

Mrs K Shone

Gerald House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Gerald House is residential care home providing personal care to up to 17 people. The service provides support to older people who may be living with dementia in one large adapted house. At the time of our inspection there were 15 people using the service.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, relatives and health and social care professionals spoke positively about the service provided. People received care which was responsive to their individual needs. People told us they felt safe living at the service. Relatives were confident staff knew their loved ones well and supported them in the way they preferred.

Risks to people and the environment were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of infection.

Safe recruitment practices were followed, and appropriate checks were completed to ensure that only suitable staff were employed. There appeared to be sufficient number of staff on duty and this was supported in discussions with people and their relatives.

Accidents, incidents, safeguarding and complaints were managed appropriately and monitored by the management. Medicines were managed safely.

The provider had quality assurance processes in place including audits, staff meetings and quality questionnaires. Effective working partnerships with other agencies and health and social care professionals had been formed.

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 7 February 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gerald House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Gerald House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

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

Gerald House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Gerald House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the support provided. We spoke with two members of staff and the registered manager.

We reviewed a range of records. This included three people's care records medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to protect people from abuse and discrimination. The registered manager understood their responsibilities in reporting concerns to the local safeguarding authority. They had worked with the local authority when concerns had been raised to keep people safe.
- Staff received appropriate training to be able to recognise any safeguarding issues and act appropriately.
- People and their relatives told us that safe care was being provided. One person told us "Yes, I'm safe – well looked after. Another person said "I've been here for 7 years. Yes, I'm safe – they check on me, they feed you and give you your medicine." Relatives also commented "She is safe and well" and "I can't fault the care they give [person]."

Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare had been assessed, there was clear guidance for staff to mitigate the risk. Some people were at risk of developing skin damage so were appropriately supported with pressure care.
- Care plans identified specific medical conditions and how to support the person effectively.
- Checks had been completed on the equipment people used and the environment to keep people as safe as possible.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. Disclosure and Barring Service (DBS) checks provide information

including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- There appeared to be enough staff to meet people's needs. People and their relatives we spoke with felt there was sufficient staff on duty.

Using medicines safely

- Medicines were used safely. The room where medicines were stored was kept at the correct temperature to make sure they remained effective.
- Staff we spoke with were knowledgeable about people's medicines.
- People felt well supported regarding the administration of their medicines. We were told "Yes, they give me my tablets as liquid as I find tablets hard to swallow," and "Yes, I get medicines several times a day, they make sure I have them."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There were appropriate forms and processes in place for recording and investigating accidents and incidents. There were systems in place to learn lessons when things went wrong.
- There was a proactive and robust approach to managing performance of staff. Staff were supported to improve their practice.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- The provider, registered manager and staff were all keen to provide high-quality, person-centred care. We observed a friendly, welcoming and inclusive culture within the home.
- Everyone we spoke with were positive about the care provided and people said they were happy living at the home. One person told us "The staff are very friendly and understand me and my anxiety and respect my choices like wanting to stay in my room. I always get my meals on time" and a relative said "It's homely, very warm, and friendly. [Person] had issues when [they] went in and they accommodated [them] and managed [them] and [they] have settled down, staff know [them], and [they] know them."
- Another family member told us "The family and I are over the moon with the care that [person] gets – for him as an individual it's the perfect fit. We are thankful to them as we have got our old [person] back."

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; Continuous learning and improving care

- The provider was open and transparent about what improvements had been made and what was needed to ensure the service continued to improve.
- The provider and management team were committed to the continuous improvement of the service and staff received supervision and support to develop their practice.
- Policies and procedures were in place, including safeguarding, infection control, recruitment and disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- No one we spoke with had any complaints at the time of the inspection. However, people knew how to voice their concerns. One person told us "Yes, it's well managed. I've met the manager and she's easy to talk to and she listens to me. I've never had any complaints anyway."

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

- The provider was able to show how they regularly carried out their own audits and what actions were taken when issues were identified.
- There was an ongoing refurbishment plan of the home. A family member told us "Yes, it's clean and tidy and they're doing more work on it to keep it up to standard."
- The provider and management team had shared information with the CQC as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Communication between staff, people and their families was effective. Comments we received included "Yes, it is good. I know the manager and e-mail her once a week about coming to visit and taking mum out. Ongoing communication is good."
- The people living in the home were able to voice their opinions informally and also through formal channels such as quality questionnaires.
- The provider worked closely with other professionals to ensure the best outcomes were achieved for the people living in the home. For example, a new way of working had been adapted between the home, the GP surgery and the pharmacy to ensure peoples medicines were appropriately managed.