R S Property Investments Limited

Gresley House Residential Home

Inspection report

Gresley House
Market Street, Church Gresley
Swadlincote
Derbyshire
DE11 9PN

Tel: 01283212094

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23 March 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected Gresley House Residential Home on 23 March 2017 and our visit was unannounced. Gresely House provides accommodation and personal care for up to 27 older people some of whom are living with dementia. There were 24 people living at the service when we visited. The service had a registered manager. 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.

At the last focused inspection on 7 July 2016 we found that improvements were required to ensure that people were safe and that the service was well led. At this inspection we found that some improvements had been made and further improvements were still required. People were not always kept safe from harm because staff did not always recognise what the signs of abuse could be and report them to be investigated. Some people were restrained without the need for this being assessed. There was no plan to ensure that it was completed safely and used only as a last resort. It had also not been considered when the provider reviewed people's capacity to make decisions for themselves.

Medicines were not always managed to ensure that the risks associated with them were reduced. Some of the issues with medicines had been picked up by the provider's quality audits but the situation had not been resolved.

Some staff did not competently communicate within the team to ensure that people's needs were met. Not all of the staff had the knowledge and skills to support people effectively. The provider had not taken sufficient action to ensure that all staff took responsibility to complete their jobs to the required standard.

Other quality improvement tools were supporting the development of the service. Accidents and incidents were reviewed and risk was managed; for example, when using equipment to move people safely. Staffing levels were planned according to people's needs and there were sufficient staff. The provider had invested in environmental improvements in the home.

Staff knew people well and had caring respectful relationships with them. They respected people's dignity and privacy. They were also aware of their changing care needs. People's records were up to date and amended to reflect changes in people's health and wellbeing.

People had choice about their meals and had enough to eat and drink. They were supported to have their healthcare needs met and referrals were made to health care professionals for additional support and guidance.

People were encouraged to pursue interests and regular activities were planned for them. Visitors were welcomed at any time. People and relatives knew the manager and felt confident that any concerns they

raised would be resolved promptly.

Staff said they were well supported by the registered manager and plans were in place to continue to develop their skills. There was an inclusive culture which welcomed feedback in order to support the development of the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.
People were not always protected from abuse because staff did not always recognise and report potential harm. Plans to protect people from risk were not always clear to ensure that they were proportionate and consistent. Medicines were not always managed to reduce the risks associated with them. People were supported to move safely. There were enough staff to meet their needs safely and safe recruitment procedures had been followed.

Is the service effective?

Requires Improvement

The service was not consistently effective
Staff did not always have the knowledge or the skills to communicate effectively about people's care and support. People's capacity to consent to care was not considered in every decision. People were supported to have enough to eat and drink. They were also assisted to maintain good health in partnership with other healthcare professionals.

Is the service caring?

Good

The service was caring.
People were supported in a kind, patient and respectful manner. They were supported to communicate their choices about the care they received. People's privacy, dignity and independence were promoted.

Is the service responsive?

Good

The service was responsive.
People and their families were involved in planning and reviewing their care. Hobbies and interests were encouraged and planned around people's personal histories. Complaints were investigated and responded to in line with their procedure.

Is the service well-led?

Requires Improvement

The service was not consistently well led.
Action was not always taken to improve quality when required. People knew the manager and reported that they were approachable. The staff team felt well supported and had the

opportunity to contribute to the development of the service.

Gresley House Residential Home

Detailed findings

Background to this inspection

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

This inspection visit took place on the 23 March 2017 and was unannounced. The inspection visit was carried out by one inspector and one expert by experience. The expert by experience had personal experience of using or caring for someone who used social care services.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

The provider had 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. We used this information to help us to come to our judgement.

We used a range of different methods to help us understand people's experiences. We spoke with ten people who lived at the home about their care and support and to the relatives of four people to gain their views. Some people were less able to express their views and so we observed the care that they received in communal areas. We spoke with three care staff, the activity co-ordinator, one domestic staff, the deputy manager, the registered manager and the area manager. We looked at care records for four people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks and staff recruitment.

Requires Improvement

Is the service safe?

Our findings

At our last focused and comprehensive inspections we found that people were not always protected from abuse and avoidable harm. At this inspection we saw that improvements were still needed to ensure that people were kept safe. We saw that one person had bruises to their hands. When we spoke with staff about this they were unable to give us an explanation how this had occurred. Staff gave us different suggestions which ranged from it may have been caused whilst moving the person with equipment to self-harm. One member of staff said, "Oh that person always has them". We spoke with the manager who had not been alerted to the bruising. When we reviewed records we saw that the bruising was not recorded. However, similar bruising had been recorded four months earlier. The manager told us that the only incident in relation to this person had been when they had been distressed and aggressive the night before the inspection visit. When we spoke with the manager after the inspection visit they told us that their investigation had concluded that the person received the bruising when staff had restrained them during the incident of aggression. The manager and the staff had not reported this concern to safeguarding in line with their procedures.

