Yardley Great Trust

Greswold House

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?	Requires Improvement

Summary of findings

Overall summary

About the service:
Greswold House is a care home that provides personal care for people, some of whom are living with dementia. At the time of the inspection 29 people were living there. The home was established over three floors with communal areas that included dining areas combined with small lounge spaces and a large garden.

People's experience of using this service:
The service had experienced some challenges in the last twelve months which had resulted in a high turnover of care staff and senior staff absent from the home. This meant there had been a lack of clear and consistent oversight of operations. The provider's governance systems to check the quality of the service provided for people were not consistently effective and required some improvement. The recruitment processes required some improvement. Risk assessments were in place and staff knew how to support people's individual needs to ensure they provided a consistent level of care. However, some contained conflicting information on how staff should support people and had not always been updated to reflect people's current support needs.

People and relatives told us they felt the service was safe and there were sufficient numbers of staff to support people. Staff had completed their induction training that included safeguarding, medication, health and safety and moving and handling. Staff had access to equipment and clothing that protected people from cross infection. People's care and support needs were assessed.

Staff received ongoing training they required to meet people's needs. People accessed healthcare services to ensure they received ongoing healthcare support. People, as much as practicably possible, had choice and control of their lives and staff were aware of how to support them in the least restrictive way.

People were supported by kind and caring staff that knew them well. Staff encouraged people's independence, protected their privacy and treated them with dignity.

People were supported by staff that knew their preferences. Complaints made since the last inspection had been investigated and resolved. People and their families knew who to contact if they had any complaints.

People, their relatives' and staff members views were sought about the quality of the service being provided. Staff felt supported by the management team.

People, their relatives and staff were happy with the way the service was managed and the provider worked well with partner organisations to ensure people's needs were met.

Rating at last inspection:
Requires Improvement (report published 20 September 2017).

Why we inspected:
This was a planned inspection based on the rating at the last inspection. At this inspection we found the service had remained Requires Improvement.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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? 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 not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Greswold House

Detailed findings

Background to this inspection

The 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.

Inspection team:
Two inspectors carried out this inspection on the 19 February 2019 with one inspector returning on the 20 February 2019.

Service and service type:
Greswold House is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
Inspection site visit activity started on 19 February 2019 and ended on 20 February 2019. The inspection site visits on both days were unannounced.

What we did:
We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority and other professionals who work with the service. We assessed the Provider Information Return (PIR) we require providers to send this to us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with seven people, seven relatives, eight staff that included domestic, catering, care and senior staff, two healthcare professionals and the registered manager. We used this information to form part of our judgement.

We sampled seven people's care and medication records to see how their care and treatment was planned and delivered. Other records looked at included three recruitment files to check suitable staff members were safely recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. Details are in the 'Key Questions' below.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection we found people could gain access to cleaning materials that could be hazardous to them. We also found medicines had been left in unlocked drawers on one unit. At this inspection the service had acted to protect people from these risks.

Staffing and recruitment

- Pre-employment checks for staff were not consistently followed up before they started to work at the home to ensure staff were suitable to work with people. However, post inspection, the provider had taken immediate steps to rectify this and introduced new processes to ensure all checks were followed up and completed.
- People and relatives were happy with the level of staffing provided.
- We saw that staff responded promptly to calls for assistance and people told us they did not have to wait for long periods of time for staff to support them.
- Staff we spoke with told us they thought there were enough staff on duty to support people.

Using medicines safely

- Although there had been significant improvement in the management of medicines since the last inspection, we found medication that required safe disposal had not been returned promptly for destruction and had not been securely stored. However, on the day of the inspection, the registered manager had introduced a new system to ensure the safe disposal of this type of medicine.
- People told us they received medication at the right times. One person told us, "They [staff] give me my tablets which I take myself." Records showed medication was given in line with people's care plans. Although we found one person's medicine had been missed on the morning of the first day of our inspection. We brought this error to the attention of the senior on duty and the person received their medicine in the afternoon. We found the staff administering the medicines were constantly interrupted which could have led to this oversight.
- Staff had completed training on how to administer medicines.
- People that required support with taking their medicines were satisfied with the assistance provided by staff.
- Some people required medication 'as and when required' and we saw people being asked if they wanted these medicines. There were clear protocols for staff to follow when giving these medicines.

Assessing risk, safety monitoring and management

- Risk assessments were in place to mitigate the risk of avoidable harm to people. However, they had not been consistently reviewed following any accidents, incidents or when peoples' needs had changed. For example, one person at high risk of falls had three falls in a short period of time and their risk assessment

had not been updated to reflect these. However, post inspection, the provider has reviewed all risk assessments to ensure they reflect people's individual support needs.
● Staff told us any changes in people's needs that could increase a risk of avoidable harm, were promptly referred to the appropriate healthcare professionals to ensure people's support needs would continue to be met. Records we looked at confirmed appropriate referrals were being made.

