

Mrs Colette Louise Thomas & Mr Michael Shaun
Thomas

Gregory House II

Inspection report

391-393
Mansfield Road
Nottingham
NG5 2DG

Tel: 01158412713

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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

About the service

Gregory House II is a Residential Home which can accommodate 12 people with mental health needs in two adapted buildings. Accommodation is provided on three floors. At the time of the inspection eleven people were living at the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People told us they felt safe living at Gregory House II. People were protected from abuse and harm by staff who had received training in safeguarding and knew how to recognise and report abuse. Risks associated with people's care had been assessed and were regularly updated. Environmental safety checks were in place to ensure people and staff were safe from harm.

Staff received training in how to prevent the spread of infection. People's nutritional needs were met, and people were involved in the choice of menu.

People were supported by sufficient numbers of staff who were skilled and knowledgeable, and people told us staff were kind and caring to them. People told us their privacy was maintained and their possessions were safe. Staff were recruited safely.

People's medicines were stored and managed safely. Staff worked with other healthcare professionals to support people's mental, physical and emotional needs.

People's opinions of the service were gathered via meetings and surveys. People were treated with dignity and respect.

People were involved in planning their care and support and had access to advocacy services.

People's end of life wishes had been explored and staff knew people well.

The service was well-led, and the registered manager understood their regulatory requirements and there were systems in place to regularly monitor the service. Incidents and accidents were recorded, and the service learnt lessons by analysing these incidents.

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. People were supported to regain their independence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection

This service was registered with us on 28/01/2019 and this is the first inspection. The last rating for this service was Good (published 12 July 2016). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

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.

Gregory House II

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 one inspector.

Service and service type

Gregory House II 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 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch, this is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spent time with people who used the service talking with them and observing their support; this helped us understand their experience of using the service. We observed how staff interacted with people.

We spoke with six people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager, care manager, and two care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including accidents and incidents, audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt very safe living at Gregory House II. One person said, "I have a safe in my room and can lock my room, all my possessions are safe." Peoples rooms contained information about abuse and how to contact the local safeguarding team.
- Staff received safeguarding training and understood how to protect people from the risk of abuse and how to report concerns.
- The management team understood their responsibilities and reported concerns to the local safeguarding team to protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- People's risks had been assessed. There was information in people's care plans on how to support people from risk associated with mobility, skin integrity, and nutrition.
- People had behavioural risk assessments with information on how to identify triggers to behaviour and how staff should respond to calm the person.
- People were supported to take positive risk, for example when leaving the property, with guidance on how to stay safe and when to return. For example, people were encouraged to return home before it was dark or use a bus or taxi to return, and to use the traffic lights when crossing the road.
- All people living at the service were mobile and independent, however, if people were not they had personal evacuation plans in place to assist them from the building in an emergency.
- The building was well maintained and there were environmental health and safety and maintenance checks in place to ensure the building was safe for people to live in.

Staffing and recruitment

- The service had sufficient staff to meet people's needs. Staff told us there were enough staff during the day and at night and had time to sit and chat to people. One person told us, "There are always staff around if anyone needs help or some advice."
- The registered manager told us, we never use agency staff, we have enough staff on flexible hours to cover for sickness if necessary."
- Appropriate pre-employment checks had been carried out on new members of staff to ensure they were suitable to work at the service

Using medicines safely

- Staff administered medicines safely. Staff received training in medicines and their competency was checked yearly. There were policies and procedures in place to support staff.

- People told us they always received their medicines when they needed them. One person told us they were moving out soon, so staff were building up their independence. Staff told us, at the moment they are taking their medicines them-self, on a daily basis which they would increase to weekly as the person was able.
- There were medicines audits in place to identify and learn from errors.

Preventing and controlling infection

- Staff had training in preventing and controlling the spread of infection and understood their role in how to protect people.
- The service was clean. There was no dedicated cleaner, and staff performed daily cleaning tasks and deep cleaning according to cleaning rotas.
- We saw staff wearing gloves and aprons, appropriately when preparing food, cleaning and administering medicines.
- The registered manager told us they had recently refurbished the laundry room and had upgraded the equipment to meet infection control requirements.
- Staff received training in food hygiene to ensure food was prepared safely. The service had received a food hygiene rating of 5 which is the highest score.

