Mr Ian Bradley

Greystoke Manor

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Greystoke Manor provides personal care and accommodation for up to 37 older people. At the time of this inspection, there were 32 people living at the home.

A registered manager was not in post when we visited. They had left their post and, as at 24 March 2015, had voluntarily cancelled their registration. 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.

As the provider is registered as an individual they are not required to appoint a registered manager. They may choose to accept responsibility for the day to day management of the service themselves. The provider was present during the inspection and informed us they had chosen to do so. They had also appointed a trainee

Summary of findings

manager. They had been in post since July 2015 and intended to register with the Commission once they had obtained further qualifications. The trainee manager was also present during the inspection.

Everybody told us that they were happy with care they received. We heard staff speaking kindly and respectfully to people. Staff were able to explain how they developed positive caring relationships with people.

There was insufficient evidence in care records to demonstrate that, where people were identified as being at risk of pressure sores and dehydration, there had been appropriate interventions to reduce the risk.

In the main the practices for administering, storing and recording medicines was safe. However, additional information about the administration of some medicines was required to confirm they had been effective. **We have made a recommendation about how 'as required' medicines are managed and recorded.**

Staffing levels were sufficient to meet the needs of people accommodated. Staff received training and supervision to ensure they were able to provide good quality care that met people's needs.

People said that the food at the home was good. Where necessary, people were given help to eat their meal safely and with dignity.

A programme of activities had been provided for people to enjoy.

People told us the care they received was person centred and met their needs.

People accommodated had capacity to consent to their care. If people did not have the capacity to consent, the manager was aware of the arrangements that were required to ensure decisions would be made in their best interests.

A quality assurance system was in place to monitor how the service had been provided.

People and their relatives said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. They told us that the manager was approachable. Staff knew how to identify the signs of possible abuse, and knew how to report any allegations of bullying or abuse.

We have identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told this provider to take at the back of this report.

Summary of findings

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 not safe in all areas.

Risks to people had not been managed safely. Records did not demonstrate care plans had been followed for two people at risk of pressure sores and dehydration.

People's safety had been promoted because staff understood how to identify and report abuse.

Sufficient numbers of suitable staff had been provided to keep people safe and to meet their needs.

Requires improvement

Is the service effective?
The service was effective.

People's care needs were managed effectively. Care records included sufficient detail to ensure people's needs had been met.

People were supported to have sufficient to eat and drink.

People accommodated had capacity to consent to their care. The manager demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA) and how they should be used to protect people's human rights.

Good

Is the service caring?
The service was caring.

People were supported by kind and friendly staff who responded to their needs.

People's privacy and dignity had been promoted and respected.

Good

Is the service responsive?
The service was responsive.

People received care and support that was personalised and responsive to their individual needs.

They felt able to raise concerns and the registered manager responded to any issues people raised.

Good

Is the service well-led?
The service was well-led.

The culture of the service was open and friendly.

People and their relatives were routinely asked for their views of the service which had been used to make improvements.

Good

Summary of findings

A system for auditing the service was in place to monitor the quality of care provided and to improve the service where required.	

Greystoke Manor

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. The 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 inspection took place on 1 and 2 October and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed this and information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law. We used this information to decide which areas to focus on during our inspection.

During the inspection we spoke with eight people who lived at Greystoke Manor. We also spoke with five staff and the provider.

We looked at the care plans and associated records for five people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints. Records for two staff were reviewed, which included checks on newly appointed staff and staff supervision records.

The service was previously inspected on 25 October 2013 when the service was found to be compliant.

Requires improvement

Is the service safe?

Our findings

There was a system in place to identify risks and protect people from harm. Risk assessments identified where people required help. For example, they identified people who were at risk of pressure sores, falling and malnourishment. We looked at the care records for one person who was cared for in bed. They provided guidance for staff to follow to ensure identified risks had been reduced. They also included a repositioning chart, a record of food eaten and of fluids taken to monitor the person's care for any changes.

