

Sallong Limited

Gingercroft Residential Home

Inspection report

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Stafford
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Gingercroft is a residential care home providing accommodation and personal care for up to 21 people aged 65 and over, some who live with dementia. There were 20 people living at the home at the time of our inspection.

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

People were kept safe by staff who were knowledgeable about how to minimise risks to people. There was enough suitably recruited staff available to keep people safe.

People were supported by staff who received an induction and ongoing training. People had choice and control of their lives and staff understood how to support in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff that who kind and caring and supported people in line with their individual needs and preferences. People's privacy, dignity and independence was respected and promoted by staff.

People and their relatives told us they were involved in planning their care and were asked for their feedback about the quality of the service.

The registered manager did regular checks and audits on the quality of the service, and staff, people and their relatives told us the registered manager was approachable.

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 rated good (published 22 February 2019). We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Gingercroft Residential Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector

Service and service type

Gingercroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, team leaders, care workers, and the cook. We also looked at five care staff files, four care plans and various documentation in regards to the monitoring of the quality of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they had no concerns about safety. One person said, "I feel safe here, I'm looked after really well."
- People were protected from abuse by staff who had received training to recognise and report any concerns.
- Staff were able to tell us about the training they had received regarding safeguarding, and what they would do if they suspected anything was wrong. One staff member told us, "If for one minute I thought someone was being abused I would report it straight away, we get training every year about protecting people from abuse"

Assessing risk, safety monitoring and management

- Relatives told us their family members were safe. One relative told us, "I wouldn't want them to be anywhere else, I have no concerns whatsoever about their safety here."
- People's known risks were assessed on admission and reviewed regularly. Each person had a care plan and accompanying risk assessment for staff to follow to keep people safe. For example, a diabetes risk assessment was in place for one person giving staff the signs when the person may become unwell and what action to take.

Staffing and recruitment

- People and their relatives told us there was enough staff available to support them when needed. One person told us, "I think there's enough carers, you don't have to wait long even when they busy." And a relative said, "No, they never have to wait long after pressing the buzzer and I visit a lot and it's never an issue."
- Staff told us they felt there was enough of them to support people safely and in a timely manner. One staff member said, "Yes, we get busy sometimes but not so busy that people have to wait ages. We make sure we get to people as soon as possible and let people know if there will be a delay."
- Staff told us, and records confirmed that staff had been recruited safely. Pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks and gaining references from previous employers.

Using medicines safely

- People received their medicines on time and as prescribed. One person told us staff, "I get my pills when I need them and staff ask if I need them."

- Staff had received training in the administration of medicines and medicines were stored safely.
- Topical medicines and medicated patches had accompanying body maps to ensure staff were aware of where these should be applied.
- Where people were prescribed 'as required' medicines, protocols were in place and staff were aware of when people needed their medicines.

Preventing and controlling infection

- The home was clean, tidy with no mal odours. One relative told us, "The home is always kept very tidy and I often see people cleaning when I come to visit"
- Staff told us about protecting people from the risk of infection by using gloves and aprons when providing personal care.
- The home had recently achieved a five-star food hygiene rating by the Food Standards Agency.

Learning lessons when things go wrong

- Where accidents and incidents had occurred these had been reported and reviewed by the registered manager, and action taken to prevent re-occurrence.
- Where people had fallen or other incidents had occurred we saw those people had been referred to relevant health professionals as required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed they received an induction and ongoing training to help them support people effectively. One staff member told us, "We get lots of training here, and get specialised training for things like catheter care. We also had a dentist come in to give us advice about looking after people's teeth."
- Staff told us they received supervisions and were happy with the support they received. One staff member said, "We get regular one to ones with the manager and we have staff meetings, so I feel supported."

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

- People told us they could choose the food and drink they had and enjoyed it. One person told us, "The food is lovely, always hot and if we change our minds we can have something else." And another person said, "I like fizzy drinks, so the staff went and got me some as I get a bit 'fed-up' of tea."
- People who needed specific diets for health or religious reasons were catered for. The cook told us, "Each resident has a file that has everyone's health or religious needs in it, we also have peoples' usual favourite things listed to help them choose."
- During the inspection we saw staff encouraging or supporting people to eat and drink. Staff also offered extra portions of food to people.
- Peoples' weights were monitored, and food and fluid intake were recorded to ensure they were having appropriate levels to maintain their health.

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

- One person had previously required a lot of manual handling assistance, however, their relative told us this had improved since moving into Gingercroft. They told us, "Where [name] was before they were assessed as needing lots of equipment and assistance, but since moving here the staff have worked really hard and encouraged them and now they get around by themselves with support from staff."
- Staff told us how they worked with health and social care professionals so people received care and support if their needs changed. One staff member told us, "If we think anyone isn't well or their health is getting worse we would always ask their GP to visit. We also get assessments done by the speech and language team if someone is having problems eating or drinking."
- Records showed that people had been regularly reviewed by professionals from the memory clinic and social care professionals had been involved in reviews of people's plans.

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

- The service benefitted from signage to assist people in navigating around the home. People either had a photograph of themselves or a picture of something important to them on their bedroom doors to assist them in finding their way back to their rooms. There were colourful notice boards stating what activities would be on offer that week, and reminiscing picture boards on the wall to help stimulate memories and promote conversation.

Ensuring consent to care and treatment in line with law and guidance

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found they were.

- Relatives told us that staff supported their family members in the least restrictive ways possible, one relative told us, "Care staff know [name] so well they know the usual things they like but still ask in case they fancy a change."

- Mental capacity assessments had been completed where people were unable to make decisions for themselves.