Other staff we spoke with described further occasions when the support they gave people could be considered to be a restraint. One member of staff told us that when one person required personal support it can be necessary for one member of staff to hold their hands while other staff provided the care. When we reviewed records for people these restrictive approaches had not been risk assessed or written in a care plan. This meant that we could not be certain that people were being restrained to prevent harm or that it was the least restrictive way to support them.

This evidence represents a breach in regulation 13 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014 Safeguarding people from abuse and improper treatment.

At our last comprehensive inspection medicines were not always managed to reduce the risks associated with them. At this inspection improvements were still required. We saw that one person's medicine had been removed from the packaging and then replaced into the foil and re-sealed with a sticker. One member of staff we spoke with said, "I have seen staff do that before but I wouldn't administer that as you can't be sure it is the correct one". Handling the medicine in this way meant that we could not be sure of its integrity. We intervened and asked for it to be destroyed and replaced.

Some people received their medicine covertly. People may be given medicine covertly, or without their knowledge, if they do not have capacity to understand the necessity of the medicines and it is in their best interest to take them. Medicines should only be given covertly when necessary. When we spoke to staff they told us different approaches. One member of staff said, "We have it agreed by the GP and so we go straight to covert". Another member of staff told us, "I always ask the person first and will try a few times before going to covert medicines". When we looked at the records there was no clear guidance in place for staff to know how the covert medicines should be given. This meant that people were not always given the opportunity to consent to take their medicines as they were prescribed.

When people were prescribed medicines to be taken as needed, or PRN, there was not always guidance in place for staff to know when they may require it. We saw that one person received PRN medicines daily and the explanation read 'general aches and pains'. Other people had PRN medicines prescribed to help to calm them if they were distressed. There was no guidance for staff to know when the person's mood or anxiety required these medicines. Further people had PRN medicines prescribed that had not been given for some time. One member of staff we spoke with said, "There is a lot of that medicine because the person no longer uses it". This meant that we could not be certain that people were receiving PRN medicines when they needed them. Also, the person had not been referred to a healthcare professional to consider if the medicine was still required. .

We looked at the stock of medicines which were stored for people. The stock which was recorded was incorrect for three of the five medicines we looked at. This meant that we could not be certain that people had received their medicines as prescribed.

This evidence represents a breach in regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014 Safe care and treatment.

At our last focussed inspection we found that plans were not always in place to ensure that people's long term health needs were met. At this inspection staff knew about people's health conditions and how they were being supported in the future. For example, one relative we spoke with described how they had been concerned about a recurring health condition. The person now had regular tests to assess if the condition was returning at an earlier stage so that effective treatment could be sought promptly. We spoke with one member of staff about another person's health condition and they were able to explain how they were currently supported and what healthcare appointments they had coming up which would review their condition.

Other risks to people's health had been assessed and plans were in place to support them to reduce the risk. At our last comprehensive inspection we saw that there was not always suitable equipment to move people safely. At this inspection we saw that the equipment had been replaced and there was also additional surplus equipment to ensure that people's needs were met. We observed that people were supported to move safely and in line with their plans; for example, two staff using equipment to move somebody while explaining what they were doing in a reassuring manner. Some people used pressure relieving equipment and we saw it was in place. Staff also knew when people needed to be moved to protect their skin and this was completed in line with their plans.

We saw plans were in place to respond to emergencies. These plans provided guidance and information on the levels of support people would need to be evacuated from the home in an emergency situation. The information recorded was specific to individual's needs. Staff we spoke with were aware of the plans and the support individuals would need.

People's relatives told us and we saw there were enough staff available to meet people's needs. One relative said, ""The staff are always on top of things and they notice who needs help. People don't have to wait long and I never hear bells ringing. The staff are proactive and approach people to see if they need anything". We saw staff were available in the communal areas and people did not have to wait. In the PIR the provider told us that they used a tool to assist them to determine whether there were enough staff to meet the assessed needs of people and they reviewed this regularly. We saw that the manager had recently used this to review staffing levels and deployment; for example, altering some of the starting times for some staff to have more flexibility to meet people's needs.

We spoke with staff about the recruitment process. One member of staff who had recently started working at the home told us, "I had an interview and then I waited for my police checks to come back before I started work. I also had two references taken". We looked at two staff files and we saw pre-employment checks had been completed before staff were able to start working in the home. This demonstrated the provider ensured the staff were suitable to work with people who used the service.

Requires Improvement

Is the service effective?