However, records had not been adequately maintained to confirm action taken was sufficient to reduce risks identified. For example, we were advised the person required repositioning every two hours to prevent injury to pressure areas. We looked at records kept of care provided between 9.30am on 30 September 2015 and 12.10 on 1 November 2015. They did not confirm that this had been done. In one instance there was a period of two and half hours before the person was turned, whilst in another the period rose to nearly three and a half hours. During the night there was also a period of nearly seven hours where the person had not been turned. This meant it was not clear if staff had followed the directions set out in care plans for the prevention of pressure areas which may have left the person at risk of skin breakdown. A fluid intake and output chart had also been drawn up for the same person. This was because they were at risk of dehydration. Whilst the chart recorded how much fluid the person had taken, there was no record of fluid output. This meant that it was not clear if the person had been given adequate fluids to prevent the risk of dehydration.

The provider had not maintained an accurate and complete record in respect of service users' care and treatment to ensure they were delivering care to meet people needs. This is in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt safe. One person said, "Oh yes, very! There's always a member of staff around. When asked if they had ever felt abused or frightened they also told us, "Oh, God no! It seems unthinkable for that to happen." Another person commented they felt safe because of, "…the kindness of the home." A third person confirmed that nothing of an abusive nature has happened to themselves or, as far as they were aware, to anybody else. "On the contrary," they told us. "Everybody has been so very kind!"

People's safety had been promoted because staff understood how to identify and report abuse. Staff were aware of their responsibilities in relation to keeping people safe. They were able to tell us the different types of abuse that people might be at risk of and the signs that might indicate potential abuse. Staff also explained they were expected to report any concerns to the manager or a senior member of staff. This was in line with local safeguarding procedures. Records showed that staff had received training to ensure they understood what was expected of them.

People confirmed there were enough staff on duty. One person explained, "I am never left here waiting for too long before somebody comes along. If they are busy, they will tell me how long they will be – it's usually five minutes." Another person commented, "Staff come along straight away to help me." The staff on duty also confirmed that staffing levels were sufficient to ensure people's needs had been met safely.

We were informed that between 8am and 2pm each day, there were five care assistants on duty. Between 2pm and 8pm there were four care assistants and between 8pm and 8am there were two care assistants who were awake and on duty. The night staff were supported by a senior member of staff who could be contacted by telephone. We were provided with copies of staff rotas covering two weeks from 7 to 13 September 2015 and from 21 to 27 September. They confirmed these staffing levels had been maintained throughout these periods. We observed that, on the day we visited, the staffing levels described were sufficient to respond to and meet people's needs. We were also provided with copy of a tool which calculated the dependency levels of each person. The manager confirmed this had been used to determine how many staff were required to meet people's needs safely.

There were effective staff recruitment and selection processes in place. We were informed that applicants were expected to complete and return an application form and to attend an interview. In addition, appropriate checks and references were sought to ensure any potential candidate

Requires improvement

Is the service safe?

was fit to work with people at risk. We looked at the recruitment records of two staff which demonstrated the recruitment process was robust and promoted safe recruitment decisions.

People confirmed they were happy with the way medicines were administered. One person told us, "I can just go to the office if I need anything like extra medication."

Staff supported people to take their medicines safely. Staff informed us they were expected to check that the medicines to be administered were in accordance with the prescribing directions recorded on the Medication Administration Records (MAR). They also informed us they would observe that the person had taken their medicine before recording this. If the person did not wish to take their medicine, this would be appropriately recorded in line with the provider's own written procedures. MAR sheets were up to date, with no gaps or errors, which evidenced that people received their medicines as prescribed. Staff also informed us they had completed training in the safe administration of medicines. Training records we looked confirmed this.

Storage arrangements for medicines were secure and were in accordance with appropriate guidelines. Some prescription medicines are controlled under the Misuse of Drugs Act 1971 and must be administered and stored in a particular way. These medicines are called controlled drugs or medicines. The provider informed us they had sought advice from the manufacturer and from the dispensing chemist to ensure they had appropriate and safe storage arrangements for these medicines.

People were prescribed when required (PRN) medicines, mainly for pain management. Although the administration of when required medicines had been recorded, staff had not routinely recorded information with regard to the reason why medicines had been given nor whether they had been effective. This information is important to ensure agreed measures to manage pain were effective and to ensure that PRN meds are used appropriately.

We recommend that the provider reviews this in light of best practice guidance.

