Bath Centre for Voluntary Service Homes

Greystones

Inspection report

Hayesfield Park
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Date of inspection visit:
17 May 2016

Date of publication:
22 June 2016

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

We carried out an unannounced comprehensive inspection on 17 May 2016. Greystones is registered as a care home and provides personal care for up to 26 people. There were 26 people living in the home when we undertook our inspection. The care home was last inspected on 11 September 2013 and met legal requirements

There was a registered manager in post. 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.

People were very positive about the care and support they received. They told us they felt safe and well cared for.

There were enough staff to meet people's needs. Staff had received supervision and training, and had the skills needed to provide care for people living in the home. They told us they were well supported by the registered manager.

People were treated with kindness and respect. They had the opportunity to join in activities of their choice. Care plans reflected people's individual needs, preferences and choices and were updated on a regular basis.

Medicines were well managed and kept secure. People received their medicines in a timely way and when they were needed. Records were accurately maintained and kept up to date.

People's rights were upheld in accordance with the Mental Capacity Act 2005. People were asked for consent before they received care and treatment. Where people were unable to provide consent and needed to be deprived of their liberty, this was done within the legal framework of the Deprivation of Liberty Safeguards (DoLS).

Systems were in place to monitor and audit the quality of the service. Actions were taken when improvements were needed.

People living in the home spoke positively about how the home was managed. People felt able to express their views and were confident their opinions and suggestions would be listened to and acted upon.

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.

Risks to people were assessed and actions were taken to reduce identified risks.

Medicines were managed safely. People received their medicines when they needed them and in a safe way.

There were enough staff, with the right skills, to meet people's needs.

Staff knew and understood their responsibilities for safeguarding people from harm and abuse. They had received training and knew how to report abuse.

Is the service effective?

Good

The service was effective.

People were supported by staff that had received supervision and training so they could effectively meet people's needs.

Staff acted in accordance with the principles of the Mental Capacity Act 2005. They obtained consent from people before providing care and treatment. Where people were unable to provide consent, staff acted within the legal framework of the Deprivation of Liberty Safeguards (DoLS).

People's dietary requirements were met and meal times were unrushed and enjoyable for people.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect. Staff respected people's privacy and maintained their dignity when providing personal care.

Staff spoke about the people with compassion and genuine warmth. Interactions between staff and people living in the home

were friendly and caring.

Is the service responsive?

Good

The service was responsive.

People's care plans provided up to date guidance about their current needs and wishes. Care plans were reviewed and updated regularly.

People had the opportunity to take part in the activities offered in and out of the home.

People were able to express their views or raise complaints, knowing that they would be listened to and actions would be taken if needed.

Is the service well-led?

Good

The service was well-led.

People told us the registered manager was accessible to them. They told us the home was well run and they could freely express their views and opinions.

Staff were positive about the training and support they received. They told us this enabled them to do their jobs well.

Systems were in place to check, monitor and improve the quality of the service. Actions were taken in response to identified areas for improvement.

Greystones

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 was unannounced and 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 used this type of care service.

Before carrying out the inspection we reviewed the information we held about the care home and the service provider. The registered provider had completed a Provider Information Return (PIR). This is a document that gives us some key information about the service, what the service does well and what improvements they plan to make. We looked at notifications we had received from the service. Notifications are information about important events the provider is required by law to tell us about.

We spoke with seven people who lived at the home. We spoke with a representative for the provider, the registered manager and five members of staff. We also spoke with a visiting health professional. We made observations of staff interactions with people, meal service and medicines being given to people.

We looked at four people's care records. We also looked at medicine records, staff recruitment files and records relating to the monitoring and management of the care home.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe. Comments included, "Of course I do (feel safe) everything is secure. My call bell is by my bed and yes I've used it but only by accident and the staff came really quickly so I have no fears about being safe" and "Absolutely…we look out for each other and the staff make you feel safe."

Staff understood their responsibilities with regard to safeguarding and keeping people safe from avoidable harm. They had received training and were able to tell us how they would recognise abuse. They were all confident about the actions they would take. One member of staff told us, "I wouldn't leave work until I knew I'd done everything to make a person safe." There was information and guidance available for staff. This included contact details of the local authority safeguarding team which were located in a home information folder.