Our findings

At our last comprehensive inspection we found that staff did not always have the skills and expertise to support people effectively. At this inspection we saw that improvements were still required. Some staff we spoke with were not knowledgeable about people's needs. Staff did not always communicate effectively to ensure that all staff were aware of any changes to people's support. For example, when one person was distressed the member of staff supporting them was not aware that they had been unwell. On another occasion we saw that one person had been assessed by a healthcare professional. We saw that the member of staff who had responsibility to share the outcome of this assessment was unable to give full details to the rest of the staff team during the handover meeting. Another person was supported to eat a snack half an hour before a meal. We saw that the staff who were supporting them at mealtime tried to encourage them to eat. We had to intervene and explain that the person had eaten. One healthcare professional we spoke with said, "Staff are more responsive at contacting us if they are concerned. However, they are not always competent at assessing what they have observed and we are asked to come in unnecessarily at times". This demonstrated to us that staff were not always skilled in communicating or knowledgeable about people's needs to support them well.

At our last comprehensive inspection we found that the provider was not working to the principles of the Mental Capacity Act (2005). 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. At this inspection we saw that some improvements had been made and that the provider needed to make some more to meet the requirements of the MCA. Staff we spoke with understood about consent and described how they would ensure that people made their own decisions. One member of staff said, "We always ask people if we can support them". We saw that when somebody didn't have capacity to make a decision that an assessment had been completed about this. It included people who were important to the individual to ensure that the decision was made in their best interest. However, we saw that some decisions had not been considered under MCA; for example, restrictions to protect people if they behaved in a way that could harm themselves or others.

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 saw that there were DoLS in place and conditions had been met when required. However, The DoLS applications did not consider the restraints that had been described to us when people were supported to manage their complex behaviour.

At our last inspection we saw that people were not always offered enough to eat and drink. At this inspection improvements had been made and people told us that they enjoyed the food and there was a choice available. One person said, "We eat well here". Another person's relative told us, "The food is very good. I can tell by my relative's clothes that they have put on weight since they have been here which is good. There are picture menu's which are good because they help my relative to make a choice. They also

have nourishing drinks and fruit and juice left out for people to help themselves if they can. They have a choice at breakfast, a mid-morning drink with biscuits, choice at lunch, afternoon tea and a choice at teatime". We saw that people were offered a choice of meal and could help themselves to snacks throughout the day. When people required support to eat and drink this was given in a patient, respectful manner. Records we looked at included an assessment of people's nutritionals risks. We saw when these risks had been identified people had their food and fluid intake monitored, so concerns could be identified.

People were supported to maintain their health and attended associated appointments as needed. One person's relatives told us, "They get the doctor in as soon as they notice anything. My relative has also recently seen the dentist". Records confirmed people attended health appointments and when referrals were needed to health professionals these were made.

Good

Is the service caring?

Our findings

At our last inspection we saw that people's dignity was not always maintained. At this inspection we saw that improvements had been made and staff had caring, respectful relationships with people. People and relatives told us they were happy with the staff. One person said, "They are all lovely and kind". One relative said, "I'm very pleased with the care my relative is getting. The staff are kind and very polite to them, they use their name and ask if they want fruit because they know they like it". Another relative said, "They talk nicely to my relative they don't talk down to them. They show respect. We're very satisfied with the care. They have a lovely relationship with them and it's nice to know they're happy when we're not there". We saw that if people needed their personal care needs met this was completed discreetly and respected the person's privacy.

Staff knew people well and were able to comfort them when they were distressed. We observed one person was uncomfortable and a member of staff came and asked if they would like their shoulders rubbed. They smiled and said that they enjoyed it. Another person was reassured when they were anxious and the member of staff sat with them and talked to them about until they felt better.

Staff knew people's histories and could talk to them about their past. One relative we spoke with told us, "When my relative first came here I did a short history of their life. Some of the carers ask me about bits of it so I know they've read it". We saw that people had belongings around them such as family photos which they talked with staff about. One member of staff we spoke with said, "I love working here because the people are so lovely". This showed that staff had positive relationships with people which took account of their previous personal history.

People were encouraged to make choices about their care. We observed that they were given a choice about every decision and asked before care was given. For example, on one occasion one person did not want to leave the room they were in to see a visiting healthcare professional. We saw that they were asked on a couple of occasion and when they said that they did not want to move the healthcare professional came to see them where they were instead.

People's relatives could visit anytime they wanted to and were always welcomed. One relative said, "I am always welcomed when I visit. I can join relative for a meal if I wanted to. Visitors are always offered refreshments". We observed that people received visitors throughout the inspection visit and that there was a warm atmosphere.

Good

Is the service responsive?