Good

Is the service effective?

Our findings

People told us the care they received was effective and met their needs. They had been consulted about their requirements and had given their consent. One person told us, “My needs have been met as the staff have the right skills. They are kind, caring and polite.” Another person said, “The staff have met my needs in every way.”

Care staff were knowledgeable about the individual needs and wishes of people. They informed us of the training they had received to provide good quality care. This included fire safety, food hygiene, health and safety procedures and the safe administration of medicines. One member of staff informed us they had also been awarded the National Vocational Qualification (NQV) in Health and Social Care. Training records we looked at confirmed what we had been told. In addition, they also confirmed staff had received training in safe moving and handling, the Mental Capacity Act (2005) and the principles of providing good quality personal care.

The manager informed us, where people lacked capacity to make decisions the manager and the care staff would be guided by the principles of the MCA to ensure any decisions were made in their best interests. We were also informed no formal capacity assessments had been carried out as there was no reason to believe people accommodated did not have capacity to make decisions for themselves. Staff we spoke with demonstrated they understood the principles of the MCA and how it would affect their work when providing care to people.

Staff served hot and cold drinks to people at set times throughout the day. In between these times we also observed staff providing drinks to people who wanted them. In addition, jugs of fluids were provided in each person’s bedroom so they could have a cold drink if they wanted.

We also observed people going into lunch. People were chatting to each other about what the menu was to be for the day. Staff asked people how they were whilst they entered the dining room. The menu for the day was on display as they entered. The main meal consisted of sweet and sour chicken with rice followed by a choice of lemon Bakewell tart, semolina, Eton Mess, or fruit. A selection of alternative meals including omelettes, baked potatoes, or sandwiches was available to those who did not want the main meal.

People were observed enjoying their meal. People also told us the food was good. One person said, “The food is very nice. I have to have it mashed up but, it still always tastes nice.” There was much chatting between people over the meal. Four staff were present in the dining at the start of the meal. Everybody was served within 15 minutes to ensure the food was served whilst it was still hot. When some staff went to serve meals to people in their rooms, one member of staff remained to assist people who needed this. When the member of staff spoke with a person, they knelt down so that they could listen to what was said and also to have eye contact with the person who was speaking. We visited four people who had remained in their bedrooms for the meal. Two people were cared for in bed, two people were not feeling well. They were all served the hot meal and assisted where necessary to eat as much as they needed. Fluids were also available in each of their bedrooms. Staff encouraged people to ensure they had enough to eat and drink .

People confirmed they had been well supported to maintain good health by having regular access to health care services. One person explained, “‘(Member of staff) has taken me for appointments. They were very helpful and kind. Now I can drive again I can take myself.” The manager or the care staff would contact the GP on their behalf if they need an appointment. A GP visited one person who had been unwell on the day of our inspection to ensure any appropriate treatments were implemented.

Good

Is the service caring?

Our findings

People gave us very positive feedback regarding the caring nature of the staff. One person told us, "They are very caring. I get help at mealtimes even though it is minimal. Another person told us, "They definitely do care here. It is very rare I call for help in the night. I did recently and they came straight away." A third person advised us, "The care is of good quality. When I couldn't bath myself the staff supported me. They didn't rush me." People also confirmed they were able to express their views about the care and also to be involved in making decisions about the care they have required. One person confirmed, "I have received the care I need. I have been able to discuss what I want with the staff. I have agreed that I need help with dressing and more personal needs. When I have been unwell I have needed more help. I have been able to discuss this with the staff so that I got the support I needed." Another person confirmed, "I feel able to discuss my care needs with the staff."

The atmosphere in the home was warm and friendly. We visited communal areas, including the dining room, the television room, the lounge and the conservatory. We also visited a number of people's bedrooms. The premises were very clean, and had been well maintained, decorated and furnished to a very good standard. People had been able to bring their own furnishings and possessions to personalise their rooms.

