The Grey Gables Trust

Grey Gables Residential Home

Inspection report

39 Fox Hollies Road
Acocks Green
Birmingham
West Midlands
B27 7TH

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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?	Requires Improvement

Summary of findings

Overall summary

Grey Gables is a 'care home' which is registered to provide accommodation and personal care for a maximum of 40 people in one building. On the day of inspection, there were 37 older people living at the home, some of whom were living with dementia. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection

The inspection was unannounced and took place on 24 September 2018.

A registered manager was in post. A 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 registered manager was currently on an agreed period of extended leave so the provider had appointed an acting manager. CQC had been notified of this arrangement.

People were safe in the home. Risks had been assessed and staff knew what plans were in place to protect people from harm. Staff knew who to report concerns to and were confident that action would be taken by managers.

Staff had been safely recruited to ensure they were suitable to support the needs of the people living at the home. There were enough staff on duty to meet people's needs.

Medication was stored correctly and given to people at the right times.

The principles of the MCA (Mental Capacity Act) had been applied. Deprivation of liberty safeguarding (DoLS) applications had been made and reviewed appropriately. Staff understood the importance of gaining people's consent to care and supporting people's choices.

People's health needs were promoted and people had access to healthcare professionals when required. People enjoyed the food at the home and were supported to maintain a healthy diet.

Staff treated people with dignity and respect by and were caring in their approach. Relatives felt welcome when they visited and were encouraged to express their views.

People's needs and individual preferences were assessed, understood and met and their independence was promoted wherever possible. People were involved in planning their care.

Some monitoring systems and processes required further development to ensure people's needs were met

and staff fully understood how to support people in line with best practice guidance.

Staff had not completed all the required training in line with the provider's policy but managers were aware of this and action was being taken to address these gaps.

The provider had given good support to both the manager and deputy manager who were 'acting up' in their roles.

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.

People felt safe living in the home.

People received the right medication at the right time.

There were enough suitable staff to keep people safe and ensure people's needs were met.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's support needs and sought consent before providing care.

People enjoyed the food at the home and were supported to maintain a healthy diet.

People's health needs were promoted and people had access to healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff were kind and respectful to people.

Relatives were made to feel welcome in the home.

People's independence was promoted wherever possible

Is the service responsive?

Good

The service was responsive.

People were supported by staff who knew people well.

People enjoyed the range of activities that were on offer in the home.

People and relatives felt able to complain and were confident action would be taken.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

Monitoring systems had not always consistently identified improvements required in a timely way.

Staff needed further guidance to ensure care and support was delivered effectively and in line with best practice guidance..

The provider and manager were aware of where improvements were required and were taking action to improve standards

Grey Gables Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 24 September 2018 and was unannounced. The inspection team consisted of one inspector, one assistant 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.

When planning our inspection, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. 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. We also contacted the local authority and commissioners of people's care who purchase the care on behalf of people to ask them for information about the service.

During our inspection we spoke to seven people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We also spoke with two relatives of people living at the home during the inspection.

We spoke to the nominated individual, the manager, the deputy manager, four care staff, the HR manager and the chef. We also spoke to one healthcare professional who was visiting the home. We looked at records relating to the management of the service such as care plans for six people, incident and accident records, medicine management records, two staff recruitment files and quality audit records.

Good

Is the service safe?

Our findings

People living at Grey Gables told us they felt safe. One person told us, "Oh yes, I feel safe here. I have done all along." There were processes in place to protect people from abuse and harm.
All the staff we spoke to could identify the potential signs and symptoms of abuse and knew who they should report concerns to. One member of staff told us, "I have never had to report anything here but I would report any worries to [manager's name] and would escalate things to CQC if things were not done." Another told us, "I have never had concerns here but I would be confident that the manager would act." Records showed that the registered manager referred concerns to local authority safeguarding teams when required.

People were provided with the right equipment and care to keep them safe. Care records showed that the risks to individual people had been assessed and plans had been put in place to reduce these risks. For example, we saw that people had easy access to walking frames and call bells. One person told us, "I am at risk of falling and so I use my Zimmer frame or my stick." Another person told us, "We have a buzzer if we need help. I do use the buzzer and [the staff] come quickly to help me." We observed a number of people being moved by staff and this was done safely and in line with the people's care plans. We saw one care plan state that the person required food to be softened to reduce the risk of choking and we saw this being provided at lunchtime.

We saw that there were enough staff on duty to keep people safe and to meet people's care needs. One person told us, "I feel safe here. There are enough staff and they treat me well." One member of staff told us, "There is always six staff on the floor which is enough to keep people safe and deliver care to people." We looked at two staff records which showed that the provider had obtained references and completed other employment checks to ensure that staff were suitable to work in the home.

People received their medication at the right time on a consistent basis. One person told us, "My medication is done by the home and it is done properly." One relative told us, "They do my relative's medication properly. They stand and watch her take it." We looked at Medication Administration Records (MAR) which showed us that doses were not missed and staff told us where people had been prescribed medicines 'as and when required', staff would ask people if they would like to take them. Medication was safely stored in locked cabinets and staff told us that they had training from a local pharmacist every six months to ensure they were up to date with current practice.

