Mrs Pam McKale

Gregory House II

Inspection report

391-393 Mansfield Road
Carrington
Nottingham
Nottinghamshire
NG5 2DG

Tel: 01159692320

Date of inspection visit:
14 June 2016

Date of publication:
12 July 2016

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

We inspected the service on 14 June 2016. The inspection was unannounced. Gregory House II is a care home for a maximum of 12 people with mental health needs. On the day of our inspection 12 people were using the service.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm.

People were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make decisions and staff knew how to act if people did not have the capacity to make decisions.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

People lived in a service where staff listened to them and supported them in a way they preferred. People were treated with dignity and respect and knew how to raise concerns if they were unhappy about the way they were supported. People were supported to enjoy a social life.

People were involved in giving their views on how the service was run and there were systems in place to monitor and improve the quality of the service provided.

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.

People were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support and where they needed support to make decisions they were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good

The service was caring.

People lived in a service where staff listened to them and cared for them in a way they preferred.

Staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and support. People

were supported to have a social life and to follow their interests.

People were supported to raise issues and staff knew what to do if issues arose.

Is the service well-led?

Good

The service was well led.

People were involved in giving their views on how the service was run.

The management team were approachable and there were systems in place to monitor and improve the quality of the service.

Gregory House II

Detailed findings

Background to this inspection

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

We inspected the service on 14 June 2016. The inspection was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. 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 improvements they plan to make.

During the visit we spoke with four people who used the service and the relative of one person. We observed how staff interacted with people who used the service throughout the day. We spoke with two members of support staff, the care manager and the registered manager. We looked at the care records of three people who used the service, medicines records of four people, staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and registered provider.

Good

Is the service safe?

Our findings

People were protected from abuse and avoidable harm. The people we spoke with told us they felt safe and the relative we spoke with also felt their relation was safe in the service. One person told us, "Staff do not allow any abuse or discrimination practises or neglect to happen here at the home. I can open and close my windows when I want to and lock them to keep me safe. I also have my own bedroom key to my door so I can keep it locked when I leave to keep my things safe." Another person told us, "There is always staff here day and night to keep me safe." The relative we spoke with told us, "I feel [relation] is safe here."

People were supported by staff who recognised the signs of potential abuse and how to protect people from harm. The registered manager told us in the PIR that the service had policies and procedures in place, for keeping people safe and free from the risk of abuse. Records showed that staff had received training in protecting people from the risk of abuse .Staff we spoke with had knowledge of how to recognise the signs that a person may be at risk of harm and to escalate concerns to the registered manager or to external organisations such as the local authority. Staff were confident that any concerns they raised with the registered manager would be dealt with straight away.

The registered manager had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the registered manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

Risks to individuals were assessed and staff had access to information about how to manage the risks. For example one person was at risk when they were out in the community and there was a risk assessment in place detailing how to keep the person safe and to remind them of how they could keep themselves safe. One person was at risk of choking and there was a care plan in place detailing how to minimise the risk and we saw staff were following this plan in practice. One person had developed a new risk and staff had taken the appropriate action to reduce the risk to the person. Their care plan had not been updated to reflect this but the registered manager provided assurance after the inspection that this had been completed straight away.

People were living in a safe, well maintained environment and were protected from the risk of fire. We saw there were systems in place to assess the safety of the service such as fire risk and the risks of legionella. Staff had been trained in relation to health and safety and how to respond if there was a fire in the service.

People received the care and support they needed in a timely way. People we spoke with told us there was always a member of staff available if they needed support. One person told us, "Staff check on you all the time and ensure that I am feeling well. Staff always ensure that the shifts are covered without having to use agency staff." The relative we spoke with told us, "Staff are always buzzing about, they seem to be active and involved." On the day of our visit we observed there were plenty of staff available to meet the requests and needs of people. Staff were available to support people when they needed or requested it and staff were also available to escort people in the community.

The registered manager told us that staffing levels were decided based on people's needs and were adjusted based on activities and appointments people had planned. Staff we spoke with said they felt there were enough staff to meet the needs of people who used the service. We looked at the staffing rota for the month preceding our inspection and saw that the staffing levels identified by the provider were achieved for every shift.

People had been assessed as not being safe to administer their own medicines and so relied on staff to do this for them. People we spoke with told us they felt staff managed their medicines safely. One person told us, "My medication is kept in a locked cabinet in the dining room and there is only staff that can access this." Another person told us, "Staff make my medication available when I need it this keeps me safe as they keep it lock away in a cabinet in the dining room area staff can only access this." A relative told us they did not have any concerns regarding their relation receiving their medicine, but had requested a review to ensure medicines were still effective. We saw that a review was carried out with the GP which concluded the medicines were appropriate and still required.