We observed very positive and warm relationships were developed between people and the staff. The manager told us, "We expect the staff to provide person centred care. We have provided training to make sure they understand what they are expected to do. Each resident is allocated a key worker to see to their needs. The key worker is dedicated to develop a relationship with the resident so that resident can confide in them and talk about how their care should be provided." A member of staff said, "When someone is admitted a member of staff is allocated to them to find out about them. For example, find out about their likes and dislikes and their preferred daily routines. When we talk to residents we don't talk down to them, we talk clearly. We are expected to develop a good relationship with them in order to help them and to give them confidence." The manager also advised us that a senior member of staff routinely visited every person each morning to discuss their needs and to make sure they were well.

People told us their privacy and dignity had been respected. One person said, "Staff always knock on my door before entering. They always bring visitors to see me in my room. When I need help with a bath staff ensured my privacy and dignity was maintained." A member of staff told us that they were expected to, "Shut the bedroom or bathroom door when helping someone to undress. I would use a towel to cover someone's top half when I am washing them. This means they are not completely uncovered. We are expected to talk about how we meet residents' needs in confidence. We are also expected to be polite and respectful when we are talking with residents."

From our observations we found all staff were polite and respectful. Staff knocked on people's doors and waited to be invited in. Doors were kept shut when personal care was being provided.

We visited one room on the ground floor which had been used as a staff room and also by visiting hairdresser to wash and cut people's hair. We found that a white board, fitted to the wall, had been used to record personal information about identified people. For example, people's bath days and support they needed to use the toilet had been recorded here. We asked the provider about this as this practice did not promote people's privacy and dignity. This was because the hairdresser and other people who used the room could read this information. The provider informed us the white board had been fitted a few weeks ago and they had not realised that the staff had used it to record such information. The board was taken down immediately and the provider informed us they would look into why this had happened.

Good

Is the service responsive?

Our findings

People told us they were very happy with the care and support provided. They told us staff ensured the care and support delivered had been personalised and was responsive to their needs. One person explained, "The care does meet my needs. They respond to what individuals like to eat. You are actually asked what you like!" Another person advised us, "It (the care) is individual to what I need."

A third person stated, "Yes, the care is definitely centred around me!" They also told us, "We have had one residents' meeting since I have been here. Notices were put up to let us know when it would be. The food was talked about by some people. We also talked about the Care Quality Commission (CQC). The manager explained this to all the residents." Minutes of the meeting we looked at confirmed this took place on 25 August 2015. The manager used the meeting to explain CQC's new inspection criteria and standards to people and what they should expect from the service. The meeting also advised people that people's preferences or choices regarding bathing, showering and food would continue to be implemented.

The manager informed us how they ensured care had been personalised and responsive to people's needs. "There is communication with residents at different levels. This includes the manager, senior staff and the person's keyworker. There has been training for staff in understanding how to deliver person centred care. We provide staff with supervision every four to six weeks and an appraisal annually. This includes discussing with them how they are delivering care, discussing any mistakes with them, and then providing further training or disciplining them." Supervision records provided documentary evidence of this. Staff we spoke with confirmed they knew what was expected of them and felt well supported by the manager to provide this person-centred approach.

A computer based system had been set up to manage people's care records. Care records included an assessment of people's needs prior to admission, contact details such as their family and their GP and details of any condition the person may have such as Parkinsonism. They also included care plans which provided guidance for staff with regard to how people's identified needs should be met, taking into account specific preferences and wishes. For example, assessments included bathing, eating, continence, pressure areas, medicines, hearing, sight, mobility. Care plans had been reviewed and updated at one or two month intervals to ensure they were still appropriate. The provider confirmed that each individual person would be consulted at this time to ensure the care delivered met with their wishes and preferences.

Staff on duty were able to access the system at different work stations around the home in order to enter details of the care they had provided. The system required access by password to ensure confidentiality of information. A member of staff we spoke with confirmed they had appropriate training and found the system was readily usable and effective. We were advised that daily information about each person's care needs was discussed at the hand over period at the beginning of each shift. This meant that staff on duty were fully informed of the current needs of people and any changes that had taken place.

The manager confirmed that, at the time of our inspection, two people required a high level of care. This included help with mobilising, help with washing, help with dressing and help with their personal requirements. The needs of the other people were minimal. However, if someone became ill with, for example, a chest infection, their needs would increase. Two further people were identified as requiring additional help due to illness. Staff we spoke with demonstrated they had a good understanding of people's individual needs and how they should be met.