People were protected from the risk of infection. We saw that staff wore personal protective equipment (PPE) when they were delivering care or serving food and that staff had access to cleaning materials. One person told us, "The home is always clean. My room is very clean. I like my room."

We saw that actions had been taken in response to incidents and accidents which helped to reduce the risk of harm to people. For example, one person had been able to leave the home without the appropriate support required to keep them safe on a number of occasions, so a new front door security system had been installed. One member of staff told us, "We have had to put measures in place to stop [person's name]

running off and putting themselves in danger." The manager kept a record of all incidents and accidents to monitor trends and records showed that referrals had been made to healthcare professionals for advice when required.

Good

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and we saw that staff understood the importance of asking for people's consent before providing support. Staff told us where people were unable to give verbal consent they looked for facial expressions and hand gestures to gain consent and enable people to communicate choices. Throughout the inspection, we observed staff respecting people's wishes and choices.

The manager had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty. The manager was able to record the expiry date of any DoLS, so an assessment could be made to review the person's care and make a new application if needed. Records also showed that people were seen regularly by their Relevant Person's Representative(RPR). A RPR is appointed to support a person who is deprived of their liberty under the MCA.

Staff had access to training and supervision to enable them to carry out their roles. One member of staff told us, "I feel like I have everything I need here." Another told us, "The dementia training I have had has been really helpful in my work with [person's name]."

People's dietary preferences and requirements were met to ensure they maintained a healthy diet. We saw that staff provided plenty of opportunities for people to have a drink which they accepted. The chef was aware of people's needs and we saw that people had a choice at meal times. One person told us, "I have bacon, egg and bread and butter for breakfast with two cups of tea. It's lovely." Another person told us, The food is very good. I enjoy the meals here. There is a choice of cooked breakfast every day and we have a choice for dinner too." One relative told us, "The food is very good here yes. My relative is well looked after as far as that's concerned."

We observed lunchtime and saw that people were enjoying their dining experience and there was music playing in the background. Some people chose to eat in their rooms or in the lounge areas and this was respected.

People's healthcare needs were monitored to make sure any changes in their needs were responded to and people had access to healthcare professionals. One person told us, "I do see the doctor when I need to and I see the optician too." One healthcare professional told us, "The staff team always follow up on my instructions; there is good communication and they call if there are any concerns." One care record showed

that one person had been referred to an occupational therapist (OT) by her GP; the OT had visited the home to undertake a seating assessment. A relative told us, "[Person's name] is going to be getting a chair soon that the OT has recommended."

The home was bright and well-lit and people's rooms were personalised and reflected their life histories and interests. The home had a number of social spaces so people had the choice of places to sit and who to sit with.

Good

Is the service caring?

Our findings

People spoke positively about staff that supported them and said they were treated with kindness and respect. One person told us, "The staff are very nice people and very friendly. They do anything for you." Another told us, "I am treated with respect by everyone here." We observed staff being polite and kind to people throughout the inspection.

Relatives told us they felt welcome in the home and that staff were helpful and worked hard to make sure people were happy. One relative told us, "The staff are very helpful. When I've noticed things missing, they've been on it." Another told us, "My relative is happy here. She enjoys a laugh with everyone. The staff are good and kind."

All staff we spoke with told us how much they enjoyed their jobs and caring for people. One member of staff told us, "I absolutely love the people here; I get very attached to them." During our inspection we saw that staff approached people in a friendly manner and we heard staff chatting with people, offering people support and reassurance where necessary. For example, when one person was anxious we saw one member of staff talk to them and offer reassurance. We saw the person become more settled in response.

People told us they chose how and where to spend their day. One person told us, "I am free to go to bed and get up whenever I want." Another person told us about how much they enjoyed going out on their own. They said, "I enjoy going to my own church in a taxi or sometimes a friend comes to collect me and we go together."

We saw that people's independence was encouraged and supported. One person told us, "I'm encouraged to be as independent as I possibly can. I walk with my frame." Staff we spoke with were clear about how they promoted people's independence on a daily basis. One member of staff told us, "We promote independence when delivering personal care. We prompt people and don't do things for them if they can help themselves." Another told us, "People can be independent here and do their own care if they can."

Good

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood their needs. This enabled staff to deliver care that was personalised to each individual. One person told us, "They [the staff] do know how I like my hair. They do it exactly how I like it." Staff we spoke with were able to tell us about people's needs in detail and how they kept themselves up to date when people's needs changed. We saw staff shared information in different ways as people's needs changed, so that people would continue to receive the right care. This included information in the staff handover and a communications book. Relatives we spoke with said communication was good and they were updated with any changes in their family members health. One relative told us, "I'm kept informed of everything to do with my relative."

