

The Disabilities Trust

Gregory Court

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

About the service:

We conducted an unannounced inspection at Gregory Court on 14 and 15 October 2019. Gregory Court provides personal care and accommodation for up to 10 people living with physical disabilities. It is one of a number of homes run by the charity The Disabilities' Trust. The service is a predominantly a single storey building, and has 10 flats within it, each of which has an ensuite bathroom and a kitchen area. All of the flats, with the exception of one, are on the ground floor. On the day of our visit, seven people were living at the service.

People's experience of using this service:

Improvements had been made to how risks were assessed, managed and monitored. There was a positive approach to risk management and people were involved in discussions and decisions in how risks were planned for. Incidents and accidents were monitored and there was a system to investigate, learn and improve when incidents occurred. Further improvements were being made to the analysis of incidents for themes and patterns.

People told us they felt safe living at the service and they had access to information and opportunities to discuss any safeguarding concerns. Staff had received safeguarding training and were clear about their role and responsibilities in protecting people from harm.

People were supported by sufficient numbers of staff who were competent, skilled and knew people well. Staff levels were monitored and increased to support people with appointments and activities when required. Safe staff recruitment checks were completed when staff commenced their employment.

The management, administration and storage of medicines had improved, and people were receiving their prescribed medicines. Shortfalls were identified in the recording of hand-written entries on people's medicines administration records. However, the manager took immediate action to address this with staff to make improvements.

Best practice guidance in relation to infection prevention and control was followed and health and safety checks were completed on the environment and equipment.

Improvements had been made with staff training and support, this included additional training, and staff received regular opportunities to discuss their work training and development needs.

People received opportunities in developing the menu and their nutritional and hydration needs were met and independence was promoted. People were supported with their health care needs and accessed external healthcare professionals and services. Information was shared with external healthcare agencies to support people to receive consistent care.

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's care and support had been planned in partnership with them. People and their relatives felt consulted and listened to about how their care would be delivered.

People and their relatives felt that staff were kind and caring. People's privacy and dignity was respected, and their independence actively promoted.

People were supported with opportunities to pursue social activities, interests and hobbies and were active citizens of their local community. People were supported to identify and achieve personal goals. End of life wishes had been discussed with people. People had no complaints but knew how to raise any concerns and were encouraged to do so.

Staff had access to policies and procedures that reflected legislation and current best practice. Changes had been made to the management team who had worked hard to make improvements. The management team were enthusiastic and had a positive approach and drive to further develop the service. A new role within the organisation had been developed to lead on personalisation and this was starting to have a positive impact.

New and improved systems and processes were in place to continually monitor and improve the quality of the service. These were having a positive impact, but it was recognised these needed further time to fully embed and be sustained. People and staff were encouraged to be involved in developing the service.

Rating at last:

At the last inspection the service was rated Requires Improvement (published 11 October 2018) and there was one breach in regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

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

Why we inspected:

This was a planned inspection based on the rating of the last inspection.

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 safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

Gregory Court

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 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.

Inspection team:

The inspection was undertaken by one inspector.

Service and service type:

Gregory Court 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.

Since the last inspection, the registered manager had left the service. The service had had an interim manager and a new manager had been appointed. They were in the process of submitting their registered manager application. 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 comprehensive inspection was unannounced.

What we did:

Before our inspection, we reviewed information we held about the service. This included the last inspection report, information received from local health and social care organisations, and statutory notifications. A notification is information about important events, which the provider is required to send us by law, such as, allegations of abuse and serious injuries. We used the information the provider had shared in the Provider Information Return (PIR). This is information we require providers to send us to give key information about the service. We used all this information to help us to plan the inspection.

During our inspection, we spoke with six people who lived at the service, a visiting relative and a visiting health care professional. We spoke with the manager, personalisation manager, deputy manager, a team leader, two support workers, the cook and domestic. To help us assess how people's care needs were being met we reviewed all, or part of, three people's care records and other information, for example their risk assessments. We also looked at the medicines records of seven people, three staff recruitment files and a range of records relating to the running of the service. We carried out general observations of care and support and looked at the interactions between staff and people who used the service.

