within the service. Staff supported each other and were also supported by the management team. One staff member told us, "They have always been supportive with me, they are always at the end of the phone if you need anything."

Supporting people to eat and drink enough to maintain a balanced diet; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's dietary needs were met. Staff offered regular snacks and different meal options if people did not want what was on the menu.
- Staff provided appropriate support with eating and drinking. Staff treated people with respect and talked with people during their meals.
- Staff followed professional advice and understood people's dietary requirements. Care plans were up to date and reflected people's needs.
- People's needs were effectively assessed, and their preferences were considered when arranging their care. The assessments were used to develop care plans which supported the staff to provide appropriate care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other agencies to ensure people received effective and timely care. They made referrals to relevant healthcare services, promptly raised concerns and followed professional advice.
- Effective communication ensured staff had up to date knowledge of people's needs. Regular handovers between shifts ensured staff were aware of any changes to people's needs and the support they required.

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

- The environment had been adapted to promote people's independence. Corridors were wide and hand rails were in place around the building. This helped people to move around safely.
- The provider had considered the needs of people living with dementia and had followed best practice guidance. Personalised items were used to help people identify their bedrooms and pictures identified communal areas.

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 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 make 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought people's consent and respected people's right to refuse support.
- People were given choices and encouraged to make their own decisions where possible. Where people lacked capacity, decisions were made in their best interests with involvement from family, advocates and relevant professionals.
- Staff recognised restrictions on people's liberty and applications to deprive people of their liberty had been made. Systems were in place to monitor DoLS and meet conditions on authorisations.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff were kind, caring and hardworking. People told us, "Staff are brilliant, they are kind and caring" and "They're friendly and just pop in and see if you're ok. They're helpful, I've been quite happy here."
- People were supported at their own pace. Staff were calm, respectful and provided appropriate reassurance for people.
- Staff respected people as individuals and were trained in equality and diversity. Staff supported people to follow their own routines, take pride in their appearance and dress according to their preferences.
- People were supported to practice their religion and celebrate religious festivals. For example, arrangements had been made for a local church to visit the service and hold regular religious services for people.
- Staff understood people's individual needs and provided person-centred care.

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

- Staff considered people's views and wishes, ensuring their chosen daily routines were carried out.
- People and their families were included in developing people's care plans. Records clearly showed how people liked to be cared for.
- Staff ensured people had support with decisions around their care by using an external advocate when needed.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's privacy and dignity. Staff told us, "I make sure curtains are shut, doors are shut, I will knock on the door before entering the room and will wait outside in case they need support."
- People were supported and encouraged to maintain their independence. One person said, "The carers only support me with showering, I can do everything else myself."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Seasonal activities were carried out within the service. For example, Valentines meals and Christmas outings. However, there were limited activities available for people daily and staff told us they did not always have time to facilitate activities. The management team were aware of this and were looking to improve activities within the service.

We recommend the provider reviews the provision of activities within the service to prevent social isolation and promote social inclusion.

- People were supported to maintain their relationships with their families and friends to help prevent social isolation. People's friends and family were welcome at any time.
- Communal areas promoted social inclusion. Seating areas within the home allowed people the space to build friendships within the service.

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

- Staff provided person-centred care tailored to the needs and wishes of the individual. People were supported by staff who had a good understanding of their care and support needs.
- Care plans guided staff on how to meet people's needs. Some care plans were more detailed than others. We discussed this with the head of care who agreed to review and update care plans as needed.
- Electronic care plans and records supported staff to record information in a timely way.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered and recorded. Care plans included people's communication needs and the support they required. For example, the use of glasses, hearing aids, facial expressions and use of appropriate items.
- Staff communicated with people appropriately. For example, staff gave people the time and support needed to make their own choices.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place and any issues were investigated. Learning from complaints was shared with staff during team meetings.
- People and their families told us they know how to raise any concerns and felt able to do so. They were confident concerns would be acted upon.

End of life care and support

- Staff were trained in end of life care and worked closely with healthcare professionals to ensure people had the right medicines and equipment in place to help maintain their dignity and comfort at the end of their lives.
- End of life care plans recorded peoples wishes and contained detailed information which supported staff to provide care in line with their preferences.
- Staff were proud of the support they provided to people at the end of their life. One staff member said, "I think the best thing I do is provide end of life care. I really enjoy looking after people in their last few hours. It's why I am here as a carer to look after people to their 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.

At the last inspection this key question was rated as good. At this inspection, this key question remained the same. 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; Continuous learning, improving care.

- The provider's quality assurance systems were mostly effective in monitoring the safety and quality of the service. We identified areas of audit information which was not present in the records we reviewed. The registered manager agreed to make improvements in these areas.
- The registered manager was responsive to issues we identified during our inspection.
- The management team identified learning needs of the staff and service, This ensured continuous learning whilst improving care.

Working in partnership with others

- The management team recognised the importance of community involvement. However, the service did not always use links with the local community and key organisations to their full ability. The management team identified how improving those links could support the service with regular activities and identified ways in which this could be improved.
- The management team and staff had effective working relationships with other organisations and professionals to ensure people received the right support.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team promoted a caring culture. Staff were committed to providing high-quality, person-centred care, and understood the impact that good care had on people's quality of life.
- People, their relatives and staff were included in the development of the service. Regular meetings took place and questionnaires sent out. The responses were analysed to help identify how the service could be improved. For example, meal times were discussed with residents and their families and feedback resulted in a change in menus and mealtimes.

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 registered manager understood their responsibilities for reporting information to the Local Authority and CQC.
- Processes were in place to respond appropriately if something went wrong and meet their legal obligation to let people know.

