

Greasbrough Residential & Nursing Home Limited

Greasbrough Residential and Nursing Home

Inspection report

Potter Hill
Greasbrough
Rotherham
South Yorkshire
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Tel: 01709554644

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 12 May 2016. The home was previously inspected in March 2015 when we found five breaches of regulations. These were regarding cleanliness and infection control, safe care and treatment, dignity and respect, staffing and governance. Following that inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to these breaches. This inspection was undertaken to check that they had followed their plan, and to confirm that they now met all of the legal requirements. You can read the report from our last inspections, by selecting the 'all reports' link for 'Greasbrough Nursing Home' on our website at www.cqc.org.uk.

Greasbrough Nursing Home provides accommodation and nursing care for up to 60 older people, some who are living with dementia. The home is situated in the Greasbrough area of Rotherham. The home had two units both providing personal and nursing care. One unit was designed to support people living with dementia.

The service had a registered manager in post at the time of our inspection. 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. The provider had appointed a manager and they were in the early stages of applying to be registered with the Care Quality Commission.

The home had a safeguarding policy in place to protect people from the risk of abuse. Staff we spoke with were knowledgeable about the process and would report any incident of this nature without delay.

The home had an infection control policy and a procedure in place to ensure the risk of cross infection was minimised. Staff used colour coded equipment in different areas to reduce cross contamination.

We say enough staff available to meet people's needs in a timely and caring manner. People were not rushed and staff took time with each person. The provider had a dependency tool to ascertain how many staff they required on each shift.

Staff received training in line with their current role in the organisation. Records were maintained which indicated staff had attended training and when it was due to be repeated as a refresher course.

People were supported to make decisions about their care and their choice was respected. Where people lacked capacity, decisions were made in the person's best interest.

People received a nutritious and balanced diet. Snacks and drinks were offered throughout the day. People told us they enjoyed the food provided at the home.

We observed staff interacting with people who used the service and found they were kind, caring and respectful. Staff chatted with people and there was a good atmosphere.

Staff knew how to maintain people's dignity and respect and were keen to ensure people were given options in line with their preferences.

We looked at care plans and found they reflected the person's current needs. Care plans were updated regularly to ensure the right care was being given.

The home employed an activity co-ordinator who was responsible for arranging social events. We saw activities such as sing-a-longs and quizzes took place. We also saw outside entertainers came in to the home to perform their talents.

The provider had a complaints procedure in place. People felt they could speak with staff if they had a concern. However, people told us they were happy with the service provided.

The service was well led and had a management team which could lead the rest of the staff. Staff knew their responsibilities well and when to raise issues with their next line of management.

We saw audits took place to ensure the service was effective and of good quality. Areas of improvement were noted from audits and appropriate action taken.

People who used the service and their relatives were able to contribute to the service and they felt listened to. Meetings and surveys gave them a forum to discuss their thoughts and ideas as well as the registered manager operating an open door policy.

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.

The service had a policy in place to safeguard people from abuse. Staff knew how to recognise, record and report abuse.

We saw that people received their medicines in a safe manner.

The provider had a safe recruitment process and ensured new starters completed an induction.

There was enough staff available to meet people's needs. People were supported at a pace to suit them.

Is the service effective?

Good ●

The service was effective.

We saw staff received training and felt confident to complete their role.

The service was meeting the requirements of the Mental Capacity Act 2005.

We saw people received sufficient amounts of food and drink to ensure a healthy balanced diet was provided. Meals were nutritious and snacks were readily available.

Is the service caring?

Good ●

The service was caring.

We observed staff interacting with people and found they were kind, caring and supportive. We saw friendly and appropriate banter was shared between them.

Staff we spoke with were keen to ensure people's privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive.

People had care plans in place which were relevant to their current assessed needs. These were reviewed on a regular basis.

We saw social stimulation took place and people appeared happy and content.

The provider had a complaints procedure in place and people felt able to speak with staff if they had a concern.

Is the service well-led?

Good ●

The service was well led.

Audits took place to ensure the service was safe and that policies and procedures were followed.

People had a voice and were able to contribute their ideas and suggestions.

There was evidence of a clear leadership structure in place.

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

This inspection took place on the 12 May 2016 and was unannounced. The inspection team consisted of one adult social care 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.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. Before the inspection, the provider completed 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.

Before our inspection we reviewed all the information we held about the home. We also spoke with the local authority to gain further information about the service.

We spoke with 16 people who used the service and seven relatives, and spent time observing staff supporting people.

We spoke with two care workers, a nurse, the handy person, the housekeeper, the registered manager and the owner of the company. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at five people's care and support records including their plans of care. We saw the system used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We spoke with people who used the service and their relatives about the safety of the home. One person said, "I have a lovely room. It is ever so clean. They come in and clean every day and if I've dropped anything on the floor they pick it up and put it on the side so I don't fall over it." One relative said, "We came to look round and were very impressed by what we saw. Our relative wasn't safe at home any more. They had started wandering and being very confused. It's a real relief to see them here and be confident that they are safe." Another relative said, "When my relative was admitted here, the manager did a full risk assessment to make sure that they were safe and could be looked after properly."

