

Bath Centre for Voluntary Service Homes Greystones

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

Greystones is a residential care home which provides accommodation and personal care to a maximum of 26 older people. At the time of our inspection there were 23 people living at Greystones. The communal areas of the service were on the ground floor of a large Victorian house. This included living and dining areas, a conservatory and outdoor space, as well as kitchens and offices. Bedrooms were on the ground and first floors. An elevator and stair lifts allowed people to access these freely.

At our last inspection we rated the service 'Good'. At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated 'Good'

People's medicines were administered as prescribed and managed safely by suitably trained staff. However, recording the application of creams and ointments was inconsistent. This was discussed with the deputy manager and immediate action taken.

People told us that they felt safe living at Greystones. Staff received training and support and knew how to keep people safe. Systems and processes were in place to help keep people safe.

Effective recruitment procedures were followed to ensure prospective staff were suitable to work in this service. Sufficient staff were employed, and they received training in a range of subjects to make sure people received safe and effective care.

People's feedback about the service they received was positive. Relatives were also complimentary about the service.

There were robust systems in place to ensure that the quality of the service was monitored, and that improvements were made where necessary.

Policies, procedures and checks were in place to manage health and safety. This included the reporting of incidents and accidents, as well as regular equipment checks and maintenance.

Staff contacted healthcare professionals promptly when there were concerns about a person's health, and routine checks and monitoring were arranged as necessary.

People had access to a complaints procedure and they were confident any concerns would be acted upon.

Further information is in the detailed findings below.

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 remained Good

Is the service effective?

Good ●

The service remained Good

Is the service caring?

Good ●

The service remained Good

Is the service responsive?

Good ●

The service remained Good

Is the service well-led?

Good ●

The service remained Good

Greystones

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, and was carried out on 04 October 2018. The inspection was unannounced, and was carried out by one adult social care inspector and one 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 service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that the provider completes to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications we received from the service and reviewed other information CQC had to help inform us about the level of risk for the service. We reviewed all this information to help us make a judgement about the service.

During the inspection we spoke with 10 people living at the service and four family members or friends. We spoke with six members of staff, as well as the registered manager, deputy manager and nominated individual. We spoke with three health professionals who visited the service on the day of our inspection.

We looked at four care records and four staff files. We also looked at a range of records and documents such as meeting minutes, policies, audits and environmental reports. During the inspection we used an observation tool called the Short Observational Framework for Inspection (SOFI). This tool gave us a way of observing and recording care and interactions to help us understand the experience of a wider range of people.

Is the service safe?

Our findings

People continued to receive a safe service. One person said, "You can't help but feel safe, they treat us so well." A relative added, "Yes, she is very safe. I have no concerns."

The provider had policies and procedures in place for safeguarding vulnerable adults. Staff received training about safeguarding vulnerable adults and were clear about what they would do if they had any concerns. One member of staff said, "I would definitely say something if I was worried. I'd tell the manager. Definitely. If I didn't get a result, I'd take it to another manager and keep on going."

People received their medicines safely. Detailed information was available for staff about how people preferred to take their medicines. For example, "I like to take my medication from a medicine pot with elderflower juice or water." Medicines were stored and administered safely and records were clear. However, there were gaps in records relating to the application of people's creams and ointments. Staff consistently recorded information about the application of creams in the daily record, but did not always update the topical medicines administration record. We discussed this with the deputy manager, who took immediate action to address this during the inspection. Medication audits were carried out every month, and an external pharmacy audit was completed annually. These identified any actions needed to ensure the service continued to manage medicines safely.

People had risk assessments which were up to date. Risks assessed included manual handling, medication, personal care and skin integrity. There were specific risk assessments relating to people's health needs, for example diabetes. We found that some information in risk assessments was not personalised. The risk assessments for different people contained the same information. The nominated individual and registered manager already had a plan in place to review and personalise all risk assessments.

People continued to be supported by adequate staffing levels to meet their individual needs. Staff told us that there were sufficient staff on each shift, and they had enough time to spend with people. One staff member said, "We have got enough staff, although it would be nice to be able to stand and chat with people a bit more." Agency staff were seldom used at the service. This meant that there was consistency and continuity for people.

