

Mrs K Shone

# Gerald House

## Inspection report

4 Gerald Road  
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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

This comprehensive inspection took place on 8 December 2017 and was unannounced. Gerald House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is registered to provide accommodation and personal care to people with mental health needs. The capacity of the home is 18 and at the time of inspection there were 15 people living in the care home.

The home 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.

Care records and risk assessments were well-kept and up-to-date. Each person living at the home had a personalised care plan and risk assessment. Monitoring information was clear in regards to maintenance, people's weights and daily checks that were carried out by the staff. Relatives were able to visit their family members at any time and for people that did not have friends or family to represent them, information regarding advocacy services was available within the home.

Recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service. This included checks in relation to criminal convictions and previous employment.

Staff said they felt supported and that they could approach the registered manager and deputy manager with any concerns. There was evidence of a formal supervision and appraisal process. Staff had completed training the provider deemed necessary to enable them to meet people's needs effectively.

The staff in the home knew the people they were supporting and the care they needed. We observed staff to be kind and respectful. This was supported in discussion with people living in the home. People we spoke with said they would know how to make a complaint. None of the people we spoke with had any complaints.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been followed. The provider told us that DoLS applications had been submitted to the Local Authority for some people and staff were knowledgeable about the people living in the home and their mental capacity needs.

Healthcare professionals such as GPs and district nurses were contacted for advice about people's health needs when necessary. The provider had systems in place to ensure that people were protected from the risk of harm or abuse. There were policies and procedures in place and training to guide staff in relation to

safeguarding adults.

People's nutritional needs were assessed regularly and met by the home. When risks were identified, appropriate referrals were made for specialist advice. People told us they had enough to eat and drink and enjoyed the meals provided to them. People told us that they were given choices of what they preferred at meal times.

The registered manager and deputy manager regularly checked the quality of care at the home through mock inspections, quality questionnaires and audits and we saw that these included medication, falls and care plans.

We looked at safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and were safe. Fire evacuation plans had been reviewed and updated. Personal emergency evacuation plans had been completed for all of the people who lived in the service.

## 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 protected from harm and received support from staff to help them keep safe.

Staff had been recruited safely. Appropriate recruitment and disciplinary policies were in place.

Risks to the health, safety and well-being of people were assessed and managed in a personalised way.

### Is the service effective?

Good ●

The service was effective

The service had policies and procedures in place in relation to the Mental Capacity Act 2005 and staff showed they had an understanding of mental capacity and how this applied to people who lived at the home.

Staff had received regular training, supervision and appraisal.

People were given enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs.

### Is the service caring?

Good ●

The service was caring

People told us that their dignity and privacy were respected by staff.

People we spoke with said staff were kind, very caring and helpful.

Confidentiality of people's care files and personal information was respected.

### Is the service responsive?

Good ●

The service was responsive

People who lived in the home had a care plan which appropriately reviewed and reflected their needs.

People had prompt access to healthcare professionals when needed and this was fully documented.

A system was in place to manage complaints.

**Is the service well-led?**

**Good** ●

The service was well-led

Systems were in place to monitor the quality and safety of the service.

The service had a manager who was registered with the Care Quality Commission.

There was a range of up to date policies and procedures in place to help guide staff in their practice.

Ratings from the last inspection were displayed within the home as required.

# Gerald House

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 December 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection we asked for information from the local authority quality assurance team and we checked the website of Healthwatch Wirral, who are consumer champions for health and social care, for any additional information about the home. We reviewed the information we already held about the service and any feedback we had received.

During the inspection we spoke with four people who lived at the home, one visiting district nurse, two care staff, the cook and the registered manager. We looked at the communal areas that people shared in the home and a sample of individual bedrooms. We reviewed a range of documentation including four care records, medication records, three staff files, policies and procedures, health and safety audits and records relating to the quality checks undertaken by the manager.

We looked around the premises and spent time observing the care and support provided to people throughout the day.

# Is the service safe?

## Our findings

We spoke with people who lived at the home and asked if they felt safe. One person told us "Yes I think I'm safe", another person told us "Oh yes definitely".

The home had an up to date policy in place regarding safeguarding and maintained a clear audit trail of any safeguarding incidents. We asked staff members if they knew safeguarding processes and asked if they felt confident to report any type of potential abuse. All the staff we spoke with were able to show an understanding of the different types of abuse and how to report abuse. The provider also had a whistleblowing policy in place which encouraged staff to raise any concerns.

We looked at the personnel files of three staff. All of the files included evidence of a formal, fully completed application process and checks in relation to criminal convictions and previous employment. We saw that the appropriate risk assessments had been carried out if needed. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment in Gerald House. We saw evidence that the manager had followed the company's disciplinary procedures appropriately and in accordance with policies.

We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and were safe. There was a fire evacuation plan that had been reviewed and updated. Personal emergency evacuation plans (PEEPS) had been completed for all of the people who lived in the home and were readily available in a file in case they were required. These were updated monthly and so contained up to date information if a person needed to be evacuated from the home.