Our findings

At our last comprehensive inspection people did not always receive care which met their needs and care plans were not regularly updated. At this inspection we saw that improvements had been made and that people's care was regularly reviewed. For example, one relative we spoke with told us that they had raised some concerns about their family members support. We saw that their feedback had been considered in reviewing the person's care and that regular recording was taking place. They told us, "We were worried but the manager did listen. We now receive regular updates around any changes to our relatives care needs". Staff we spoke with knew about people's changing needs and could describe how they were supporting them differently. For example, one member of staff described how one person had been encouraged to increase the amount of food they ate. They said, ""We now put their food on a small plate and that seems to help". When we looked at care records we saw that they described individual preferences and had been reviewed in line with peoples changing needs.

Staff knew people well and could describe their likes and dislikes. We observed that people were supported to their individual preference. Some people chose to spend time in their rooms and staff supported them in line with this. One member of staff said, "We provide care for that person in their room but they do like to come down for mealtimes and we make sure that is planned in". Staff knew what was in people's care plans and this included personal preference.

At our last comprehensive inspection people did not have enough to do during the day. At this inspection people were encouraged to pursue interests and hobbies. One relative we spoke with told us, "There's a lovely interaction with staff; they are like friends. My relative likes music and they play and sing with them". Another relative said, "My relative goes out to the local park sometimes and that means so much to them to get out and about". We saw that there was craft activities arranged which people joined in with. Other people received individual attention; for example, to paint their nails or read a magazine. Some people had objects such as stuffed toys which they carried and which provided them with comfort. One member of staff told us about people's reactions when animals came into the home. They said, "They all love the dog when he comes in and some people enjoy taking him for a walk".

People and their relatives knew how to raise any concerns or complaints that they had. One relative told us, "I did raise a concern and we were happy with the response we received from the manager". In the PIR the provider told us that they had received four complaints in the past year. We saw that the provider had a procedure in place to deal with complaints and had resolved the complaints received according to this.

Requires Improvement

Is the service well-led?

Our findings

At our last focused inspection we judged that some of the systems in place to review quality needed to be embedded and at this inspection we found that there were still some improvements to be made. Quality systems had been implemented and the manager and designated staff completed regular reviews. However, we saw that the findings of the reviews were not always actioned to ensure that they were effective. For example, a quality audit of medicines had recognised that there were excess stock of certain medicines one month previous to the inspection visit. When we reviewed medicines we saw that there was still excess stock for some people. For example, one person had over 200 pain relief tablets in stock but there was no record that they had needed to take any in the previous month. This demonstrated to us that the storage and ordering of medicines was not closely managed to ensure that the correct amounts were held for people. Also, that action had not been taken to resolve the situation after the audit.

When we spoke with the manager they recognised that some staff did not have sufficient knowledge and skills to support people effectively. They told us of the actions that they had put in place which included a range of training, supervision and competency checks. They said, "I recognise that there is further work to do. I am receiving some support from the training manager to improve our approach for performance management. We intend to implement a system of three formal observations where we have concerns". This demonstrated to us that although the manager had implemented quality systems they were not all fully developed. This meant that some of the action to improve the quality of the service had not been taken.

People and staff knew who the registered manager was. One relative said, "The manager is approachable. I will often pop my head in the office door and ask how things are going for my relative and they always know". We observed that people knew and responded to the manager by having friendly conversations with them. Relatives told us that they had regular meetings and that they felt that they were listened to. One said, "Changes usually happen based on any conversations we've had at meetings. The staff come to the meetings and suggestions are made by staff, relatives, residents. For example, someone suggested the outside light could be improved and it was. Also there were lots of suggestions about the garden and it now has handrails, seating, grass and hard surface etc." We saw that the garden had been improved in line with these suggestions. The provider also asked relatives to complete annual satisfaction surveys. The information was collated and used to make changes and these were displayed on a notice board for visitors to see.

Improvements had been made to the environment. One member of staff told us, "There has been a lot done to the building in the past year. As soon as a bedroom becomes vacant it is re-decorated. There are also plans for the bathrooms". We saw that the provider had invested in modernising the building. For example, a new room had been adapted to store medicines which was more spacious and had good facilities.

Staff had meetings where they had the opportunity to raise any concerns. One member of staff told us, "The manager is really approachable and listens to us. I have regular supervision with her and we set goals for me; for example, to do some training". The provider had a whistle blowing policy in place. Whistle blowing is the procedure for raising concerns about poor practice. Staff we spoke with understood about whistle

blowing and said they felt confident that they could do this confidentially and be supported. One staff member said, "I would definitely speak to the manager or the seniors if I was worried; I know they would listen".

The registered manager understood their responsibility around registration with us and notified us of important events that occurred at the service. This meant we could check the provider had taken appropriate action. We saw that the rating from the last inspection was displayed within the home in line with our requirements.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not receive safe care and treatment because medicines were not managed safely and properly.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not protected from abuse and improper treatment because safeguarding procedures were not always followed.