

Ewood Residential Homes Limited

Grey Gables Residential Home

Inspection report

1 Lodges Drive
Morecambe
LA4 6HE

Tel: 01524 425376

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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 

Overall summary

The inspection visit at Grey Gables was undertaken on 10th February 2015 and was unannounced.

Grey Gables residential home is situated in a residential area of Bare in Morecambe, close to local shops and amenities. The Building is a large detached dwelling with a small car parking area. There is a small, secure garden area to the rear. There is a small extension on the ground

floor with bedrooms. Bathrooms and toilets are on this floor. The first floor houses bedrooms and a bathroom. At the time of the inspection there were 15 people living at the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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 inspection 25 February 2014 the service was meeting the requirements of the regulations that were inspected at that time.

People who lived at the home were involved and consulted with about their needs and wishes. Care records provided information that was up to date and easy to follow to ensure the safe delivery of people's care and support. Records were kept under review so information was updated and reflected the current support people required. One staff member said, "Care records are good and we ensure they are up to date so people get the right care and attention they need."

Staff spoken with were positive about their work and confirmed they were supported by the registered manager and senior carer. Staff received regular training and supervision to make sure they had the skills and knowledge to meet people's needs. A relative we spoke with said, "The staff appear competent and know how to care for the people in their care."

Suitable arrangements were in place to protect people from the risk of abuse. People told us they felt safe and secure. Safeguards were in place for people who may have been unable to make decisions about their care and support.

We saw staffing levels were sufficient to provide a good level of care and keep people safe. One staff member said, "We do work hard and well together we help each other out in a crisis. There is enough of us to support the residents"

We looked at how medicines were managed and found appropriate arrangements for their recording and safe administration. Records we checked were complete and accurate and medicines could be accounted for because their receipt, administration and disposal were recorded accurately.

People's care and support needs had been assessed before they moved into the home. Care records we looked at contained details of people's preferences, interests, likes and dislikes. Relatives we spoke with told us they had been consulted about their relatives care and were informed of any changes that occurred. People who lived at the home told us their views and choices were listened to by the staff and registered manager.

The registered manager was able to demonstrate that the views of people who used the service and other stakeholders were encouraged and welcomed. We saw a number of examples of changes and developments within the service, which had been made as a result of people's suggestions and comments.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People we spoke with including relatives and health professionals told us the service was safe and people who lived at the home said they felt secure and protected by the way the service operated.

Staff were trained to recognise any abuse and knew how to report any incidents or concerns they may have.

We found staffing levels were sufficient to ensure people's safety and meet their needs.

We observed medication was administered safely. People understood the purpose of their medication and their records were properly maintained.

Good



Is the service effective?

The service was effective.

People's changing health needs were monitored and continuity of care was maintained.

People were cared for by staff that were well trained and supported to give care and support that was identified for each individual who lived at the home.

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS.

People told us they were provided with a choice of healthy food and drink which helped to ensure that their nutritional needs were met.

Good



Is the service caring?

The service was caring.

People told us staff were caring and respectful when people needed support or help with personal care needs.

Staff showed a commitment in respecting people's dignity and had a good understanding of people's needs.

Relatives were positive about the standard of care they felt their relatives received from the service.

Good



Is the service responsive?

The service was responsive.

People were offered choice in order to meet their needs. Staff had a good understanding of how to respond to people's changing requirements in order to maintain their independence.

We observed people were provided with activities and social events throughout our inspection.

People's care needs were kept under review and staff responded quickly when people's needs changed.

Good



Summary of findings

Is the service well-led?

The service was well led.

There was a commitment to continually develop the home. The registered manager talked with, people who lived at the home and relatives for their views and suggestions on how the service could continually improve.

There were quality assurance systems in place to monitor and improve the care, support and running of the service. The views of people living at the home and relatives were sought by a variety of methods such as formal meetings.

Good



Grey Gables 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.

The inspection team consisted of an adult social care inspector and an expert by experience with adult social care experience of older people. 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 unannounced inspection on 10 February 2015 we reviewed the information we held about the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We checked safeguarding alerts and comments and concerns received about the home.

We asked the provider to complete 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. The registered manager told us they had not received the PIR to complete.

We spoke with a range of people about the service. They included the registered manager, deputy manager three care staff, six people who lived at the home and five relatives. We discussed care with one visiting professional. We also contacted Healthwatch, and Lancashire commissioning department at the local authority. We did this to gain an overview of what people experienced whilst living at the home.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked care records of two people who lived at the home. We reviewed records about staff training, staff supervision, recruitment records and quality assurance records, as well as those related to the management and safety of the home.