The care manager undertook monthly audits of the medicines and this was in-depth and robust. We saw completed audits for the six months preceding our inspection, all of which stated medicines were managed effectively and no remedial action was required. We found the medicines systems were organised and that people were receiving their medicines when they should. Staff were following safe protocols for example completing stock checks of medicines to ensure they had been given when they should. Staff had received training in the safe handling and administration of medicines and had their competency assessed prior to being authorised to administer medicines.

Good

Is the service effective?

Our findings

People were supported by staff who were trained to support them safely. One person told us, "All the staff here are highly qualified and all the staff certificates are on the board outside in the hall way for everyone to see." Another person told us, "Staff are trained very well here." The relation we spoke with told us they felt staff were competent in their work and said, "They (staff) seem very cool, they don't get flustered by any situation."

Staff we spoke with told us they had been given the training they needed to ensure they knew how to do their job safely. They told us they felt the training was appropriate in giving them the skills and knowledge they needed to support the people who used the service. Records showed that all staff employed had completed the training identified as mandatory by the provider. This included understanding of the Mental Capacity Act, Stroke awareness and dealing with challenging behaviour. Staff had access to additional training to help them develop their skills meet the specific needs of people at the service. This included, understanding bi polar disorder, effective communication and principals of person centred care.

Staff were given an induction when they first started working in the service. The registered manager told us that two new staff were completing the care certificate. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. Staff we spoke with were knowledgeable about the systems and processes in the service and about aspects of safe care delivery.

People were cared for by staff who received feedback from the management team on how well they were performing and discussed their development needs. Staff told us they had regular supervision from the registered manager and were given feedback on their performance and we saw records which confirmed this. Records of the meetings showed that issues discussed and action points raised were followed up at future meetings. For example one staff member requested additional training which was arranged by the time of the next meeting.

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. The application procedures for this in care homes and hospitals are 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 were being met.

People were supported to make decisions on a day to day basis. People we spoke with told us they made choices and decisions about their support and how they lived their life. We observed people decided how and where they spent their time and made decisions about their care and support.

Staff we spoke with had a good understanding of the MCA and their role in relation to this. We saw that where a person's capacity to make a certain decision was in question, the registered manager had completed an assessment to ascertain if the person had capacity and what decision needed to be made in their best interests. Where the person had been assessed as having the capacity to make a decision for themselves, staff we spoke with recognised their role in giving advice but enabling this person to make this decision. One person had been assessed as not having the capacity to make a certain decision and the record showed that communication tools had been used to assess the person, to ensure the decision was explored thoroughly.

The registered manager displayed an understanding of DoLS and had discussed the needs of people who used the service with the local authority to assess if any applications needed to be made where there were indications people may be deprived of their liberty. This meant people were not being restricted without the required authorisation.

People were supported to eat and drink enough. We spoke with people about the food and they told us they had enough to eat and we observed people had access to food when they wanted to eat. One person told us, "Meals are always fresh and do have lots to choose from. It's all home cooked I do get plenty of food on my plate I find that I am leaving food on my plate because I am too full." Another person told us, "I can have drinks and snacks at any time."

There was information in support plans detailing people's nutritional needs. We saw staff had noted when one person's weight had changed and there were risks in relation to them losing weight. Staff had sought advice from a dietician and were supporting the person to increase their calorific intake. The registered manager told us in the PIR that where people were deemed at risk nutritionally food and fluid charts were put into place and this was monitored and reviewed regularly

People were supported with their day to day healthcare. Records showed people were supported to attend regular appointments to get their health checked. One person told us, "Both the chiropodist and optician visit the home regular. I have not seen a GP in a while but have had no reason to see [GP]." Another person told us, "I get to see my GP and only visited my GP a week ago."

People had access to health professionals when required and the service was proactive in making referrals and requesting input when required. One person's relative told us, "They seem to get help in when [relative] needs it". We saw one person had been referred to a specialist team when staff had identified concerns about a risk of choking. Peoples care records showed regular appointments with the optician, dentist, chiropodist and district nurse.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy living at the service and that they felt the staff were kind and caring. One person said, "The staff are all caring. They treat me like an individual here this means a lot to me. If I am feeling unwell, I had a bad day yesterday, staff came to me and sat and reassured me by giving me some talking therapy this always works for me and makes me feel better." Another person told us, "Staff are very kind and give me good care." The relative we spoke with told us they felt staff were caring and said, "When [relation] was in hospital they (staff) would go and visit, even on their days off. It's those little bits extra that show they care."