After our inspection visit, we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with another relative.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement at this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risks associated with people's care and support needs had been assessed with them and planned for. For example, a person who required to be repositioned to protect their skin from breaking down, had requested they were not repositioned during the night. This person was aware of the possible implications to their decision and staff respected their wishes. Relatives confirmed their family member was fully involved in decisions about their care and they were consulted where required.
- Risk assessments had been developed with another person regarding their lifestyle choices. This included the involvement of external agencies such as the fire and rescue service. Risk assessments were regularly reviewed with people to ensure they provided up to date information. Staff were knowledgeable about risks associated with people's needs.
- The internal and external environment met people's safety needs. There were ongoing checks of the environment, premises and equipment. This included risks associated with fire and legionella to ensure health and safety standards were being maintained and people were safe from harm.
- Action was taken to learn from incidents. Incidents were recorded electronically, allowing senior managers to review and have oversight of the frequency and type of incident and the action of staff. Improvements were being made to how incidents were analysed for themes and patterns. There was a positive approach to learn from incidents. Records confirmed of action the management team had taken to support staff to learn from incidents to reduce reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People told us they felt safe living at Gregory Court and how the staff team ensured their safety. A person said, "I feel safe now, the staff listen to me." A relative said, "I have piece of mind [name] is safe, I couldn't be happier."
- Staff knew how to recognise and protect people from the risk of abuse and avoidable harm. Staff had received safeguarding training and had access to the provider's policies and procedures.
- Safeguarding information was available for people and staff. A person confirmed safeguarding was regularly discussed during house and keyworker meetings, they were aware of their rights and felt confident

to report any safeguarding concerns.

Staffing and recruitment

- Staffing levels were flexible and dependent on people's support needs. People confirmed there were always staff available to support them. People wore a personal lifeline alarm and had a call bell in their flat to call for staff assistance. People confirmed staff responded to calls for assistance promptly.
- We were aware the management team had made changes to the staff team to improve staff competency, experience and skills. People and relatives were positive about the staff and described them as being knowledgeable and supportive. A person said, "The staff are much better now, the manager is good, I feel listened to." A relative said, "The staff are wonderful, they are patient and understand."
- Recruitment checks were completed before staff commenced, to ensure they were suitable to care for people. This included checks on criminal records, identity, work experience and references.

Using medicines safely

- People received their prescribed medicines safely. A person told us they received their medicines at the same time each day and were aware of what medicines they were prescribed. We observed a staff member administer a person's medicines and they did this following best practice guidance. People's medicines had been reviewed with the GP.
- Staff had guidance about people's preference of how they took their medicines, including information about any known allergies and medicines prescribed to be taken 'as required'. Staff told us they had completed training in medicines management and administration. They also had competency assessments completed to check they followed national best practice guidance.
- Medicines were ordered, stored and managed in accordance with national best practice guidance. A sample stock check was found to be correct. However, we saw that hand-written entries on medicine administration records were not consistently signed or did not have a second staff signatory. This is important when transcribing to ensure accuracy. The manager took immediate action to address this with staff.

Preventing and controlling infection

- People were protected from the risk of cross contamination and infection. Staff followed national best practice guidance in the prevention and control of infection.
- Staff had received infection and prevention training, they were seen to use disposable gloves and aprons and the environment was clean and free of malodour.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement . At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Improvements had been made to the training and support staff received. People were cared for by staff who had received an induction, training relevant to their care needs and ongoing support that reviewed their competency. People and relatives were positive staff understood their needs and were competent. A relative said, "[Name's] keyworker (a staff member with additional responsibility for a person) is excellent, they have really developed a good understanding, they are so on the ball."
- Staff were positive about the training and support they received. A staff member said, "Training is very varied, and includes more than just the mandatory such as stroke awareness, and we can ask for any additional training and it's provided." Another staff member told us they received regular opportunities to discuss their work and this was supportive and beneficial.
- Staff's training was monitored to ensure they received refresher training to keep their knowledge and awareness up to date. Records confirmed staff had received training as described to us and further training had been planned for 2019 in a variety of topics.

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

- People were involved in reviewing how their care and support was delivered. People told us how they discussed their needs, choices and preferences with staff on a monthly basis. We saw examples of meeting records that confirmed discussions with people. Some people had signed documents, to confirm their involvement and agreement in how they received their care.
- People's diverse needs had been assessed. This included any protected characteristics under the Equality Act 2010, to ensure people did not experience any form of discrimination.
- Recognised assessment tools were used to assess and monitor people's needs associated with skin care, weight management and oral healthcare. Policies also reflected current legislation and best practice guidance.

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

- People's nutritional and hydration needs were assessed and monitored. People told us they were involved in the development of the menu. A person who used the service acted as an advocate for others, and asked people on a weekly basis what their meal choices were, they then liaised with the cook.
- People's dietary preferences including any religious or cultural needs were assessed and planned for. We saw people frequently were offered drinks and where people could make drinks independently, they did so. The cook was seen to be attentive and responsive to people's needs. They offered people choices and asked people's preferences of how they wished their food to be presented and where they would like to eat.

- Where people had specific needs with eating, this was recorded, and staff were seen to follow this guidance in the support they provided to people. Independence was promoted, people used adapted crockery and cutlery to enable them to eat and drink independently. People's weight was monitored and referrals to a dietician had been made for guidance where concerns were identified with weight gain.