Risks to people's safety had been assessed and people had plans in place to minimise the risks. A range of assessments were completed. These included risk associated with the environment, such as the stairs and the water temperatures. They also included risks to people's health, for example, the risks of high or low blood sugar for people who had diabetes, and risks associated with people's mobility and skin care.

We looked at the staff rotas and saw there was consistency in staffing. The registered manager told us they were present in the home during the day and at night. They told us they provided hands on support on a regular basis. This was evident during our visit. One member of staff commented, "(Name of registered manager) is very good at helping and supporting us." The registered manager completed the medicine rounds during the day. They told us they increased the staffing levels if people's needs increased.

Several staff had worked in the home for a number of years. This meant people could be confident they would be cared for by staff that were familiar with their needs. During the day we observed staff were not rushed in their duties and stopped and chatted to people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support.

Staff recruitment procedures were followed before staff started work. Appropriate checks were completed to ensure staff were of good character and they were suitable for the role they had applied for. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS helps employers make safe recruitment decisions and prevents unsuitable people working with vulnerable people.

Medicines were administered safely. We saw people being given their medicines when they needed them. The registered manager administered people's medicines in line with their prescriptions. They checked with people who were prescribed pain relieving medicines if they needed them. The medicine administration records sheets (MARs) were signed accurately and when the medicines had been taken. We asked one person if they knew what medicines they were taking. They told us, "I take quite a lot due to having a stroke

and the staff stand over me while I take them. It's the same every day without fail."

There were no people self-administering and no one received their medicines covertly. Covert administration means that medicines are disguised when they are given.

Medicines were stored safely and accounted for. However, there was no record on the MARs of medicines carried forward from the previous month. This meant the total number of medicines could not always be easily accounted for. We spoke with the registered manager who told us they would start recording medicines that were carried forward. Records were maintained for medicines returned to pharmacy when they were no longer needed.

Records were available that confirmed the premises were safely maintained and checks for legionella, fire, gas and electrical safety were completed on a regular basis. This meant people could be confident they were cared for in a safe environment.

Emergency plans were in place and information was available for staff about what they needed to do in the event of an emergency. For example, people had personal emergency evacuation plans (PEEPS) in place to confirm how they would be supported if an evacuation of the home was required. A member of staff told us, "Even at night I would be confident and know what to do if there was an emergency, because we've practiced and had training."

People were cared for in a safe and clean environment. Staff knew their responsibilities in relation to the prevention and control of infection. One person told us, "They come into my room every day and clean it. It's always nice and clean and the home is very clean. Just look around…all these people and it's still clean." Staff wore gloves and aprons appropriately, for example, they covered their uniforms with aprons when they served meals to people.

Good

Is the service effective?

Our findings

People were positive about the care and support they received. One person commented, "Yes I think they do know my needs." and another person said, "At the moment I use the lift but I have to be escorted by someone (staff) until I get used to using my walking frame." People's care records included a section where people were asked about any worries they had if their health deteriorated. One person's records noted, 'Not at the moment, not really thought about it much'.

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. Staff had received training and demonstrated an understanding of the principles of the MCA.

Care records showed that people were asked for consent from staff before care and treatment was delivered. Staff were aware of people's rights to refuse care and support. For example, one person had lost weight and their weight was being monitored. The GP had recommended the person had fortified foods. The person decided what food they wanted to eat. Often this was not in accordance with the recommendations made by the GP. One member of staff commented, "We'd like her to take the extra's but it's her choice not to, we can only recommend and monitor what she does eat."

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA. We found conditions on authorisations to deprive a person of their liberty were being met. This meant people's rights were being upheld.

Staff had the knowledge and skills to carry out their duties effectively. We spoke with staff who told us they received training to help them do their jobs well. Staff completed an induction when they started in post. They received regular supervisions with their line manager. They completed initial and then refresher training in areas such as fire safety, infection control, moving and handling, safeguarding and food safety. New staff covered all aspects of care as specified in the nationally recognised care certificate.