Is the service safe?

Our findings

People who lived at the home we spoke with told us they felt comfortable and safe. One person we spoke with said, "It's a small home which makes me feel better because there are always people around. It makes me feel safe."

We found the registered manager and staff supported people to stay safe whilst reducing restrictions on people. People had the freedom of the home and were not restricted to go to their rooms when they chose to or to the conservatory area. There were staff around to ensure people were safe and monitored throughout the day. A relative we spoke with said, "This is a great home for my [relative] I don't have to worry when I am not here I know she is cared for well."

We had received concerns about how staff recorded and responded to accidents and incidents within the home. We looked at care records and records of accidents. We found evidence in people's care files where injuries had been recorded following accidents. Body maps had been completed and wounds were attended to and monitored by district nurses. We also found that relatives had been informed of incidents that occurred resulting in the person who lived at the home requiring some medical treatment. We spoke with a relative who said, "[relative] had a little fall the staff were really good and kept me informed and did everything they could for her. I know she is in safe hands." Documents in relation to incidents included a brief outline of how the accident occurred and what the staff did to reduce the chances of the incident happening again.

All of the staff we spoke with during the inspection told us they thought there were sufficient staff on duty to meet people's needs. One staff member said, "We do work hard and well together, we help each other out in a crisis there are enough of us to support the residents." We discussed staffing levels with the registered manager and she told us they would review the staffing levels when levels of occupancy went up or people required more care and support." A Staff member said, "We are flexible in terms of staffing levels and would get extra in if required." A relative we spoke with said, "I come a lot during the week. The staff do spend time with people despite being busy, there seems enough staff around the building."

The registered manager and staff we spoke with had a good knowledge of the process to follow should they suspect people were not safe and at risk of abuse. The process to follow should people suspect any abuse and relevant contact numbers was available in the reception area of the home. One staff member said, "I do know the process and would not hesitate should I suspect abuse was going on." We looked at training schedules and found staff had completed safeguarding vulnerable people training and this was mandatory every year. This meant the service had a commitment to keep people safe by ensuring staff had the knowledge of the signs to look for and procedures to follow. Staff we spoke with all confirmed they had received safeguarding vulnerable adults training and that the training was updated annually.

We observed medicines being dispensed in the morning and lunchtime periods. This was carried out safely and at the right times for each person by trained senior staff. Staff we spoke with confirmed they had completed medication training and one said, "No one would be able to administer medicines if they had not received training."

There were records seen of medicines received, administered and returned to the pharmacy. We saw medicines were stored safe and securely in a locked facility.

Staff told us they were recruited through a thorough process. All checks had been completed prior to any staff commencing work. This was confirmed from discussions with staff. One staff member said, "I remember they would not let me start for a while because my checks had not all come through." Records we looked at contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history and references. We pointed out the application form although requested a full employment history did not ask for any gaps in employment to be explained. This should be recorded so that the registered manager was aware of their past employment history. The registered manager changed the wording on the document to request any gaps to be explained. This was inputted on the computer system during our visit.

Is the service effective?

Our findings

People who lived at the home and relatives we spoke with told us the care and support they received was good and provided by staff that appeared competent and aware of the individual needs of people. One person said, "This is a good home I feel well cared for by the staff and manager." A relative we spoke with said, "I come here four or five times a week to visit [relative] and find the staff are wonderful."

Staff told us they were supported to go on training courses as a mandatory programme. These courses included safeguarding, moving and handling and dementia awareness. The staff also told us they were encouraged to further their own professional development, through accessing courses that gave them a professional qualification. For example one staff member told us they wished to gain further knowledge in catheter training'. This was discussed in supervision with the registered manager. They now were trying to access the appropriate course. One staff member said, "They do support us to further our skills."

We looked at training documentation for staff to access courses that were mandatory. Each staff member had an individual programme which was updated as and when required. Staff we spoke with confirmed this. One staff member said, "Training is discussed in supervision. You cannot say training courses are restricted."

Staff told us they received regular supervision and appraisal to support them to carry out their roles and responsibilities and discuss any issues and their own personal development. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities. One staff member said, "We do have supervision every two months, we have good management support."

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the registered manager and senior manager. The MCA is legislation designed to protect people who are unable to make decisions for

themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager and senior manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated (DoLS). We spoke with the registered manager and senior manager to check their understanding of the MCA and DoLS. They demonstrated a good awareness of the legislation and confirmed they had received training. This meant clear procedures were in place to enable staff to assess people's mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk and protect their human rights. There had been no applications made to deprive a person of their liberty in order to safeguard them. During our observations we did not see any restrictive practices.