The service followed appropriate recruitment processes before new staff began their employment. Pre-employment and other checks were in place to confirm that staff were suitable to work with vulnerable people. The nominated individual and registered manager were in the process of updating staff files. This meant that some staff files we looked at were incomplete, although all the information was available within the building.

We reviewed records which showed that regular checks of the environment and equipment were carried out. This ensured equipment was well serviced, monitored and repaired to keep people were safe. Systems were in place to keep people safe in the event of an emergency. For example, in the event of a fire each person had an emergency evacuation plan (PEEP) that told staff how to support people if they had to be evacuated

from the home.

Incident and accident records included a description of what had happened, any injuries and immediate actions taken. An analysis of falls was regularly carried out by the registered manager to identify any themes or further actions necessary, for example specialist referral or environmental changes.

Is the service effective?

Our findings

People continued to receive effective care. We saw people being able to make day-to-day decisions, for example about food or where they wanted to go in the service. People had indicated their consent to care and treatment by signing their care records where possible. Relatives told us that they were involved in their family member's care. One relative said, "We are involved in the care plan and the reviews and are asked to contribute to it as relatives."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (2005). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS) and capacity assessments. DoLS applications were available for review.

Staff supported people to eat and drink enough and maintain a balanced diet. We saw assessments of the risks of malnutrition and dehydration, weight monitoring, as well as documented preferences and specialist support needs.

People told us that they liked the food provided by the service, and said that the quality of ingredients was high. Staff told us that around half of the ingredients used were fresh and from local suppliers, and that all meals were cooked freshly on site. One person said, "The meat is delicious, so lean and very tender," and another added, "I really enjoy the food, it is what I might choose."

During the inspection we observed people regularly being supported to have drinks. Cold drinks were available at all times in the lounge area, although these were difficult for some people to reach independently. When hot drinks were provided in the lounge, people's walking frames were removed from the room to make space for tables. We highlighted to the registered manager that removing walking aids increased risks and reduced independence for some people. The registered manager planned to review this practice.

Information about people's physical, mental health and social needs were described in their care records. There was guidance for staff on the action that should be taken to safely manage people's health conditions. We saw that the service liaised and worked closely with health and social care professionals.

Staff told us that they received supervision. Supervision is where staff meet one to one with a manager. Areas such as training, workload, any concerns and achievements were discussed. One staff member said, "I get enough support. You just need to say if you need more."

People continued to be supported by staff who had received training to ensure they had the skills to provide effective care. Staff completed an induction programme and local orientation when they started working at the service. Essential training included fire, health and safety and safeguarding. We reviewed training records which showed that the majority of staff were up to date with training requirements. Staff told us that

they enjoyed the training they received. One staff member said, "The training is useful, really high quality. The trainer's great."

Is the service caring?

Our findings

People continued to be supported by staff that were kind and caring. People talked positively about the support that staff gave them, and one relative told us, "It's a very happy place to be, staff can't do enough, and I was made so welcome when we arrived. We're part of the family." Another relative added, "She has settled in so well – the staff and residents are so helpful and accommodating." One person said, "The staff are wonderful here, they look after us as if we were family."

People living at the service were relaxed and happy in the care of staff. One person told us, "The staff are very good at looking after us, but we watch out for each other too!" A member of staff said, "I get so much satisfaction from really caring for the residents. Doing everything properly, then you see how happy they are."

Staff knew the people that they were caring for well and they understood people's preferences and needs. Each person had a keyworker who worked closely with them. At Christmas keyworkers were given a budget to buy each resident a gift. Staff told us that they enjoyed finding, "The perfect Christmas gift" for people. Staff knew about people's hobbies and professional backgrounds, and described ways in which they encouraged individuals to pursue and share their skills and interests. This meant that people received appropriate care to help them maintain their independence and retain existing skills.

People chose where they wished to spend their time, for example in their room or in communal areas. One person told us, "I like sitting here quietly reading with all my things around me", and another said, "I like to sit in here and listen to Radio Four. It's much quieter in here and I can listen better."

People's privacy was respected, and staff told us that they maintained people's dignity at all times. Staff described ways in which they took care when supporting people with personal care, such as closing curtains and covering people when washing or bathing. We saw staff knocking on people's bedroom doors before entering, and they supported people with care and concern.

Personal information was recorded in people's care files, and staff told us that they could access these at any time. Information continued to be kept securely in line with the General Data Protection Regulations, and staff understood the principles of protecting people's confidentiality.