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

- People had an 'NHS Hospital Traffic Light Assessment' that was used in the event of an emergency admission to hospital. This shared information with others about the person's ongoing care needs and health information.
- People's health conditions and related care needs had been assessed and staff had detailed guidance of the support people required. This included guidance about how a particular health condition may impact on a person and the signs and symptoms of illness and the action required to respond to this. People's care records confirmed they accessed support from external healthcare professionals and attended health services such as opticians, podiatry and saw their GP.
- One person's support plan did not reflect an historic health condition that they may cause future illness. We discussed this with the manager who agreed to review this person's health support plan.
- The manager had made themselves aware of recent national best practice guidance in oral health care. They had a copy of this guidance and had started to assess people's oral healthcare needs. The manager said they would then develop oral health support plans with people. People were however, receiving support to access dental care. At the time of the inspection the provider had not developed an oral health care policy and procedure and staff had not received training. The manager told us they would discuss this with senior managers.

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

- The environment met people's individual needs. Ceiling track hoists were provided in people's flats which were spacious. Where required, people had specialist beds and mattresses and wheelchairs assessed for their individual needs. Doors opened electronically to support people's physical needs. Level access enabled people to easily and independently gain entry and leave the building.
- People told us they had been advised by the manager, they had an individual budget to decorate their flat. The manager confirmed this, and people were looking forward to choosing their colours. Plans had also started on the decoration of the communal area with the involvement of people.
- We raised some concerns how the communal area opened direct to the outside and the impact this could have on people, particularly in cold weather. The manager told us there were plans in place to address this, with the addition of an extension to protect people from the outside elements.

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).

We checked whether the service was working within the principles of the MCA and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of our inspection no person had an authorisation to restrict them of their freedom and liberty because this was not required.
- Where a person lacked mental capacity to consent to a specific decision about their care and support, a best interest decision had been made. An example of this was in relation to managing finances.
- Staff were knowledgeable about MCA and clearly demonstrated how they followed the MCA principles when required. A staff member said, "We assume people have capacity, and we respect people's decisions. These may be unwise but if they understand the consequences of their decisions that's fine. If a person lacks capacity though, a best interest has to be made and there is a multi-disciplinary approach to this."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 and relatives were positive and complimentary about the approach of staff in how they provided care and support. A person said, "The new staff are very funny, and helpful, I really like them, they treat me better than staff that have left. Staff know what's important to me. I like staff to talk to me at my level not stand above me and they respect this."
- A relative said, "[Name] is very happy with the staff, they told me recently, 'the staff are like a family to me now' That tells me they are really happy with the care here." Another relative described the staff as, "Kind, caring and wonderful."
- Staff told us they had attended training in equality and diversity and had recently had a staff meeting about the provider's values. Staff were clear about the standards of care expected of them. We saw staff treated people as equals, they respected people's choices and were attentive, kind and compassionate. An example of this was how a person became upset about a visit from an external healthcare professional. The staff member responded to their anxiety and initially spoke to them discreetly, and suggested they spoke to them privately which the person responded to positively.

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

- People were fully involved in their care and staff respected their wishes. People confirmed staff involved them in discussions and they made decisions in how they received their care and support. A person said, "We have meetings with our keyworker and talk about what support we want, what we want to do, I feel staff listen."
- One person told us how they had been involved in interviewing staff. The manager told us this was really positive, and the person had made a great impact. They were in discussions with the person about developing an advocacy role for them not only for their peers, but within the organisation.
- Independent advocacy information had been made available for people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. An example was given how a person had been supported with an advocate who had left the service to explore an alternative placement.

Respecting and promoting people's privacy, dignity and independence

- People received care and support from staff that respected their privacy and dignity. A person said, "Staff knock on my door, they don't just come in. I feel they listen to me and respect me." Relatives were equally positive about how staff treated their family member. A relative said, "The staff are always respectful towards [name], they get on well, they've developed good relationships, there's fun and laughter, but staff

are polite."

- Staff understood the importance of promoting independence, this included enabling people to make decisions about their care, experiencing new opportunities and developing, and maintaining friendships. A person told us how they were supported to attend a social club where they met with friends and another person told us how they had a friend that regularly visited them.
- People's support plans provided staff with guidance in promoting people's independence. The manager told us how they had worked with the staff team to remove barriers and restrictions and to support people to be more independent. An example of this was how a person accessed the kitchen to make themselves a drink independently.

Is the service responsive?