We observed staff interactions with people and we saw staff were kind and caring to people when they were supporting them. People looked relaxed and comfortable with staff and one person who had recently moved in told us, "Staff always go that extra mile for me and make me feel important." Observations and discussions with staff showed that staff clearly knew people's needs and preferences. One person had passed away in the service and staff had created a memorial in the garden so other people and staff could remember the person. The home's pet had also passed away and a memorial had been created.

We saw in people's care plans that their preferences for how they were supported were recorded, along with their likes, dislikes and what was important to them. People's life history and past achievements were recorded to enable staff to have a picture of individuals and what they had achieved.

People's diversity was assessed on admission and where people had a particular faith or culture this was specified in their care plan along with their preferences. For example one person had preferences around their culture and their care plan specified that their key worker (a named member of staff who had particular responsibilities for named people who used the service) needed to be familiar with the person's culture and ethnic requirements. We spoke with this person and they told us staff made sure food which was specific to their culture was made available, although they told us they enjoyed food which was on the general menu too. Local religious services were displayed in the service so that people could choose if they wished to attend.

People we spoke with told us they got to make choices, for example about when and where they ate, how they spent their time and what activities they did. We saw that activities and food menus were chosen by the people who used the service and records showed that people were encouraged to speak up if they wanted any changes to be made. One person told us, "I have a menu on my door that I look at each day to see what I am having. Staff also give me a choice of a culture meal sometimes I will choose this but most of the time I enjoy what's on the menu. The home has a dedicated member of staff who ensures that we are involved in purchasing the food and we have a notice board in the hallway for any food ideas for the menu planning."

People were given an opportunity to shape the service through regular meetings. The registered manager told us in the PIR that people were given the opportunity to make decisions at these meetings. For example he told us that an idea was discussed to change the downstairs bathroom into a wet room. He told us that people had agreed to this and the wet room was put into place two months later. Records of the meetings

showed that people were given the opportunity to discuss any developments or concerns.

The registered manager told us that there was no-one currently using an independent advocate to support them with decision making. However information about advocacy was detailed in people's care plans with contact details of local advocacy services if needed. This meant that people had access to advocacy services when they needed it. Advocates are trained professionals who support, enable and empower people to speak up.

People were encouraged to be independent and to develop daily living skills. One person told us, "Staff do encourage me to cook here but I choose not to because I'm not very good at it." Staff told us about another person who was supported to lay the tables at lunch time. Records showed people got involved in making meals and baking and some people had helped to plant the new garden. We saw people's levels of independence and what they could do for themselves, and what they would need support with, was detailed in their care plans.

People were supported to have their privacy and were treated with dignity. One person we spoke with told us, "I am always treated with respect and kindness." We observed that staff were polite and respectful when speaking with people and always called them by their preferred name. One person's relative told us, "They always knock on the doors."

The registered manager told us in the PIR that all staff were trained in person centred care and in dignity and respect. We observed people were spoken to with respect by staff and we observed staff knocking on doors prior to entering people's bedrooms. The registered manager told us that all staff had become dignity champions so that they all knew and understood the values and how to apply them. Staff we spoke with showed they understood the values in relation to respecting privacy and dignity.

Good

Is the service responsive?

Our findings

People were involved in planning and making choices about their care and support. One person told us, "I have been involved in my care plan. I sit with staff and we go through it together making any changes to my care if needed."

The registered manager told us in the PIR that people received a copy of the statement of purpose and a service user guide that set out the aims and objectives of the service, on admission. They told us that people had a care plan which was prepared with the full participation of each person and their representatives. Records we saw showed that people, where able, had signed their care plan and people told us they felt they had a say in how their care was delivered. We saw in people's care plans that staff had recorded people's preferences and how they would like to spend their day.

We found that care plans did not always describe people's current needs and abilities. For example one person's mobility had deteriorated and the care plan did not give staff guidance on how they should support the person to transfer, for example, from chair to wheelchair safely. Another person had a health condition and there was a lack of information for staff on how to recognise this health condition was deteriorating and when to seek health advice. We spoke with the registered manager and following the inspection they provided evidence that they had completed work on the care plans to ensure staff had information about people's current support needs.