Care files contained information about people's personal histories and preferences, so staff could consider their individual needs when delivering their care. One member of staff who was a key worker to one person explained how they had taken time to record the person's life story. They told us, "I have done a whole life story with [person's name]. It's really important to know this when I am talking to them."

Staff told us that care plans were reviewed every month by people's keyworkers and this was done in consultation with people and their relatives. One person told us, "My key worker looks after me and comes to the meetings with me." One relative told us, "I am involved with [person's name] care and I make suggestions."

Staff were aware of the individual wishes of people living at the home that related to their culture and faith and people were encouraged to follow their preferences, including attending local places of worship.

People we spoke with told us that people enjoyed a range of activities and chose whether or not to take part. A notice board displayed the timetable of activities that had been organised; many of the activities were led by people coming into the home for that purpose. One person told us, "Ah yes, we have activities. I really enjoy them." Another person told us, I don't want to join in with the activities; I do like to watch television and chat with my friend." We observed people enjoying an exercise class and game of dominoes during the inspection.

The relatives we spoke with agreed that there were plenty of activities for people to do if they so wished. One relative told us, "There's quite a bit going on really. There are exercise sessions here. My relative really enjoys those."

People and relatives told us they felt able to raise any concerns they may have and that action was taken in response to issues they raised. One person told us about residents' meetings where people were encouraged to make suggestions. They told us, "I have made a suggestion that I would like oxtail soup at teatime and we get it now." There had only been one complaint recorded in the last 12 months and this had been investigated and responded to promptly.

At the time of the inspection no one was currently being supported on end of life care. However we saw care

files included details of people's wishes on how and where they wanted to receive end of life care.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in August 2017,we found that this key question was rated as 'requires improvement' because the provider had not always notified CQC and the Local Authority of incidents and events that they are required to do so by law. We checked these records at this inspection and found that the provider had made all the required notifications. However, at this inspection, we found evidence that some systems and processes in place required further development so the rating for this key question remains 'requires improvement.'

We saw that records were kept for people whose food and fluid intake was assessed as requiring monitoring. However, their records were not routinely completed or monitored. For example, one person had just returned from a hospital stay as a result of a possible kidney infection and dehydration. Fluid intake charts had been put in place but these had not been routinely completed. These charts also did not identify a target for fluid intake so it was difficult for staff to know whether people were drinking enough fluid and if specialist advice was required.

Records showed that staff had not completed mandatory training on a consistent basis in line with the provider's policy and procedures. The manager was aware of this and actions had already been taken to address training gaps but at the time of inspection, these had not been completed and information on progress against these actions was not readily available.

Systems were not in place to ensure staff had an awareness of DoLS authorisations to ensure that care was delivered in line with these authorisations. One member of staff told us, "I know a few people here have DoLS but it's hard to keep on top of who has capacity and who does not."

Some people in the home were living with dementia and we found that the provider was not consistently following best practice guidance for supporting people with dementia.

There was a registered manager in post but they were currently on an agreed period of extended leave. The provider had notified us of this absence. 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.

At the time of inspection, both the manager and deputy manager were 'acting up' in these roles as they were both covering extended periods of leave. This had put the provider in a difficult position but people, relatives and staff spoke positively about the way the home was being managed. One person told us, "I do know the manager and they are approachable yes. I would happily raise concerns with them." Staff told us they felt involved in the running of the home. One member of staff told us, "We had a meeting the other day where we were thanked for our work." One relative told us, "I think this is an amazing home. It's even the same at weekends."

We spoke to the nominated individual who described the high levels of support they had given to the management team in recent months and the manager told us that this had been very helpful and supportive. The manager told us, " [Nominated individual's name] has been in a lot – most days. They have been a great help." The nominated individual was clear on the vision for the home and along with the other trustees, had been taking effective action to ensure the ongoing long term financial viability of the home.

Both the manager and provider had a good understanding of what improvements needed to be made at the home and plans were in place to address any issues. For example, the manager had organised a series of training events to address the gaps in staff training and the provider had engaged an external consultant to undertake a review of the home's policies to ensure they were up to date. We also saw that decisive action had been taken to address concerns around staff's attendance levels.

We looked at other quality systems within the home because we wanted to see how regular checks and audits led to improvements in the home. We saw that the provider had a system of regular checks in place to review areas such as incidents, complaints, falls, medication and care plans. These checks were completed regularly and any actions required were noted and acted on. For example, one care plan audit identified that one person had no future wishes for their funeral arrangements recorded. This was noted for action by the key worker and these were now in place.

The provider engaged with people and relatives through relatives' meetings and questionnaires. In response to feedback, social events for relatives had been arranged in recent months and weekend surgeries trialled where relatives could come and speak to the provider and manager. We looked at the summary of responses from the last round of questionnaires and saw that feedback from relatives was consistently positive.

Registered providers are required by law to display the ratings awarded to each service on their website and in the home. We confirmed that the rating for Grey Gables was on display in both of these places. Showing this rating demonstrates an open and transparent culture and helps people to know the rating of the service they are using.