Our findings

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

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

- Personalisation was being promoted within the service. A new personalisation manager position had been created within the organisation. They had started to meet with people to explore and design how the service could become more person focused. Meeting records confirmed how people were being consulted in shaping what changes were required within the service. This showed the provider had a commitment in developing an open and inclusive service that was empowering for people.
- People's support plans had been developed and reviewed with them. Information was individual and specific to the person. This included preferences in how staff supported people with their daily morning and evening routines. How people spent their time and activities they wished to do.
- There was a positive approach to choice and control. For example, a person showed us their flat which they had helped decorate and furnish to reflect their individuality. Staff respected and supported people to continue with activities important to them. For one person this included pottery and another person had their own workshop.

Meeting people's communication needs

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

- People's sensory and communication needs had been assessed and planned for. Information was available in easy read and the manager told us they were exploring introducing electronic care records. They told us people had their own iPads and electronic records, would enable people to have easy access to information about their care.

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 had developed positive relationships with each other. We saw examples of positive peer engagement where people got on well and clearly enjoyed each other's company. An example of this was a person asking another person if they wanted a pottery lesson, they made arrangements when they would do this together. Some people had been supported to go on holiday together because they enjoyed each other's company.
- People were supported with their religious faith. A person told us they attended a place of religious worship each week and how friends from their religious community visited them.
- People were active citizens of their local community and lead active and fulfilling lives. People told us they

were supported to access social and community activities, including a vocational college course when they chose and to participate with any interest and hobbies. A person told us they liked to go swimming and they did this each week. Another person told us they went to the local library and community group that was important to them. A person said, "The staff ask me each day what I want to do, if I want to go out every day I can." A person showed us photographs of them and others, participating in wide variety of activities and day trips. People looked happy and relaxed, indicating they had fun.

- People were supported to identify and achieve personal goals. This was empowering and showed a person-centred approach to care. One person's goal was to save money to enjoy a holiday and they achieved this.

Improving care quality in response to complaints or concerns

- People had access to the provider's complaint procedure in an easy read format and there was a positive and responsive approach to complaints.
- People told us the manager had responded positively when they had raised any concerns or made a complaint.
- The provider's complaint log confirmed complaints received had been investigated and responded to, in line with the provider's complaint policy and procedure.

End of life care and support

- At the time of our inspection, no person was receiving end of life care. People's wishes in terms of their end of life care had been discussed with them, and staff had guidance of the support people required.
- Staff had received end of life training.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- People and relatives told us improvements at the service had had a positive impact. People felt happier, valued and listened to.
- The staff team were positive about their role and the provider had worked with staff to share their values and expectations. The provider was committed in putting people at the heart of the service and the development of the personalisation agenda was making this happen. Meetings with people had begun to explore what was working well for them, what was not working well and what they wanted to change. People were positive about this new approach and this had resulted in people feeling, valued and empowered.
- The atmosphere at the service was relaxed, inclusive and equal. Positive interactions of staff with people were seen, jovial exchanges demonstrated people were happy and relaxed within the company of staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team had developed an open, honest and transparent culture. When incidents had occurred, and complaints received, these were fully investigated and the outcomes and lessons learned shared with people, relatives and external agencies.

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

- The management team had taken action to improve staff's understanding about their role, responsibility and accountability. Where concerns had been identified about staff performance, the provider's disciplinary procedures had been used effectively.
- Improvements had been made to staff training, support, communication and expectations of staff and this had resulted in the standard of care being improved. New and improved systems and processes were being developed and these required further time to fully embed and be sustained. However, significant improvements had been made in the service people received. The management team had drive, enthusiasm and a determination to further improve the service.
- The provider had met their registration regulatory requirements of notifying CQC of certain events when they happen. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was

displayed on the provider's website and at the service.

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

- People, relatives and staff were involved in the development of the service. People received opportunities to share their experience of the service by meetings with staff and by completing an annual feedback survey.
- 'You Said, We Did' showed the action taken in response to feedback received from people. For example, people wanted to attend a first aid training course, and this had been arranged and attended. People wanted more in-house activities, and this had been developed, with one person wanting to arrange a Jamaican day and this happened in September 2019.
- Staff told us they felt valued and involved in the development of the service. The management team had developed regular staff and team leader meetings to share information, review progress and monitor care delivery.

Continuous learning and improving care

- The management team had developed a new system of learning from incidents and this was working well in developing staff's accountability, understanding and awareness.
- The manager attended meetings and forums to share information and develop their skills and knowledge. They were supported by a team of senior managers, including a quality assurance team.
- Actions and improvements identified through internal and external monitoring was used positively to further develop the service. An improvement plan had been developed to drive forward improvements. This supported the provider to have oversight of the service and ensured staff were accountable.

Working in partnership with others

- The staff team worked with external health and social care professionals to achieve good outcomes for people. A relative told us they were happy how staff had worked with a physiotherapist in supporting their family member's physio needs. They believed with staff support and following recommendations, independence was being developed.
- An external visiting professional was complimentary about the management team and described them as being, "Receptive, they will follow up and take action. There have definitely been improvements at the service."