Where people had a health need such as epilepsy there was information in their care plan which detailed how staff should recognise the person was having a seizure and how to respond to this. There was also information relating to how

People were supported to develop their skills and potential. One person told us that as part of their care planning the registered manager had recognised their skills and abilities and had discussed their potential to become an expert by experience for the CQC. The person told us, "Staff have supported me to apply in writing for an application form which I am waiting for and feeling very excited to become an expert." They told us, "Staff don't just care here for me but they try and keep a link with the outside world."

People were supported to follow their interests and take part in social activities. One person told us, "I enjoy surfing the internet and do have access to this and a computer here at the home. I visit the library at least once a week and enjoy taking a walk to the local shops. Staff encourage me to go out for meals to the pub with them and I love dancing which I do get to do." Another person told us there were activities for them to participate in but said they didn't always wish to participate but would sometimes join in with games around the table with staff and other people who used the service. On the day we visited four people were supported to go out for lunch with staff.

Records showed that people were supported to take part in activities such as board games, hand massages and gardening. There was a cinema night in the service and people made popcorn and other snacks for watching the film. People were also supported to go into the community to places of interest and social

clubs and to visit friends and relatives.

People who used the service knew what to do if they had any concerns. One person told us, "I do know how to make a complaint, it's not hidden here, I have a leaflet on my board in my bedroom and there's also one in the hallway for people to see if they wanted to make a complaint about anything." The relative we spoke with told us, "I've not complained but they do listen to you."

We saw that people were prompted to raise any concerns they may have at meetings and through surveys sent to get people's views of the service. The registered manager told us they had not received any complaints in the last two years and so we were unable to assess how well complaints would be responded to. Staff were aware of how to respond to complaints and the registered manager had systems in place to deal with complaints if they arose and there was a complaints procedure in the service so that people would know how to escalate their concerns if they needed to.

Good

Is the service well-led?

Our findings

People who used the service, their relations and other visitors were given the opportunity to have a say about the quality of the service. There were meetings held for people who used the service so the provider could capture their views and get their suggestions and choices. One person told us, "Every three months we have a house meeting. I do get involved and have my say about the service here." We saw the minutes of the last two meetings and saw people had been given the opportunity to have their say.

The registered manager told us in the PIR that they were always open to ideas for improvement from any source. They gave an example where the practice nurse and the GP surgery had suggested the service purchased a blood pressure monitor for the home so staff could help monitor people's blood pressure as well as the surgery. They told us this was purchased and was now in use. We saw that feedback forms were sent to people who used the service each year. One person told us, "I have filled out a survey and posted it off." We looked at the most recent surveys completed by people who used the service and saw the comments made were positive ones.

Comments from the meetings of people who used the service and from staff showed that people were happy with the service. People we spoke with told us they found the meeting useful and were happy to make suggestions and felt they were listened to. We saw that where people made comments or suggestions these were acted on. For example, we saw that at a January meeting staff had requested a hoist be purchased and the notes of the February meeting showed that the provider had purchased a hoist.

There was a registered manager in post and people we spoke with knew who the registered manager was and we saw they responded positively to him when he was speaking with them. People who used the service told us they got on well with the management team. One person told us, "I get on really well with the care manager and the registered manager comes to the home very regular." Another person told us, "The Manager is really good here, he is very proactive and I would highly recommend him. This home is the best and I would highly recommend this to anyone looking for a home to live in." The relative we spoke with told us, "[Registered manager] is always around. They'll come in and have a chat, explain what's going on and any changes."

We found the registered manager was clear about their responsibilities and they had notified us of significant events in the service. There was also a care manager employed in the service and they oversaw the daily running of the service when the registered manager was not there. The care manager and the registered manager were clearly dedicated to providing a high standard of care and spoke about people who used the service with warmth and respect.

People lived in an open and inclusive service. The registered manager told us in the PIR that he and the care manager were in contact with each other every day which helped to develop the open and transparent philosophy that they aspired to. They told us they believed in a 'hands on' approach, being constantly visible to people who used the service and to staff.

Staff we spoke with told us they felt the service was well run and said that the registered manager and care manager worked with staff as a team and were supportive and approachable. One member of staff told us, "[Registered manager] is a hands on manager."

Staff told us they would speak up if they had any concerns or suggestions and felt they would be listened to. Staff were also given the opportunity to have a say about the service during regular staff meetings and supervision meetings with the care manager or registered manager. We observed staff working well as a team. They were efficient and communicated well with each other and certain staff had responsibility for tasks such as administering medicines or carrying out audits.

People could be confident that the quality of the service would be monitored. There were systems in place to monitor the quality and safety of the service. We saw that the registered manager carried out audits such as audits of infection control and maintenance of the service. We saw these were effective with the service being very clean and well maintained.