

Barley Healthcare Ltd

Greycroft Residential Home

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

Greycroft Residential Home is a care home providing personal care and support to 14 people aged 65 and over, some of who were living with dementia. The service does not provide nursing care. At the time of the inspection, there were 12 people living in the home.

Greycroft Residential Home is an older type extended property providing facilities on two floors which could be accessed by a stair lift. There were two lounges and a conservatory dining room leading onto a decking area with ample seating for people and their visitors to enjoy in the warmer months. There were twelve single bedrooms and one double bedroom.

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

People were happy about the care and support they received and with the way the home was managed. People's views about the quality of care provided were used to make improvements to the service. The quality of the service was monitored, and appropriate action was taken to improve the service when needed. Lessons had been learned and shared with staff when things went wrong.

People felt safe and made positive comments about the management team and staff. Staff understood how to protect people from abuse and people had no concerns about the care they received. People received their medicines when they needed them from staff who had been trained and had their competency checked.

Recruitment processes were safe and ensured new staff were suitable to work in the home. There were enough staff to meet people's needs and ensure their safety. Staff received ongoing training, supervision and support. They felt valued and supported and enjoyed working at the home.

Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care needs were assessed prior to them living in the home. Staff knew about people's routines and preferences and people had been consulted about their care needs. People enjoyed the meals. They were supported to eat a nutritionally balanced diet and had access to various healthcare professionals, when needed. People enjoyed suitable activities and entertainments and they were supported to maintain contact with their friends and family; good friendships had developed within the service.

Staff treated people with dignity, respect and kindness and knew people well. We observed positive, caring and warm interactions between staff and people. Staff spoke with people in a friendly and patient manner and we overheard laughter and friendly banter.

People could raise any complaints or concerns if they needed to and knew who to speak with. People were happy with their bedrooms and with the communal areas. All areas were comfortable, clean and bright.

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

Rating at last inspection

The last rating for this service was good (published 26 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Greycroft Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector 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.

Service and service type.

Greycroft Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

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

their views about the service; we received no concerning information. We also looked at comments about the service, left on an independent review site. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

During our inspection, we spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with five people living in the home. We also spoke with the registered manager, the nominated individual, and three staff members. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We had a tour of the premises and looked at a range of documents and written records. These included two people's care and support records, staffing rotas, medicines records, two staff recruitment records, training, induction and supervision records, minutes from meetings and complaints and compliments records. We looked at records related to the safety, auditing and monitoring of service. We also looked at the most recent report of the service from the local authority commissioning team and feedback from the recent customer satisfaction survey.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Management and staff protected people from the risk of abuse. People told us they felt safe and were happy with the care they received. One person said, "I feel safe, I'm happy in here." A relative commented, "I have no qualms about [family member] being well cared for at Greycroft."
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- The provider made sure staff knew how to keep people safe and to protect them from discrimination. Staff had access to appropriate training and to policies and procedures.

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

- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. Staff were provided with guidance on how to manage the risks in a safe and consistent manner.
- The provider promoted an open and transparent culture in relation to accidents, incidents and near misses. The registered manager reviewed all incidents to ensure appropriate actions were taken. Risks were reassessed to prevent reoccurrence where possible, and where lessons had been learned these were shared throughout the staff team.

Staffing and recruitment

- The provider ensured there were enough staff to meet people's needs in a timely way. People described staff as hardworking and wonderful.
- The registered manager carried out checks on all new staff before they were employed to work with vulnerable people.

Using medicines safely

- The registered manager and staff followed safe processes to ensure people's medicines were managed safely. Staff were suitably trained to administer medicines and the registered manager had carried out checks on their practice.

Preventing and controlling infection

- The provider had systems to help prevent the spread of infection and staff had received training in this area. All areas of the home were clean and fresh smelling. Appropriate protective wear to prevent cross infection was readily available throughout the home.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out assessments of people's needs before they moved into the home to ensure they could be looked after properly. Assessments from health and social care professionals were also used to plan effective care for people.
- Management and staff applied their learning in line with expert professional guidance such as the management of nutrition, skin integrity and falls. This led to good outcomes for people and supported a good quality of life.
- Staff considered people's protected characteristics, such as sexuality, age, religion or belief. Policies and the initial care assessment supported the principles of equality and diversity.

Staff support: induction, training, skills and experience

- The registered manager provided staff with a range of training to carry out their role effectively. New staff were given an in-depth induction to ensure they could carry out their role safely and competently. One person commented, "There's no big turnover of staff here. They all appear to know to know what they are doing."
- The management team provided staff with support and supervision. Staff were complimentary about the support they received.

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

- Management and staff provided people with meals and drinks they enjoyed. People were supported to eat a varied and nutritious diet based on their individual needs and preferences. People said, "There's as much food as you can eat. I've never been left feeling hungry" and "The food is good quality; good portions and you get a choice."
- The registered manager and staff made sure people were supported and not rushed at mealtimes. Staff monitored people if they were at risk of poor nutrition and healthcare professionals were involved where required.

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

- The registered manager and staff provided people with appropriate support to meet their healthcare needs. People's physical and mental healthcare needs were documented which helped staff recognise any signs of deteriorating health.
- Staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service.

- Staff shared appropriate information when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. In this way, people's needs were known, and care was provided consistently when moving between services.