Care records of two people we looked at contained documented evidence of people's consent to their care and support. This included information about people's choices with regard to, activities, personal histories food and drink preferences and what they wanted to be known as. This meant people were involved in care planning and staff were aware of people's individual choices and preferences. Personal histories of people were being completed on all individuals. Staff told us this was difficult in some cases because of lack of family support and information from the individual. One staff member said, "The ones we have done are great and it gives an insight to staff about the person and can help develop a better understanding of residents."

We arrived at breakfast time and the atmosphere was relaxed with staff and people roaming around the home freely. One person was having poached eggs for breakfast in the lounge area which he told us, "I enjoyed that." During the day people who lived at the home and visitors were provided with food and drinks of their choice. Staff supported people when they required assistance. A relative said, "Drinks and biscuits are provided whenever we want."

We observed at lunchtime staff were patient and sensitive when supporting people who required help eating their meal. People ate at their own pace and meals were provided for people in their own room as it was their choice. The food was brought from the kitchen ready plated up and a good portion size, very little was sent back uneaten. The sweet was also plated again, very little was

Is the service effective?

sent back. People we spoke with told us that the meal was good. Relatives if visiting were also offered a meal one said, "I sometimes eat with the residents and the food is good." A person who lived at the home said, "I think it's quite good, I've no complaints." Also another person said, "At times it's excellent, at other times very good."

We found the kitchen area clean and tidy, with sufficient fresh fruit and vegetables available for the people to have a healthy diet. The cook told us that people preparing food had all completed 'food and hygiene' training which was regularly updated.

The registered manager and staff had regular contact with visiting health professionals to ensure people were able to access specialist support and guidance when needed. Records we looked at identified when health professionals had visited people and what action had been taken.

Is the service caring?

Our findings

People we spoke with including relatives visiting the service were very complimentary about the way staff cared for people. One relative said, "We have had teething problems in the past but would not have my [relative] anywhere else." Also, One person who lived at the home said, "The staff are wonderful." People told us the staff were approachable and friendly, they would always find time to talk to them. People told us their choices of how to spend their time were respected. For example, one person likes to roam around calling in the office and moving from the lounge to the bedroom. One staff member we spoke with said, "[person] likes to flit in and out of everywhere, that is not a problem you have to respect her wishes."

We spoke with staff to gain an insight into how they understood the way people who lived at the home should be treated and cared for. Staff gave examples of how to treat people with dignity. One staff member said, "Treat each person as an individual it is very important when caring for elderly and vulnerable residents."

We were shown around the home by a member of staff. We observed staff knocked on people's doors and they would not enter until a response was given. Observations over the day we visited confirmed staff responded to people in a dignified and respectful way.

People told us their dignity and privacy was respected. When people required support with personal care or changing clothes, doors were closed and staff knew how to respect people's privacy. We observed examples of this throughout the day. We observed one example of staff understanding the dignity and privacy of a person. A person was visibly upset and a staff member was kind and supportive and led her away to calm her down. Other

examples we saw was when staff were very discreet when asking people if they wished to use the bathroom. This showed staff had an understanding of how to show people respect and dignity in a sensitive way.

We found people could visit the home at any time. This was confirmed by the relatives we spoke with. Comments included, "I can come in at anytime to see my [relative]. The staff are definitely very kind and compassionate towards my [relative]."

Although the home was small families could discuss personal issues in private. One family member was talking to his relative in the conservatory privately. We spoke with the family member who said, "We can always go to her room, however we like to sit in here it can be private."

We spoke with staff and the management team about people's choices, needs and preferences. They had a good understanding and awareness of the needs of the people who lived at the home. One staff member said, "It's a small home and we are able to get to know everyone well. This helps when recognising when people are not well or have something on their mind."

The registered manager told us people who lived at the home had access to advocacy services. Information was available for people to access in the documentation provided by the service. This meant that people's interests were represented and they could access appropriate services outside of the home to act on their behalf.

People we spoke with told us they were involved in making decisions about their care needs. They told us they were aware of care plans and had input when changes occurred or discussed with staff. One person said, "I know we discuss how things are going regularly and they write down how I am." A relative visiting the home said, "Yes they discuss my [relatives] needs every month or so."

Is the service responsive?

Our findings

People we spoke with and families were satisfied with the service and the daily routines at the home. One person said, "It's a relaxed atmosphere, you can join in with things or just relax on your own. The staff are always obliging."