Systems and processes to safeguard people from the risk of abuse
● The provider had safeguarding systems in place and most of the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. One staff member said, "I would tell the manager and wouldn't hesitate to contact you [CQC] if nothing was done."
● People and relatives, we spoke with told us that they felt the home was a safe environment to live in. One person said, "I do feel safe here because they [staff] check on me every night to see I'm alright, it's marvellous."

Preventing and controlling infection
● People told us they were happy with the cleanliness of the home. One person told us, "I love my room and it is cleaned regularly every day."
● Staff spoken with told us they had received infection control training and were given a plentiful supply of personal protective equipment (PPE) such as gloves and aprons that they used when delivering personal care. This ensured people were protected from cross contamination and infection. One staff member said, "We receive compliments on the cleanliness of the home from residents and visitors. Makes me feel proud of what we are doing here." Another staff member told us, "We've all got access to PPE and have had training in how to use it correctly, included in health and safety training."

Learning lessons when things go wrong
● Safeguarding and some incidents and accidents were analysed so that appropriate changes could be made to reduce the risk of avoidable harm. For example, records showed the registered manager worked in partnership with the local authority when conducting safeguarding investigations to ensure people remained safe.

Good

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.

People's outcomes were consistently good, and relative's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People and relatives told us people's care and support needs were assessed prior to them moving into the home to ensure their needs could be met.
- The registered manager and deputy manager had conducted reviews of people's needs.

Staff support: induction, training, skills and experience
- People told us they felt the staff were trained to meet their support needs. One person told us, "They've [the home] have got good staff, some people can be awkward because they're lonely but the carers go to them and know how to calm them down, they're all good carers."
- Staff received training that was effective and relevant to people's needs. One staff member told us, "I feel we are well trained, we know our jobs well and we are well supported." Records we looked at showed new members of staff completed a short induction to the service before working with people unsupervised.
- Staff told us they had received support through supervision and training and this enabled them to maintain their skills, knowledge and ongoing development. One staff member said, "I am always doing training, I recently did manual handling in which I learned a lot. I learned how to keep people safe and how to read people's faces in terms of their comfort. I had previously hurt myself moving people so it was good to be taught the right way."

Supporting people to eat and drink enough to maintain a balanced diet
- Most of the people we spoke with told us they enjoyed the food and if they did not like what was on the menu, they could request something else. One person told us, "The food is alright, it's not them (the service), it's me, I'm a fussy eater but they [staff] will come and ask you what you want and they'll see to it, you do get a choice."
- People could choose where they wanted to eat and staff were available to support and prompt people at meal times. Food was provided in line with people's needs. For example, some people required softened food and we saw that these were provided.
- People were offered a choice of hot and cold drinks and snacks on a regular basis throughout the day.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access to healthcare services and support.
- People had access to healthcare services when required to promote their health and well-being. One person told us, "I'll tell the carers if I'm poorly they come and check me and get the doctor to you."
- People told us that they were supported to attend appointments such as dentists and opticians and records contained details of these appointments.
- Staff monitored people's health care needs and would inform relatives and healthcare professionals if

there was any change in people's health needs. One healthcare professional told us, "I find the staff here excellent. They know people well, they are welcoming. I never have a problem. I am never concerned about the care here."

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

● People told us they liked their bedrooms and we saw people being able to choose to spend time alone or with others. There were communal areas for people to enjoy and people told us they enjoyed spending time in the garden in warmer weather.

● People who invited us into their rooms had their own private toilet and bathrooms were available so people could choose to have a bath or a shower and people could move safely between floors by using the lift.

● The corridor doors on each floor were not locked which meant people were able to safely move around the building with limited restrictions.

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

●Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.

● People told us staff sought their consent in line with the MCA and confirmed staff would ask their permission before supporting them. One person told us, "They [staff] always ask me if I want any help before doing anything for me."

● Records showed that the provider had made appropriate DoLS applications where people had been assessed as lacking capacity.

Good

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives confirmed they were treated with kindness and spoke positively about the staff's caring attitude. One person told us, "I am happy and content, I like it here (the home), the staff are excellent, they put themselves out for you."
- We observed staff supporting people with patience. For example, people were being helped to mobilise at a pace they were comfortable with and staff continued to encourage and reassure people as the support was being given.
- Staff spoke with genuine affection and kindness about the people they supported and told us they enjoyed their jobs. One member of staff told us, "I absolutely love it here."

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

- We saw people were given lots of opportunities and asked to make choices about everyday life in the home such as what drink and food they wanted and where they wanted to sit.
- People and relatives told us they felt staff listened to them.
- Staff told us they would always do their best to involve people in decisions about their care. One staff member told us, "You have to give people time to respond because it can sometimes take them to think about what they want."