We saw that other checks had also been regularly completed such as fire alarms, fire extinguishers, emergency lighting and water temperatures. We also saw that the provider/manager had carried out regular fire drills so that the staff and people living in the home knew what to do in an emergency. The manager had monthly first aid box checks in place. This ensured that staff had appropriate equipment available in case of emergencies.

We looked at four care plans for people living in the home and saw that risks to people's safety and well-being had been identified, such as the risks associated with moving and handling, falls, personal care, mobility and nutrition and plans had been put in place to minimise risk. These had been reviewed on a regular basis. One person's file showed that they suffered from a recurrent health issue and there was a risk assessment in place to help ensure staff knew of the risks and what actions to take.

We saw that the medication room and fridge temperatures were recorded daily and within safe limits. We checked people's medication administration charts. We saw that medication that was prescribed to be used 'when required' (PRN) had protocols in place and the medications had been signed for. We checked a sample of the stock of medication in the medication trolley and compared it to people's medication administration records. The balance of stock matched what had been administered. This indicated that medication had been given correctly. There were also appropriate measures in place to ensure the safety of

controlled drugs. The manager had implemented a medication handover protocol following the identification of ineffective practices. This reduced the risks of mistakes being made.

The home had cleaning rotas in place for the domestic staff. This seemed up to date and we observed that the home was clean with no offensive odours. Staff wore appropriate personal protective clothing when assisting with personal care and the majority of people's bedrooms had their own toilets and all rooms had access to a basin. This helped to prevent the spread of infection.



# Is the service effective?

## Our findings

When we asked people about their quality of life and they told us that they thought the staff were skilled and that there were enough staff on duty to ensure they had a good quality of life. One person told us, "I think they know their stuff", another person said "I think so".

We looked at three staff files that showed all had attended and successfully completed the provider's induction schedule within the first twelve weeks of employment. The home had also implemented the Care Certificate, which is a national qualification accredited by 'Skills for Care'. We also saw that all staff, including ancillary staff, had all attended training required by the provider, which included safeguarding, moving and handling, nutrition and weight management, fire awareness, infection control and equality and diversity. The training provided was a mix of on line training and face to face training. The provider had also accessed the local authority for training for the staff.

We saw that seven staff had achieved their Diploma level 2 in Health and Social Care and three staff had achieved their level 3. One staff member was able to tell us of the plan for them to start their diploma after Christmas. There was evidence of a robust supervision and appraisal system in place for the staff group. Supervisions had been carried out at regular intervals throughout the past year. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

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. The manager had a full and detailed understanding of the MCA and its application. We spoke with staff who were able to show us their knowledge of those people who were currently being deprived of their liberty and why. We saw that appropriate processes had been followed for people who did not have the capacity to consent to some decisions regarding their care and we observed staff asking people's consent prior to carrying out any tasks.

We observed lunchtime and saw that people were able to choose to have their meals in their room, the lounge, or in the dining room. The atmosphere was friendly and relaxed. This showed us that individual's choices were respected. Where people required support to eat, staff supported people in a friendly and unrushed manner and gently encouraged them with their meals.

We asked people if they enjoyed the food and all said yes. One person told us "It's very nice", another person

said "The cook comes in and gives you choices of what you want to eat." and another comment made was "There's never a problem with food". We saw that people had kettles in their rooms so that they were able to make drinks whenever they wished.

Some people had diet intake, fluid intake and weight monitored and recorded. This was done on a daily, weekly or monthly basis depending on risk. A referral was made to dieticians or GP as needed.

Everyone had a spacious bedroom and people had been able to personalise their bedrooms. The bedrooms provided sufficient space between chairs and beds to enable carers to help people with their needs. The provider had plans in place to make the home a more dementia friendly environment, this was supported in conversation with the local authority.

We saw that people had had an initial assessment where needs were examined a personalised plan was created. The care plans we looked at showed that each person's needs had been assessed and action plans were in place. Examples seen included a person who was prone to falls and another person who had to have a care plan in place surrounding their pain.

# Is the service caring?

## Our findings

One person told us "Staff are very caring" and another person told us "There's good staff, they're very good with me". Everyone we spoke with said that they were treated with dignity and respect. One person told us "They're very respectful of my privacy and dignity". Personal care was carried out in private, respecting dignity and privacy. People looked well-groomed and cared for and were dressed appropriately.

We observed that the staff on duty knew people well and were able to communicate with them and meet their needs in a way the person preferred. We observed the staff ensured the privacy and dignity of the people who used the service. We saw the staff interact with the people and they appeared to know the person well and they had an understanding of the personal needs and the background of the person.

We observed that people made choices and decisions about their lives and staff respected these decisions. For example, people were able to choose when they wanted to go out and where. One person told us "I can go out when I want". During our visit we saw that people moved about the house freely.

We asked people if they were able to choose when they went to bed and we were told yes. We also asked if visitors were welcome at any time in the home and again we were told yes. One person told us "Visitors can come in whenever they want".