Learning lessons when things go wrong

- Staff knew how to report incidents and accidents and staff told us the management team analysed all incidents that happened which were discussed at team supervision meetings to learn lessons and prevent re-occurrence.
- For example, staff had reported that a number of people who smoked were at risk of burning their skin. The registered manager had purchased cigarette holders to avoid this happening.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed when they joined the service and recorded in a care plan.
- People were involved in deciding what care and support they required, and families were involved. We saw care plans were reviewed on a monthly basis and updated.
- Staff provided support in line with national guidance and used recognised tools to assess people. For example, the Malnutrition Universal Scoring Tool for nutritional needs and Waterlow tool for pressure area care.
- However, there was no oral hygiene assessments in people's care plans. We discussed this with the registered manager who said they were aware of the National Institute of Clinical Excellence recommendations and would implement the assessment tool immediately.

Staff support: induction, training, skills and experience

- Staff received an induction period when they completed training and spent time with the registered manager and shadowing the care manager.
- Staff told us training was very good. One staff member said, "We often do the training as a group, so we can discuss it together, rather than doing it on our own, I think we learn more that way."
- People told us staff knew what they were doing and were helpful if they had concerns about their health.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us the food was very good, one person said, "It is fantastic, cooked fresh and lots of choice."
- There was a daily menu board up and people's dietary requirements were recorded. Staff could tell us about people's dietary needs on health and religious grounds. People had the opportunity to choose what food they wanted to put on the menu.
- If staff had concerns about people's nutrition, their weight was monitored weekly and people were referred onto other healthcare professionals for advice.

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

- The service worked with local GPs, practice nurses, social workers and other health care professionals to ensure people received timely care. The service had built up a good relationship with the local GP surgery and staff visited to perform well person checks on people.
- The service provided people with toothbrushes and toothpaste and arranged dentist appointments. One person told us, "I see a dentist and a chiroprapist comes to the home regularly."

- Another person told us, the registered manager took me to get my new glasses and this afternoon they are taking me to the hospital for a check-up."
- People had communication records in their care plans from other healthcare professionals to ensure staff kept up to date with any changes in people's healthcare needs.
- In the event of an emergency, people had 'hospital passports' which contained all the relevant information for an unplanned admission to hospital. People had 'Herbert protocols' in place. These are information about people for emergency services, in the event they did not return home.

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

- The service comprised of two houses adapted and joined together to meet people's needs. Most rooms had en-suite facilities. There was a stair lift in place if anyone had mobility issues.
- There was a large downstairs lounge and dining room. There had been recent changes and another room changed to a new quiet lounge, which doubled up as a cinema room or a games room. There was a small garden to the rear of the building where people could sit out, and enclosed shelter with heating for people who wanted to access the garden all year round. This meant people had different areas of the home they could access.
- The registered manager had adapted a downstairs room into a small apartment. This facility had its own kitchen and bathroom and was designed to build up people's independence, with a view to leaving the service.

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 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).

- There was no one living at the home under a DoLS. Staff told us how they used the MCA to assess people's capacity. Staff told us how they tried to support people but understood that at times people may make unwise choices, for example smoking, or refusing to see a dentist.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People told us they were very happy living at the service. A relative told us, "I am happy [Name] is safe at Gregory house, they are happy and in the best place. Staff are kind and caring and it is well run."
- We saw a thank you letter from a person who had previously lived at the service, commenting on how they had been treated just like family. Staff told us they always invited people back to visit when they left. And told us, "We still have a relative popping in to see us years later."
- People were allocated a key worker whose role was to build up a trusting relationship with that person. One member of staff told us, "It can take a while to get to know people and it can take time for people to get to know and trust us, but we get there, when they are ready."
- Staff told us about one person who liked to sit in the lounge to eat rather than the dining room. "They prefer to sit alone but don't want to eat in their room, so we bought a fold up table, so they can sit in comfort, sometimes we put a screen up if they want us to." This meant they could eat in private as they wished.
- Staff discussed people's diverse needs from religious food preferences to cultural differences in what personal care people required.