Respecting and promoting people's privacy, dignity and independence

- People's independence was respected and promoted. For example, we saw people being prompted by staff who then stepped back and let people complete tasks on their own when they could do so. One person told us how staff supported them to take their medication independently.
- People we spoke with told us staff encouraged them to try and do some tasks for themselves to maintain some level of independence. One person told us, "I can walk down to the kitchen if I want anything to eat or drink."
- People's dignity and privacy was respected. For example, we saw one person was discreetly supported by staff to fix their clothing to preserve the person's dignity.
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were free to visit anytime and always made to feel welcome. A relative told us, "I can leave here (the home) and not worry about a thing. At [person's name] last home, it used to drive me mad with worry and it's good to be free of that. Greswold definitely meets [person's name] needs."

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff who were knowledgeable about people's care and support needs.
- Staff knew how to communicate with people and ensured they used their knowledge about people when providing choices.
- People and relatives, we spoke with told us they were asked if the level of support being provided met their needs and if there was anything people wanted to be done differently.
- People's spiritual and cultural needs were respected. For example, the service encouraged visitors from local places of worship to provide people with opportunities to practice their preferred faith.
- The registered manager arranged for 'talking books' to be delivered for people with limited sight.
- The provider had a 'hearing loop' installed on the second floor although the registered manager could not confirm if this was active and maintained.
- Pictures were used to communicate with people with limited speech.
- During our inspection site visits, we did not see many individual or group activities taking place. However, people told us they were happy with the hobbies and interests that did take place. For example, singers would visit the home, some people were supported to attend bingo at the provider's other home. One person told us how staff supported them to go for walks. Another person said, "It's very nice here, we sit in the gardens, I do my knitting and I make things."

Improving care quality in response to complaints or concerns

- People and their relatives we spoke with knew how to complain and felt confident that if they did make a complaint it would be dealt with quickly.
- We saw that since the last inspection there had been a small number of complaints which had been investigated and addressed providing complainants with an appropriate response. We could see what action the provider had taken and where appropriate, action plans had been put into place.

End of life care and support

- There was no-one at the end of their life at the time of this inspection. However, care plans contained information in relation to people's individual wishes regarding end of life care, including religious preferences and who they wanted to arrange their funeral.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means 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, falls within the home were monitored but there was no evidence of a consistent approach that information had been used comparatively from one month to another. The provider had facilitated a well-being survey but there was no evidence to show the information had been analysed or used to identify any trends, themes or actions arising to drive improvements or sustain good practice. At this inspection the provider had acted to address these issues.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At the last inspection, information in peoples' care records were not always up to date or correct. At this inspection we saw audits and reviews had been completed on care plans and risk assessments but checks were not as regular as the provider's policies stated. According to the PIR audits should be completed monthly but this had not been consistently practiced. As a result, information was missing, out of date or conflicting. For example, instructions given by a healthcare professional to encourage one person to exercise daily had not been recorded in one person's care plan. Another person's Waterlow score had not been reviewed for four months despite the person being discharged from hospital on two separate occasions following serious illness and an increased risk of developing sore skin. The Waterlow score gives an estimated risk for the development of a pressure sore.
- Records detailed there were gaps in some staff training. The registered manager informed us they were 'not sure' if the records were fully up to date as they did not 'take the lead' on training.
- Audits had been completed on medication. However, at the time of the inspection, audits had failed to identify there had been no returns of medicines that required special storage for two months.
- The registered manager was unable to explain why two recruitment files had not had further checks completed to ensure the staff members were safe to work with people. Although the provider took immediate action to address these issues; the registered manager was unable to provide any background information because they told us they had not been made unaware of any issues. A registered manager should always know information about the staff they have employed.
- The registered manager understood their responsibilities of registration with us. We found notifications were received as required by law, of incidents that had occurred. These included incidents such as alleged abuse.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, their relatives and staff told us they felt listened to and that the management team were approachable.

● Staff had received supervision and attended team meetings and confirmed they felt able to speak with the registered manager if they had any worries or concerns. One staff member told us, "If we weren't happy we could happily approach [registered manager or provider names] I would have no concerns doing that."
● The registered manager held two sessions per week for staff to speak with them if they had any concerns.
● Staff told us and we saw records to show they had regular team meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider engaged with people and relatives through a few means. For example, a 'suggestion box' was available for people, visitors and staff to use. Meetings were held with the people living at the home and their relatives. One person told us, "I know there are resident meetings but I don't go to them, I have nothing to complain about."
● Surveys were sent out to people and staff and the provider produced a 'You said, We did' response that was visible on the notice boards.
● The registered manager involved people living at the home in their recruitment process and encouraged people onto the interview panel to ask prospective staff their own questions.

Working in partnership with others; continuous learning and improving care
● Health professionals we spoke with felt there was a positive working relationship between the service and themselves.
● The service had good links with the local community and the service worked in partnership for people's benefit. For example, church groups attended the home and other visitors came to provide entertainment.
● The registered manager reported that working relationships were good with other partners such as the local GP and community health teams.