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

- The provider made sure the design and layout of the home was suitable for people living there. Communal areas were comfortable and bright, bathrooms were appropriately adapted and there was access to outside seating areas. People were able to bring their own items into their rooms.
- The provider had identified areas where the environment needed to be improved and had a plan for the required improvements to be made. People told us they had been asked and involved in choosing new décor and furniture for the home.

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.

- The registered manager understood when an application for a DoLS authorisation should be made and worked with the local authority to ensure where people were deprived of their liberty, any decisions made on people's behalf, were lawful and in their best interest. At the time of the inspection, five applications had been made.
- Staff made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible. Staff were patient and respectful and supported people to make choices about their daily lives.

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 the same. 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

- Management and staff treated people with warmth, kindness and respect. They respected people's equality, diversity and human rights and recorded them as part of the care planning process.
- People were complimentary of the care and support they received. People commented, "Greycroft is like a large happy family", "They always treat you with respect. They always go the extra mile for you, and they encourage you to be independent" and "Everyone is polite and friendly and there is always a lovely atmosphere." Messages of appreciation highlighted the caring approach taken by staff.
- Staff and people living in the home had developed good relationships. Staff took time to sit and talk to people and knew about their preferences and how best to care and support them.

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

- Staff encouraged people to make decisions about their day to day routines and their care needs, in line with their personal preferences. People could express their views as part of daily conversations, regular meetings and customer satisfaction surveys. Information around the home helped keep people informed of proposed events and of any changes.
- Staff ensured people had maximum choice and control over their lives, including those with protected equality characteristics. People told us staff respected the choices they made.
- Staff gave people information advising where they could access advocacy services and how to contact other useful agencies. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Respecting and promoting people's privacy, dignity and independence

- Management and staff respected and promoted people's privacy, dignity and independence. People could spend time alone in their rooms if they wished. One person said, "They know what I like and don't like. They respect your privacy, always knock on the door. They are pretty easy going about getting up and going to bed, it's not regimented."
- People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

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 the same. 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

- Management and staff planned people's care and support in line with their choices and preferences. They recognised the importance of appropriately supporting people on an individual basis, promoting equality and diversity and respecting individual differences.
- Staff understood people's needs well and could describe people's care and support needs in detail. People's care plans described their health, care and support needs and included their preferences and daily routines. They were kept under review and people, or their representatives, had been involved in decisions about care needs.

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.

- Management and staff understood people's communication needs and preferences. Information could be made available in a variety of formats, such as easy read and pictorial to meet the communication needs of people and to give people more control over their lives.
- The management team and staff used technology, such as the use of sensor mats and social media pages, as a means of communicating with people and achieving positive outcomes for them.

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

- Management and staff provided people with suitable activities and entertainments.
- People were supported to maintain contact with their friends and family, and friendships had developed within the service.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor complaints, compliments or concerns to understand how they could improve or where they were doing well. There had been no complaints made about this service.
- People told us they had no complaints or concerns and would feel confident talking to staff or the registered manager if they had a concern or wished to raise a complaint. The complaint procedure was available in the service information guide and displayed in the hallway.
- People were encouraged to discuss any concerns during meetings and during day to day discussions. They also participated in a satisfaction survey where they could air their views about all aspects of the

service.

End of life care and support

- The staff team had experience of caring for people at the end of their life. Relevant professionals were involved when required and appropriate medicines and equipment was made available to ensure people received dignified, pain free care. At the time of our inspection, the service was not supporting anyone with end of life care.
- People's preferences and choices in relation to end of life care and their cultural and spiritual needs had been explored and recorded, where possible.

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 Good. At this inspection this key question has remained the same. 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

- Management and staff planned and promoted person-centred care to ensure good outcomes for people. People told us the home was well managed and homely. People also said they would recommend the home.
- The provider ensured the culture of the service was caring and focused on ensuring people received high standards of person-centred care. It was clear management and staff knew people well and put these values into practice. People, where possible, were empowered to make decisions about their care and support.
- Staff were committed to providing high standards of care and support and felt valued and supported. Staff told us they enjoyed working at the service and received appropriate support from the registered manager.

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 registered manager and provider understood their responsibilities under the duty of candour. They promoted and encouraged candour through openness. Good relationships had been developed between management, staff and people using the service and their family members.
- The registered manager had been open with people when things went wrong. Any incidents were discussed with staff during meetings or in one to one support sessions.

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

- The provider used quality assurance systems to ensure safety, quality and improvement were consistently monitored.
- The registered manager was experienced, and staff were knowledgeable with the needs of the people they supported. We found the service was well-organised, with clear lines of responsibility and accountability

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

- Management and staff supported people to be engaged in the development of the service and encouraged feedback from people living in and visiting the home. There was good evidence people were listened to and changes were made. The quality of the service was monitored to ensure people were happy with the service and to ensure their diversity and personal and cultural needs were met.
- The registered manager had an 'open door' policy, so people could approach them directly to discuss any

concerns openly and in confidence.

Continuous learning and improving care; Working in partnership with others

- The provider encouraged continuous learning and development within the service. Management and staff attended local meetings and training where they could learn and share valuable knowledge and information that promoted the development of the service.
- The management team were aware of the improvements that were needed in the service and had good working relationships with a variety of professionals to enable effective coordinated care for people.