Gerald House had a service user guide and statement of purpose which were on display within the home for people to access. These contained information about the service and what could be expected when a person moved into the home. The service had added information regarding their philosophy of care and their principles and values.

Records were kept securely and could be located promptly when needed. We observed that confidential information was kept secure in the main office.

Information regarding advocacy services was available within the home for people that did not have friends or family to represent them, although there was nobody using these services at the time of the inspection. The provider had a policy in place with regards to accessing advocacy services on behalf of people living in the home. This information was accessible as it was placed on the notice board at the entrance of the home. This helped to ensure that people had access to support and that staff were aware how to access it.

We saw that staff communicated with people and met their needs in the way each person wanted. We saw the registered manager, the deputy manager and staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred and staff were seen to have a good knowledge of each person and how to meet their needs.

## Is the service responsive?

### Our findings

We asked people if they knew how to complain and everyone we spoke with said that if they had something they weren't happy about they would be comfortable approaching a member staff. Everyone we spoke to was satisfied with the service they were receiving and had no complaints. One person said "I'm very happy here." And another person said "I've got no complaints". There was clear complaints information available in the entrance to the home and there was a relevant policy in place.

We looked at four people's care records and noted that assessment and care planning information identified people's needs and the care they required. For example, assessments included, mobility, eating and drinking and depression/anxiety. The care plans gave specific information on how the person preferred to be supported and their routine when needing personal care. One person's file showed that they suffered from a recurrent health issue and the care plan provided detailed guidance to help ensure staff knew what symptoms to look for and what actions to take. People told us staff encouraged choice and this was reflected within care plans. These care plans were reviewed regularly with any changes clearly noted. We were able to observe how the manager had ensured people with dementia were able to have items that brought them comfort, an example of this being a doll.

We looked at people's monitoring information such as daily notes, weight chart, food and drink charts and pressure area monitoring. This reflected what support was needed and identified in the people's care plans.

People had prompt access to medical and other healthcare support as and when needed. There were documented visits from district nurses, dieticians and GPs. We were able to speak a visiting nurse who told us "Communication with staff is good." and "There's a good working relationship with the management and the staff". They told us that the staff at Gerald House were approachable and informative.

No one living in the home was receiving end of life care at the time of inspection. The staff had completed the "Six Steps" programme with the focus of this being care in the last six months of life. It ensures that the person themselves is at the heart of the process, with other people such as relatives and care professionals included and operating in a co-ordinated way. This was due for review in January 2018. We saw that staff worked with health professionals to ensure that people received dignified care at the end of their life.

On speaking to people living in the home and through our observations we identified that the service provided planned activities. The people we spoke with did not always participate but knew the activities were available if they wished and their choice to not participate was respected. One person told us "I get involved if I want to". We observed a lively session that was organised by staff. We saw staff successfully encouraging people to be involved by playing people's favourite music and Christmas carols.

The provider had installed Wi-Fi in the home and this was used by the people living there. One person was able to speak to their family via skype. This helped people to maintain relationships that were important to them and prevent isolation.

# Is the service well-led?

## Our findings

The service had manager in post who had been registered with the Care Quality Commission since October 2010. The registered manager was supported by senior staff including a deputy manager and senior care staff. We spent time talking to the registered manager and the deputy manager and they told us how committed they were to providing a quality service. The registered manager understood their responsibilities in relation to the service and to registration with CQC and had updated us with notifications and other information. The provider had made timely notifications to the Commission when required in relation to significant events that had occurred in the home.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. Gerald House were displaying their ratings appropriately in a clear and accessible format, at the entrance to the home.

The policies in place were completed by an external body and adapted and reviewed regularly. These included health and safety, dementia, equality and diversity, fire procedures, confidentiality, whistle blowing, medication, disciplinary procedures and recruitment. This meant staff had access to up-to-date guidance to support them in their work. People's care files were stored securely to protect their right to confidentiality. Records were well maintained at the service and those we asked to see were located promptly.

The registered manager and deputy manager undertook a range of quality assurance processes to ensure the quality of the service. We saw evidence of completed audits of falls, end of life care, complaints and an overall manager's audit. This included care plans, environment, fire equipment and staffing. The provider was able to identify trends and action them accordingly. An example of this was falls and how lighting had been changed following the identification of a trend.

Quality assurance questionnaires had been used in June 2017 to ask people about their opinions, concerns or complaints. This showed that the provider sought and valued people's opinions and suggestions about the service provided.

The manager also carried out mock inspections that were discussed with the staff through their team meetings. This gave the staff the opportunity to feedback, air their views and put forward any suggestions. The mock inspections identified a need to adapt report writing and carry out medication audits.

All people we spoke with knew the registered manager and deputy manager and everyone said they were approachable and all felt they would act if they made a complaint. When asked about the atmosphere in the home and people living in the home were positive. Comments included "It's homely", "I'm happy here", and "If you say you want something, it's arranged".

Staff we spoke to said they felt supported in their roles by the managers. One staff member said "It's a lovely

place, the managers are really nice". We were also told by another staff member that the home provided 'good training courses'.