People who lived at the home told us activities were varied and the staff tried and provided interests for people, generally in the afternoons. There was a person who was responsible solely for activities and social events. This person was employed as a carer as well. One staff member said, "It does provide special time just for activities for the afternoon periods." For example on the afternoon of our visit people were engaging in reminiscence games which involved identifying old photographs of celebrities. One person said, "I enjoy this sort of game." The activities were designed to suit both individuals and people participating as a group. These included playing games such as cards, and chalk board games.

The care records of two people we looked at had been regularly reviewed and any changes in care had been amended into the care record. For example, one person required district nurses input following a skin tear which had been identified on a body map of the person. A plan was put in place and evidence of reviews taken place to ensure the right care was being provided. One member of staff said, "Care plans are reviewed monthly or when changes are needed."

Staff we spoke with about people who lived at the home told us care records were easy to follow and because they were updated often they were confident people received

the right care and support they required. One staff member said, "I feel we are responsive to people's needs and because our systems are regularly reviewed people are well cared for."

Family members we spoke with felt the communication with the staff and registered manager was good. One relative told us they were kept up to date regarding the support and care planning their relative required. They were also kept up to date with any changes in healthcare needs for their relative.

During the day of our visit we observed staff spending time with people and were responsive to people's needs. There were many examples in the afternoon when people required a drink or just a chat. Staff responded well to requests and in a timely manner.

There was a complaints procedure available and on display in the service. This was to show people how to complain and the process of complaints. We saw records of complaints. This included two complaints raised this year 2014-2015. We saw the complaints were investigated and responded to appropriately. The complaints informed us that people felt they could raise concerns and the management team were approachable to investigate matters thoroughly and fairly. This was confirmed by what people told us. One person said, "I feel comfortable in raising concerns." Also, "I know how to make a complaint. Never had to but any little grumbles are sorted straight away."

Relatives told us staff and the registered manager encouraged them to visit their relatives and were asked to stay for meals or join in with events going on during the day. One relative said, "They are very good at looking after [relative]. They always make me feel welcome any time I visit here."

Is the service well-led?

Our findings

People who lived at the home and their relatives told us the home was well-led and the management team were approachable and caring. One person said, "Nothing wrong with the way this home operates, good staff and a good manager." Staff members we spoke with said they felt part of a team and felt they could raise any issues or discussion without feeling uncomfortable. One staff member said, "Never had a problem with [registered manager] always there to lend an ear if needed."

During the day of our visit we observed how the registered manager and senior staff member interacted with other staff members. Comments from staff showed us that the service encouraged a culture that was centred on the individual people they supported. We found the service was well led, with clear lines of responsibility and accountability. All staff members we spoke with confirmed they were supported by the registered manager. One staff member told us, "We all get along well and support each other from the manager right through the staff team."

During our inspection we spoke with the registered manager and senior carer about the people who lived and worked at the home. They demonstrated a good awareness of the care needs of people we talked about. This confirmed they had a clear insight with the staff and the people who lived at the home.

The registered manager had a system in place to monitor the quality of the service. This included regular audits carried out by the registered manager and senior carer. Audits covered areas such as suitability of premises and medication. Audits informed the registered manager the service was meeting the standards at the time of our visit. However they identified areas of improvement that could take place. For example further redecoration of the building had been started. One relative we spoke with said, "They are updating the premises which is good to see."

The registered manager told us that the views of people who lived at the home about the service were sought by various ways both informally and formally. Resident meetings were held and copies of minutes kept. A staff member said, "We do have meetings but because we are a small home, on a daily basis we always talk with residents to see if they want anything or have any issues." A relative we spoke with said, "My [relative] is not involved in giving feedback in any formal way". The registered manager told us they would hold more resident meetings and involve relatives on a more regular basis and in a formal way.

Staff meetings were held every four months as well as night staff meetings. The last one took place 27th October 2014. Staff told us they regularly had informal discussions with the management team to discuss the running of the service. Staff members confirmed these took place and were an opportunity to discuss ways of improving the service. One staff member said, "We are a small home but meetings are always good to talk through any issues."

We looked at annual surveys which were sent to people who lived at the home and families. The last surveys were sent out on the 07th November 2014. Surveys checked people's experiences of the service and asked questions of how they felt the service was run and what changes they felt would improve the running of the home. The registered manager and senior carer would analyse any suggestions or negative comments and act upon them to ensure the service would continually develop to provide quality care for people. We looked at results from the latest survey which were mainly positive. However we picked one out which was negative about the poor condition of armchairs in the lounge area. There was an action plan put in place to replace the chairs and since then 16 new chairs have been purchased. One person who lived at the home said, "They were in bad shape, but at least they have changed them for new ones."