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

- People's views were explored by staff and they were involved in decisions about their care and support plans.
- The support plans were personalised, and people had listed their specific preferences. For example, what time they preferred to get up and go to bed. What personal care they wanted, and what type of carer they preferred. People then signed that they agreed with the plan.
- People were asked their opinion on the service on a regular basis through informal chats with the registered manager and formal surveys.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted. People were supported to clean and tidy their rooms, do their laundry and help around the house and garden with cleaning tasks. We saw people helping in the kitchen, setting tables and sweeping the floor after lunch. People were able to prepare meals and help themselves to food and drinks.
- One person told us, "Staff helped me to get a bus pass so now I can get out and about. When I arrived here I did not want to go out alone, so staff came out with me, now I feel much better and am building up the time I go out alone."
- Another person told us, "I have a key to my room and a key to the front door, so I can come and go as I

please."

- Staff told us about one person they had recently supported to leave the service and move into supported living accommodation, and the positive impact this had on their life.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People's needs were pre-assessed before they arrived at Gregory House II to ensure the service could meet people's needs.
- People had information about their life history in their care plans, including pictures of where they previously lived or worked, their likes and dislikes. This information was then used by staff to make connections with people and to plan their activities.
- Staff told us they got to know people well and had time to sit and chat with them.

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.

- Staff used different methods to communicate with people. For example, alphabet charts and special books with images. Information was recorded in their care plans.

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

- People were supported to access the community and people told us about the trips out that had been arranged over the past year. We saw lots of photographs around the home of events that had occurred.
- Staff told us they spent time getting to know people's likes and hobbies, and there was an activity program for people who chose not to go on a regular basis.
- The registered manager said, "Although we ask people when they arrive, it sometimes takes a while to find out what people really like. For example, we discovered one person liked making model aeroplanes, a member of staff was keen to help, so they go out and buy them together and make them up. We are going to put up an extra shelf in their bedroom to display them all."
- The service supported people to keep in touch with friends and families.

Improving care quality in response to complaints or concerns

- People's rooms contained information about how to make complaints or how to raise a concern. One person told us, "I don't have any complaints, but if I did I would go to the care manager."
- We saw recent evidence of a recent complaint that had been made and how the service had followed this up with a staff meeting and extra training for staff to improve.

End of life care and support

- There was no one receiving end of life care at the time of the inspection.
- Staff had training in end of life care. People's wishes at the end of their life had been explored and discussed in detail.
- Staff told us they worked with other services when someone was nearing end of life to ensure they were supported emotionally as well as physically.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Staff and the registered manager were committed to providing high quality care and they shared the same values. Staff told us they were very happy working at the service because it was small and friendly with a family feeling.
- Staff told us how satisfying it was supporting people, particularly when they were able to move on from the service to more independent living.
- The registered manager had developed a 'skills for life' document they used to prepare people for life after Gregory House II, to ensure they were able to deal with issues such as their finances and nutrition.
- Staff told us the service had an open and honest culture. If there were any issues, they had group supervision sessions to discuss them. One member of staff said, "We all discuss incidents together, so we can learn from them, it is very open, if we need to change anything, the registered manager sorts it out straight away."

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

- Quality audits were performed to identify issues and address these. The registered manager was very visible and spent time with people and staff each day to monitor and gather feedback.
- We could see a recent investigation that had taken place and the actions that followed this. The registered manager told us, "If I have any staff disciplinarys or investigations, I ask the nominated individual to do them, to make the process as fair as possible."
- Staff understood their roles and told us they felt supported by the registered manager. The service had staff champions. We could see the health and safety champion performed a detailed assessment of the service each year which the registered manager actioned.
- The registered manager understood what they needed to report to us legally and submitted notifications of significant events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had regular meetings with people to discuss; the food; cleaning; the building; activities; outings; parties and any other issues.
- We saw surveys of people's views on a range of topics. The registered manager told us they had changed

one of the rooms due to feedback from people about what they wanted. "One person didn't like the chairs, so we have replaced them with sofas instead to make it more comfortable."

- The registered manager spent time chatting with people each day to ensure any problems were quickly identified and resolved.

Continuous learning and improving care

- The registered manager attended local 'care home manager meetings' and kept up to date with local and national changes.
- The service had close links with another care home to share best practice and keep up to date.
- Staff had support through regular supervision meetings to reflect on care in order to improve and learn

Working in partnership with others

- The service worked with a variety of other services such as GPs, social workers, and hospitals to ensure that people's care was coordinated.