At our previous inspection in March 2015, we judged the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because people were not always protected against the risk associated with infection prevention and control. At our inspection of 12 May 2016 we saw the provider had taken the relevant steps to ensure people were safe.

Since our last inspection the provider had introduced a colour coded system for mops, cloths and other cleaning equipment. For example red cloths and mops were used for toilet and bathrooms, blue ones for communal areas, yellow ones for isolation areas and green for kitchen areas. Staff we spoke with could tell us what colour to use for each area. This minimised the risk of cross infection.

We saw that the provider had installed a mechanical sluice which was touch sensitive. This was based in the sluice room which was tidy and clean and had shelves which housed commodes. All toilet areas now had hand dryers situated in them.

We completed a walk round of the home and saw that in the main it was clean, tidy and odour free. However, we saw two mops and buckets in the toilet designated for catering staff. The mops were not stored inverted and there was a strong odour coming from them. We told the registered manager about this who immediately actioned that the mops would be washed daily instead of weekly.

At our previous inspection in March 2015, we judged the provider to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider did not ensure at all times that there were sufficient numbers of suitably qualified and experienced staff to meet people's needs. At our inspection of 12 May 2016 we saw the provider had taken the relevant steps to meet this regulation.

At our last inspection in March 2015 the provider did not always ensure that there were sufficient numbers of suitably qualified and experienced staff to meet people's needs. At our inspection on 12 May 2016 we found that the provider had taken action to address this issue. We saw that the registered manager still covered some shifts in order to maintain their skills as a nurse, but was also supported by a deputy manager and another nurse who had been employed since our last inspection. We spoke with staff and they told us there was always a nurse on duty and they always had enough staff to work with them. One care worker said, "We all work very well as a team and we are organised. There is always enough staff on duty."

During our inspection we observed staff interacting with people. We found that staff were not rushed and gave people time to respond at a pace suitable to them. Staff worked well as a team and were very organised.

We spoke with the registered manager who explained the tool in place for assessing dependency. This was located in each person's file and indicated what assistance the person required with things such as mobility, personal care, and communication. This helped the provider to ascertain the person's dependency such as low, medium, high or very high. This gave the registered manager enough information to assess how many staff would be required to meet people's needs.

Staff we spoke with were knowledgeable about how to protect people from abuse and knew the process to follow if required. One care worker said, "I would report any incident of abuse straight away. We should all treat people as we would like to be treated." We saw a poster displayed in the entrance area regarding safeguarding people from abuse. This gave the contact number for the local council and the Care Quality Commission.

We asked staff what they would do if they were concerned about the behaviour of another colleague and one person said, "I'd be surprised if that happened here. We work as a team and we all know each other really well, but if it did I wouldn't hesitate in talking to the manager."

We spoke with the registered manager about safeguarding referrals and were told that a record would be kept of all safeguarding incidents and any learning from these incidents would be discussed in individual supervision sessions or team meeting.

We saw that risks associated with people's care were identified in care records. These were about risks such as falls, pressure area care and nutrition. The hazards were highlighted and also the likelihood of it occurring. The provider had an evacuation plan in place. However, there were no personal emergency evacuation plans in place to ensure people could be evacuated from the building in a safe manner if required. We spoke with the registered manager about this and they immediately started work on this. Shortly after our inspection the registered manager sent us confirmation that these were now in place.

We looked at systems in place to manage people's medicines in a safe way. We spoke with the nurse and a senior care worker about the process and found this was done in a way that ensured people received their prescribed medicines on time. We observed medicines being administered to people who used the service. We saw that the nurse and senior care worker explained to people what the medicine was for and offered drinks to enable the person to swallow the medicine.

We looked at areas where medicines were stored and found they were safe. We saw daily temperatures were taken of the rooms and the fridge used for storing medicines at a cool temperature. We saw bottles of medicine and eye drops were dated when opened so they could be disposed of within relevant timescales.

We looked at records in relation to medicine management and found they were accurately completed. Each person had a Medication Administration Record (MAR) which stated the name of the medicine, the dose and the time it should be taken. Each nurse or senior care worker had signed to say medicines had been given or a reason for not giving had been recorded. We checked medicines to see if the records tallied with the amount left. We checked controlled medicines for three people and found they were correctly balanced.

We looked at recruitment files belonging to four staff and found the provider had a safe and effective system in place for employing new staff. Files we looked at contained pre-employment checks which had been

obtained prior to new staff commencing employment at the service. These included two satisfactory references and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

Staff we spoke with confirmed this process had taken place when they commenced employment at the home.