- Staff had received training in the MCA and DoLS and told us that people's care plans contained details of decisions people may need support with. One staff member told us, "We support people with their day to day things like choosing clothes or what they want to eat, they may get confused sometimes but doesn't mean they can't make choices, it just means we have to help them."

- The provider had made referrals to the local authority when needed to ensure they had the legal authority to deprive a person of their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Initial assessments were completed to ensure all people's care and support needs were recorded. These assessments included details of any protected characteristics such as disability or religion. This enabled staff to support people in line with their individual preferences.
- People and their relatives told us they received care from staff that were kind and caring. One person told us, "Yes, I'm very well looked after here, the carers are all so lovely and helpful." And a relative told us, "I really couldn't ask for a better place, the care is excellent here."

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

- People and their relatives were involved in care planning and decisions around their care and support needs. One person told us, "I can do what I like here, sometimes I like to stay in bed and I can, it doesn't matter, and they just give me breakfast later."
- Records showed that residents meetings were held periodically, and people had regular meetings with their keyworkers to discuss their care and support and if there were activities they would like to do.

Respecting and promoting people's privacy, dignity and independence

- During our inspection visit, staff spoke with people with genuine affection. When staff offered personal care to people, this was done so in a discreet way. One relative told us, "The carers always knock the door, and they treat [name] like a member of their own family and make sure they are respectful when speaking and supporting them."
- Staff encouraged people to maintain their independence. One staff member told us, "We support one person with their medical condition, we just supervise, and another person likes to do little jobs around the home, so we support them to do this also."
- Throughout the inspection staff were seen talking to people with genuine affection and we saw when anyone required personal care this was discussed discreetly.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans had been completed with the involvement of people and their family members. One relative told us, "I get involved as much as I can, and the staff keep me fully informed."
- It was noted that in each person's room there was a 'pen picture' hanging on the wall. This was a discrete document on the back of a picture chosen by the person, used by staff to quickly identify people's needs. For example, day to day preferences, if they had hearing difficulties, if a DNAR was in place or if they were subject to a DoLs restriction. Staff told us this was particularly useful when they first started at the service or when a new person moved into the home. One staff member told us, "I think they're a great idea especially when new people join us as it's just a quick guide for us until we get to know them better."
- People all told us that staff knew their preferences well. One person said, "They (staff) know me well now, and know how I like things, they're really good."
- Staff were able to tell us about people's needs and preferences and we saw throughout the inspection that they knew people well. We saw conversation was easy between people and staff, and staff knew people's usual preferences for things such as drinks and activities they enjoyed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Documents about the service were available in different formats such as large print on request, or if a person was assessed as needing or wanting them in other formats.
- Care communication boards were used for people with communication difficulties. These contained pictorial prompts for staff to support understanding. For example, there were pictures for needing to use the toilet, wanting to go for a walk or if the person was too hot or cold. There were also visual aids for food and drink to assist people in choosing their meals or drinks.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were planned and took place. An activity co-ordinator was employed three days per week and a timetable of activities was drawn up each week. Activities were available to people in-house and in the community including quizzes, arts and crafts, movie days, visits from a vicar to perform separate holy communions, attending afternoon tea at a local church and visits to a local pub.

- A staff member told us how they'd supported one person to start up a hobby they used to enjoy. They told us, "[Name] stopped knitting because they thought they couldn't do it anymore, but we supported and encouraged them to take it up again."

Improving care quality in response to complaints or concerns

- A complaints procedure was available for people and systems were in place to respond to complaints, however there was no recording of any low-level concerns. We spoke to the registered manager about this who assured us this would be put into place to ensure all issues are captured, recorded and actioned appropriately.
- People and their relatives told us they would be comfortable to raise concerns with the registered manager or care staff. One person told us, "I've nothing to moan about here, but they'd sort it if I did." And a relative said, "I've never had to complain about anything here, but I'd be ok going to the manager with anything as they are very approachable."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement as the systems used to monitor the quality of the service had not been fully embedded. Improvements had been made and at this inspection this key question has improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Robust checks on the quality of the service had been made. For example, various audits were being regularly completed such as medicines, care plans and accidents and incidents. We saw action had been taken where any inconsistencies had been found. For example, where any medication errors had occurred the registered manager ensured the staff member was re-trained if needed and a medication competency was carried out.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us they felt the service was well-led. A relative told us, "I have absolute faith in the manager, really have no issues at all and I have recommended Gingercroft to others."
- Staff told us that they felt the registered manager was approachable and supportive. One staff member told us, "The manager is always encouraging us to speak up about anything that might be an issue or if we have any suggestions for the home and is always available for us."

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

- People and their relatives told us if anything went wrong they would be able to raise these with staff or the registered manager and that there was an open and transparent culture at the service.
- The registered manager understood their duty to be honest when things went wrong. They told us, "I try and be as open and honest as I can, no one is perfect and I think if you are honest and open from the get go then people respect you for that. Then it's all about putting the issue right and putting processes in place or making changes to try and stop it happening again."
- The registered manager had notified us of any significant events as required by law and the previous CQC inspection rating was displayed in the home.

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

- The staff and registered manager gained people's feedback about the service by speaking with them and

their relatives or via satisfaction questionnaires. These were analysed and used to make improvements to the service.

- Staff told us they were encouraged to discuss issues or suggestions during their individual supervisions or staff meetings.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff worked with various health and social care professionals and had links with the local community.

- Staff from the local college undertook work experience at the service and following the inspection feedback about this was gained from one person currently on work experience. They stated that working at Gingercroft had, "Extended my knowledge in dementia care and has given me a better understanding on the role of a carer. I enjoy talking to the residents and listening to their stories, I have learnt valuable communication skills and boosted my confidence."