There was a programme of activities each week for people to enjoy. Activities available to people in the home during the week of our visit included a keep fit session, card games, adult art colouring, discussions about the day's news, and a quiz. During our inspection we observed four people involved in a discussion about a newspaper story that had been read out by a member of staff. There were also trips to a local tearoom and to a local garden centre. We also saw people getting ready to go out to the garden centre. There was a buzz of interest and excitement as people were clearly looking forward to the outing. People's views and ideas about the activities were taken into account through residents/relatives meetings that were held.

People we spoke with confirmed they knew who to speak to if they had concerns. One person said, "I am quite quiet, but I have noticed others are listened to." They also confirmed they felt able to speak to the manager or the provider if they needed to. Another person told us how the

Good

Is the service responsive?

provider helped them to move in to Greystoke Manor. They also confirmed they felt listened to by the manager and the staff. A third person said, "They (the manager and the provider) are very approachable. I have asked for things like skimmed milk and I got it. I also asked if I could stay longer and they said 'Yes'!"

The manager informed us that the home had a comments/ complaints box where people were free to post their views. They said, "We have an open door policy where people can speak with me, the provider or a senior member of staff when they wish." We observed one person did visit the office to spoke to someone during our inspection. They were made welcome; the senior member of staff made sure they had time and felt assured they would be listened to. The manager also confirmed that there was a formal written complaint procedure which was available to people in a document entitled, 'An A to Z of Your Home.' The manager confirmed the process would be to acknowledge the complaint, investigate, take appropriate action, and then reply to the complainant with the outcome of the investigation and details of any actions that would be taken to resolve the complaint. The manager also advised no complaints had been received since our last inspection.

Good

Is the service well-led?

Our findings

People knew who the manager was and spoke with warmth about them. One person told us, "The culture here is a caring one, as the staff do not have a 'couldn't care less' attitude. Those that need more care also get treated with respect." People found that Greystoke Manor was well managed and well led. We were given an example of how, after completing training, staff had implemented something new to improve the service provided. They told us, "Compared to other experiences I've had in care homes, this is the best I've had! This service is unique." Another person told us, "For people like me, it is a 'home from home'. The manager is always about. There is no comparison to here and other places I have looked at."

Staff also said they felt well led and supported in their work. A member of staff explained, "We have appraisals every year with the manager or a senior member of staff. We also have team meetings where we can talk about our work and we can make suggestions to improve the service. We can always make comments to improve the service and we are listened to." They also commented, "The management is good. The changes that have been implemented have been welcomed – they needed to be done."

The manager explained to us the changes that occurred in the management of the service since we last inspected. Following the departure of the previous manager, the provider had taken over the day to day management of the service. They appointed a trainee manager who will become the next registered manager once they have been trained. In the meantime, the trainee manager had assumed some management responsibilities including the setting up of computer based care records and staff training programmes. They had also appointed a deputy manager, who had responsibility for overseeing the care provision.

Feedback from people about the service had been sought through satisfaction surveys. Documents we reviewed indicated that the last survey took place in July 2015. The responses had been analysed and where there were comments which indicated a shortfall in the service provided, the provider had taken action to address them. For example one person had commented, "I would like more information about activities and trips out." The action taken was providing, "…more posters detailing upcoming events, also to be mentioned at meetings." We saw posters that detailed the weekly programme of events on display in communal areas including the front hallway and the television lounge. Another person had commented, "My bedroom needs 'hoovering' more often." The action taken stated, "More housekeeping staff have been recruited and a new cleaning schedule is in place." We found a high standard of cleanliness had been maintained in the areas of the premises we saw.

The manager also provided us with documentary evidence that demonstrated how the service had been monitored. We were provided with a copy of an action plan that covered a period from February to June 2015. Areas for improvement that were found included communication, the safety and use of the environment. Actions that had been taken to address them included improvements to the storage of medicines, an update of all policies and procedures, improvements to the keeping, maintaining and storage of information related to people, improvements to staff recruitment, induction and training, and the recruitment of a trainee manager. Therefore, where shortfalls had been identified, there was a clear plan of action for improving this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The registered person had not maintained an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user. Regulation 17 (2) (c).