Is the service effective?

Our findings

Staff we spoke with told us that the registered manager was approachable and very keen on staff development and training. The staff members we spoke with told us they received regular supervisions and are able to put forward suggestions and ideas as well.

We saw staff received supervision sessions on a regular basis. These were one to one meetings with their line manager. We also saw that staff received appraisals on a yearly basis.

We spoke with staff who told us they were always on training. One care worker said, "The training we receive gives me the skills to do my job. It is regularly repeated so that we are kept up to date." Another care worker said, "The training is interesting and I really benefit from it."

We looked at records in place regarding training and found the provider had a training matrix. This was a tool used to record what training staff had completed and when it was due to be updated. Subjects included, safeguarding, fire prevention, health and safety, moving and handling and food hygiene. We saw from the record that most training was up to date and some training had been arranged for staff that were due to repeat it.

The Care Quality Commission is required by law to monitoring the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) are aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

Through our observations and from talking with staff we found the service to be meeting the requirements of the DoLS. Staff were knowledgeable about this subject. We spoke with the registered manager who knew when to apply for DoLS for people and evidenced that some applications had been made to the supervisory body and were waiting an outcome.

We looked at five people's care plans and found they had a section in them regarding mental capacity. We saw that an assessment had been completed which was reviewed monthly to ensure it was still current. Where people lacked capacity we found a best interest tool had been used. This gave clear guidance to staff regarding each decision.

We observed lunch in both dining areas and found people were offered a choice of meal and their decisions were respected. Lunch was nutritious and looked appetising and people told us they always enjoyed the food. One person said, "I eat better than the Queen, I'm sure. Everything here is A1." The menu was displayed in one dining area both written and in picture format. However, in the other dining area there was no menu displayed.

Lunch was both relaxed and sociable. Tables were covered with clean tablecloths and condiments were

available on every table. We saw staff responded to people's needs as required. For example, one person fell asleep in the dining room with a mouthful of pudding. Staff reacted very promptly and appropriately by removing the food from the person's mouth and trying to wake them. They took the person back to their room and arranged for one of the nurses to come and check them over to make sure there was no underlying illness.

Another person told the care worker they didn't want their lunch. The care worker said, "That's not like you. You usually enjoy your food." The care worker went on to try other options until the person was happy with their meal.

Snacks such as fresh fruit, rice pudding, chocolate bars, and biscuits were readily available throughout the day, as were a selection of drinks.

We looked at people's care plans and found these included dietary requirements as appropriate. This included their preferences and type of diet they required. For example, one person's care plan stated they required a high calorie, nutritious diet as they were prone to weigh loss. We saw staff were knowledgeable about this and offered appropriate foods.

At our last inspection in March 2015 we found best practice guidance was not always followed for people living with dementia in respect of the environment. At this inspection we found the provider had addressed this issue. Since the last inspection the home had developed separate unit which was designed to assist people and was decorated in a dementia friendly way. The unit also had appropriate signage in place.

We looked at people's care plans and found people had been referred to other professionals in a timely manner when required. We saw professionals such as speech and language therapy, physiotherapy and their own doctor, were involved in their care when required. One person said, "When I'm poorly, they bring the doctor and they let my daughter know as well. It's never a problem because the doctor will come to anybody who needs help." Another person said, "You can get your feet seen to by a chiropodist if you need to. They've said I need to see a dentist because some of my teeth have broken and they are going to organise that for me."

Is the service caring?

Our findings

People we spoke with told us the staff were kind. One person said, "They are all marvellous. Nothing is too much trouble for them. We get everything we want." People told us that they are able to make their own decisions. One person said, "I get up when I want and I go to bed when I want. Everything I do is up to me." Another person said, "I don't want to sit in the lounge. I love my room. I've got it just how I want it and I like to watch my own TV. I go down to the dining room for my lunch but I like to come back here. I have the door open and everybody stops for a little chat as they go past."

At our previous inspection in March 2015, we judged the provider to be in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because people who used the service were not involved in making decisions about their care and treatment or able to express their views. Privacy and dignity was not always maintained. At our inspection of 12 May 2016 we saw the provider had taken the relevant steps to address this.

We observed staff interacting with people and found they were caring and supportive. Staff clearly demonstrated that they knew people well and were dedicated to assisting them in their chosen way. We saw staff responded in an appropriate manner to different situations. For example, one person was quite distressed, but wanted to be alone. Staff respected this but kept a close eye on the person to ensure they were alright and that staff could intervene when the person needed them to.

We looked at care plans and found they contained information regarding their likes and dislikes. For example one person's plan said they likes to sit in the lounge and enjoyed conversation with others. Pen pictures were also in place which indicated their family history and important memories. We also saw a list of food choices.