Staff completed training to help them understand the specific needs of people they were caring for. For example, staff had completed dementia awareness training. They told us how they believed the training had helped them to provide better care and support. One member of staff told us, "It made me more aware and more confident about how to respond to some situations. I feel more able to reassure people." Another member of staff said, "I attended a pressure sore (ulcer) seminar. It made me much more aware of the need to check when peoples' skin is vulnerable to breaking down, and how to prevent soreness."

One member of staff told us they provided care for a person with Parkinson's disease and told us it would be helpful to know more about this illness. The representative for the provider told us they would include Parkinson's disease training in their training plan.

People's specific dietary needs were met. Catering staff had the information they needed to support people. When people moved into the home, their likes and dislikes were discussed. The catering team were informed of special diets and noted any allergies.

People spoke positively about the food and drink they received. We received comments such as, "I get a good choice…I have never wanted to eat or drink at night but if I did I would use the call bell in my room and ask." "The food here is very good. They come the day before and ask you what you would like from the menu. You get a choice of two main menus but if you like they will make you something else. Would you believe we get breakfast in bed" and "The food is great here and they always come round with tea and coffee between meals."

We observed a meal service. One person changed their mind when the meal was served. They decided they wanted an omelette for lunch and this was provided for them. We did notice the cutlery was stained. We brought this to the attention of the registered manager who explained there was a fault with the dishwasher. They told us they may need to purchase some new cutlery.

Good

Is the service caring?

Our findings

All of the people we spoke with were positive about the care and support they received. They told us staff treated them with kindness and respect. Comments included, "They (the staff) are very kind and they do respect my privacy and call me by my first name which I like" "They always knock on my door before they come in and if they're helping me they always close the door so no-one can see" and "The staff are very kind and always have a smile on their faces…they talk to me which is nice, even when they're busy."

We saw and heard many caring, warm and friendly interactions between staff and the people living in the home. It was clear that staff knew details about the people they supported. They knew details about people's lives before they moved into the home, likes and dislikes, fears and worries. They knew how people preferred to spend their day. When staff spoke about people, they told us they wanted to do the best they could to make living in the care home a positive experience. One member of staff told us, "We want this to be a lovely place for people to live."

Staff showed they cared by the way they spoke and communicated with people. When staff passed by people in communal areas, we saw they stopped for a brief chat, asked people how they were, and reminded people about the plans for the rest of the day. Sometimes we saw staff give reassuring touches to people.

People were encouraged and supported to maintain their independence. For example, some people made their own beds during the morning and one person layed the tables in the dining room for lunch. One person commented, "I have built up my confidence since I've been here. I think it's the way it's run we're always busy and I've always got something to do."

One member of staff commented that one to one chats often helped them get to know people better. One person told us, "When I first came in here I had my little irritations which made me feel down but not now. The staff sit down and have talked to me and they're very caring and they made me feel good."

No one was receiving end of life care at the time of our visit. The registered manager and senior staff told us they provided care with the support of other health professionals for people when they needed end of life care. An end of life section in the care plans provided details about people's preferences and advance choices.

We saw many compliment and thank you cards which highlighted the kindness and caring nature of the staff. For example, one card from a bereaved relative said, "Thank you for the care you showed my Nan."

Good

Is the service responsive?

Our findings

People who lived at the home expressed satisfaction and described a service they felt was responsive to most of their needs. Comments from people included, "I'm never rushed and. I like to be in my room by 8.30pm so I can take my pills then" "Yes they know my needs here. I have spoken to staff in the past about this, that and whatever and the little things I've asked for I've got" and "I make all my own decisions."

One person did comment they would like to have a shower more frequently. They told us, "I don't get as many showers as I would like…I get a bath twice a week but now the summers coming I would like to shower every day." The registered manager told us they were able to accommodate people's changing requests and needs to ensure individual needs were met. They told us they would remind people to let the staff know when their preferences changes.

The registered manager assessed people before offering them a place in the home. In discussion, all staff were able to tell us about people's individual needs, preferences and the support they needed. Staff also told us they read the care plans regularly and in more detail when they returned to work after their days off or a holiday. They told us they did this to make sure they were completely up to date with people's current needs. When we asked staff to describe the personal care and support they had provided for people on the day of the inspection, this was in accordance with the information we had read in the care plans.