The service had received compliments from people and their relatives. One card stated, "Thank you so much for looking after me so well," and another, "Thank you for the amazing way in which you care for Dad." Relatives told us that they were made to feel welcome and could visit the service at any time.

Is the service responsive?

Our findings

People continued to receive a responsive service. People who were able to had signed their care records to indicate their involvement and consent. Some relatives told us that they had been involved in reviews of care. Others said that they visited regularly were confident that staff kept them updated.

People's records contained information and details about how they liked to be supported. Personal needs and preferences were recorded. For example, mobility assessment stated, "[Name] has lower back pain when standing still. [Name] gets a lot of pain, so may need to sit down regularly." Another record stated, "I like to have a chat, but I need people to speak closely into my ear." This enabled staff to provide the right amount and type of support to individuals.

Support was flexible when people's needs changed. One relative told us, "[Name] can't walk as well now, but they will support [Name] as much as they need. They have physios coming in now regularly and this time she was doing stairs. That's a big improvement." Staff told us that they supported people so that their strengths, independence and quality of life were considered.

We observed a morning handover meeting taking place. Key information about people's medicines, routines and wellbeing were communicated to staff. This meant staff had up to date information to ensure they provided care which correctly met people's needs.

A programme of activities was available. Staff told us they provided a range of activities, and entertainers and volunteers visited the service. We saw information about activities including bingo, quizzes, bean bag games and skittles. One person told us, "It was Sing and Dance yesterday. It was so much fun....it was wonderful to see, but that's just once a month, sadly." People told us that they would like to have entertainers and organised day trips more often. We talked with staff about reviewing the times that activities were provided to involve more people.

People were able to go out independently or with friends and family. On the day of our inspection, we saw people going out to engage in activities in the community. Links had been established with a local church and representatives visited regularly. In these ways people could maintain relationships and interests in the wider community.

The service had received four complaints in the past 12 months. These had been investigated and changes made. For example, changes had been made to food suppliers and reviews of the amount of support people received. Relatives told us that they knew how to complain, and said that they would feel comfortable raising concerns with a staff member or a manager.

Resident's meetings were held every three months. We saw notes from recent meetings where topics such as environmental changes, wellbeing reminders and feedback about food had been discussed.

Personalised end of life plans were in place in the care records that we reviewed. These were brief, but

provided guidance that would help staff to support people and respect their wishes at the end of their life. Visiting health professionals told us that the provider had put responsive and considerate plans in place for people at the end of their lives, and had cared for them well, with support as needed.

Is the service well-led?

Our findings

A registered manager continued to be in post at the time of our inspection. 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.

People and their relatives knew the managers at the service, and told us they were happy to speak with them about a range of matters. One relative said, "We see the registered manager and deputy managers around and they are very approachable and listen to anything we may have a concern about." A staff member said, "They're always fair in the office. They listen. The managers are brilliant."

The registered manager and deputy manager on shift during our inspection were a visible presence throughout the day. They took responsibility for a range of tasks such as medicines administration, information updates and finance tasks, and also supported and spent time with people. A manager and senior member of staff were always present at the service. This supported staff to provide a quality service.

The staff that we spoke with told us that they enjoyed their roles and that they felt supported and valued. Several staff had worked at the service for many years. One staff member said, "I genuinely believe this is a lovely place. That's why I've stayed as long as I have, it's a really nice place to work." Staff remained positive in their approach and said they worked well as a team for the benefit of the people they cared for. One staff member said, "They treat you (staff) so well, so then you go out of your way to do your best for the residents."

Regular team meetings were held and matters such as health and safety, good practice and service expectations were discussed. Meeting minutes were circulated for those unable to attend.

Policies and procedures were available in the service. Some policies referred to best practice or professional guidelines. Staff could access policies, and updates or changes to practice were discussed in staff meetings. This meant that clear advice and guidance was available to staff.

Systems were in place to regularly monitor the quality of the service. This included checks and audits of health and safety, infection control, fire safety and medicines. Action plans were developed from completed checks and audits. Progress was monitored on a regular basis. This supported the service to learn and improve.

The registered manager continued to understand and meet the legal requirements relating to submitting notifications to Care Quality Commission. A notification provides information about important events which affect people or the service.