Staff we spoke with told us how they would ensure they respected people's privacy and dignity. One care worker said, "I make sure I speak quietly to people so that others can't overhear." Another care worker said, "I ensure I close doors and curtains when I am carrying out personal care." The home had a dignity champion certificate of commitment for five staff. These five staff were committed to upholding dignity, challenging disrespectful behaviour and influencing colleagues.

People told us they liked their bedrooms and had chosen what items they wanted in them. We saw rooms were personalised and people were happy with them. One person said, "This is my home and I wouldn't want to be anywhere else."

Relatives we spoke with told us they could visit without any restriction. One relative told us, "I come three times a week and always at different times depending on what else I'm doing. I've been told that it doesn't matter when I want to come. I could come at midnight if I wanted."

Is the service responsive?

Our findings

We spoke with people who used the service and their relatives and they told us they were involved in their care plan and were happy with the support they received from staff.

At our previous inspection in March 2015, we judged the provider to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because people were not always protected against the risk of not receiving care and treatment. This was because delivery of care did not always meet their needs. At our inspection of 12 May 2016 we saw the provider had taken the relevant steps ensure care and treatment was delivered in line with people's needs.

Care plans we looked at detailed people's needs and how best to support them. One care plan was in place to monitor the person's breathing difficulties as they were at risk of pneumonia. It stated that they require two pillows which helped with breathing and the nurse to monitor closely. We saw that this was taking place. Care plans were reviewed on a regular basis to ensure they were up to date and reflected the person's current needs.

One person's care plan had a behaviour chart in place as they were prone to displaying behaviour that may challenge others. This looked at the events leading up to, during and after the event. However, there was no reflection documented about what could be done to help the person next time. We spoke with the registered manager about this and they said this section should be completed and they told us they would action this.

The home employed an activities co-ordinator who organised and arranged social events for people. We saw activities took place on a regular basis and there was an activity plan in place which included movie afternoons, quizzes, and sing-a-longs. On the day of our inspection the home had a hairdresser in the morning and a choir in the afternoon. Two people were sitting together near the reception and they told us they like to sit there to watch the comings and goings of people in and out of the home. They were chatting and seemed to be having quite a good time.

One person we spoke with said, "There is always plenty going on. We're having a choir coming in this afternoon and it's up to you whether you want to go or not." Another person said, "There is always something going on." However, one person said, "I just sit here. It's boring. A lot of people fall asleep in the afternoon and we are just waiting then for teatime and getting ready for bed. Every day is just the same."

We asked people if they were able to make suggestions about activities they might like and one person said they wanted to start a painting class and hoped the registered manager would take it on. Some people were happy chatting to others and watching television.

The service had a complaints procedure in place and it was displayed in the main area of the home. Nobody we spoke with could tell us about any complaints they had and nobody could describe what they would do if they had other than saying, "I would tell my family. They see to all that kind of thing." Another person said,

'There is nothing to complain about. You would have to be a funny person to complain here.'

Is the service well-led?

Our findings

People we spoke with and their relatives spoke highly of the registered manager. One relative said, "The manager is really good. I see him a lot walking around the home and he is very approachable. I wouldn't hesitate to go to him if I was at all worried about anything. Right from the start he made us feel really welcome. It's a terrible decision to have to put your relative into a home but he made it so much easier for us."

At our previous inspection in March 2015, we judged the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider did not have an effective system to regularly assess and monitor the quality of service provided. At our inspection of 12 May 2016 we saw the provider had taken the relevant steps to ensure this had been addressed.

The registered manager informed us of the regular audits which were completed to ensure the service was operating in a safe way and policies and procedures were being adhered to. We saw records of several audits including, medication, infection control, weight loss, pressure area care and falls. Audits identified areas to improve and actions were monitored by the registered manager.

The senior team all had areas of responsibility and were leads for certain topics such as, wound care, medication, and dignity and infection control. Each senior member of staff completed the audit for their designated area.

The registered manager was supported by the deputy manager, nurses and senior care workers. Staff told us that the registered manager was visible and active around the home. They felt the home was well led and told us there was clear leadership. Staff knew their responsibilities and knew when to inform or involve a senior member of staff. Staff felt involved in the service and were able to contribute ideas and suggestions at meetings and in supervision sessions. Staff told us they could approach the registered manager and members of the senior team at any time and felt listened to.

There was evidence that people were listened to and their views respected. We saw people were invited to take part in residents and relatives meetings which took place on a monthly basis. The registered manager also operated an open door policy where people were able to approach them and discuss issues as they arose. For example, at one recent meeting people had requested the choir to sing again as they enjoyed them. We saw this had been arranged and they visited the day of our inspection.

We also saw that satisfaction surveys had been sent out regularly. This was last completed in November 2015. We saw comments such as, "Staff are always cheerful, pleasant and welcoming." These questionnaires were sent to people who used the service and their families and professionals who visited the home.