The care records showed that people's health care needs were effectively monitored. They had access to a GP and other health professionals when needed or when their condition changed. For example we saw regular visits from GP's and involvement of chiropodists, district nurses, opticians, dermatologists and occupational therapists. We read care plans that demonstrated the advice and guidance from health care professionals was followed. For example, one person was visited regularly by the district nurse. The condition of their skin was monitored in between the visits. There was also clear detail about the signs and symptoms people with diabetes may experience and instruction for staff about the action they would need to take if people became unwell.

People were asked for their initial feedback about the service approximately one month after they moved into the home. A review form was completed which asked questions such as, "How have you settled in" "Is there anything you feel needs to be done that currently is not" and "Do you join in the activities." People were also asked to confirm they had a copy of the complaint procedure. One person who could not remember if they had a copy of the complaint procedure told us, "I have never needed to complain but if I needed to I would go straight to the manager."

People's care plans were then updated each month and reviews were undertaken by the registered manager or senior staff, with people and their relatives if appropriate every six to 12 months. Reviews were completed more often if there was a significant change in a person's condition.

People's needs and preferences were taken into account when checking how often people wanted and needed to be checked at night when they were in bed. The frequency of checks by staff was agreed and this

was recorded.

During the morning of our visit, people who chose to, spent time in the communal areas watching television or sitting in the garden. One person told us, "I went out yesterday for the first time with my daughter. There was no problem going out. They don't restrict you." During the afternoon, visiting entertainers provided a musical activity. An activity programme was displayed each week and people told us they were offered enough activities to meet their needs. One person commented, "I love to do colouring and there are people come in and perform. I'm not sure how often but there always seems to be things to do." Another person told us they liked to join in the activities, "With the people who visit the home each week and I like painting, but I'm not sure what else there is to do." When people were unwell, or chose to spend time in their rooms, staff checked regularly and provided one to one support. Staff told us sometimes people just wanted a quiet chat. They told us they were happy to do this.

Special occasions such as birthdays were celebrated with people. One person told us, "The staff are brilliant, all of them. They made me feel special on my birthday. They made me a cake."

Visitors were welcome to visit the home at any time. One health professional commented they were made to feel very welcome each time they visited the home. People told us their visitors were made to feel welcome, and, if they booked in advance, they could stay for meals.

Good

Is the service well-led?

Our findings

All the people and staff we spoke with spoke positively about the registered manager and the leadership in the home. They told us the home was well run. Comments from people, when asked about the registered manager included, "You wouldn't think she's the manager, she's so good and she's always doing things and the staff are marvellous," "The manager's amazing and I can talk to her anytime I want and she always gets stuck in. She's fantastic" and The staff are very approachable and the manager leads from the front."

Staff told us the registered manager promoted a culture in the home that put people's needs at the centre of the service. One member of staff commented about the vision of the home and told us, "(Name of manager) just wants us to provide the best possible care." Staff told us they felt so well supported because the registered manager was so involved in people's care. They told us they received support and direction that helped them to do their jobs well. They also told us they would be told straight away if they were not doing their job in the right way. One member of staff commented, "We are reminded if we miss anything."

People were given the opportunity to provide feedback in meetings and in surveys that were given out to people and their relatives. We saw action was taken in response to the feedback received. For example, people had commented about aspects of refurbishment they thought were needed. A programme was in place and areas had been re decorated. This meant people could be confident their views and opinions were taken into account and they were able to contribute to the running of the service.

Staff were able to express their views in meetings and they also participated in staff satisfaction surveys. In response to feedback from the most recent survey, new beds had been ordered to replace the divan beds which staff said were too low.

Measures were in place for assessing and monitoring the quality of the service provision. Audits and checks were completed by a representative for the provider, the registered manager and senior staff, on a regular basis. Reports were produced and these showed where actions were needed. The representative for the provider completed a monthly quality dashboard. In addition to actions taken, the dashboard confirmed any emerging trends within the home for example, in relation to falls, trips and near misses.

The registered manager and staff were supported to keep their practices up to date. External parties provided independent advice with regard to documentation and suggestions for improvement were actioned. The registered manager told us they were supported to keep up to date with care practices and developments in care. They were supported by the board of trustees, and they attended meetings on a regular basis. They were provided with a range of policies and procedures which were reviewed at regular intervals.