Geraint House

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Inspection report

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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

The inspection took place on 20 and 21 July 2016. The visit was unannounced.

Geraint House is a residential home which provides care to people with mental health needs. It is registered to provide care for up to 11 people. At the time of our inspection there were 11 people living at the home.

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 and associated Regulations about how the service is run. The registered manager responsible for nursing was managing the service at the time of the inspection.

People using the service we spoke with said they thought the home was safe. Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

People's risk assessments provided staff with information of how to support people safely.

People using the service told us they thought medicines were given safely and on time.

Staff were not always subject to robust character checks to ensure they were appropriate to work with the people who used the service.

Staff had been trained to ensure they had the skills and knowledge to meet people's needs though more training was needed with regard to people's health conditions.

Staff generally understood their main responsibility under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives.

People had plenty to eat and drink and everyone told us they liked the food served.

People's health care needs had been protected by referrals to health care professionals when necessary.

People told us they liked the staff and got on well with them, and we saw many examples of staff working with people in a friendly and caring way.

People and their representatives were involved in making decisions about their care, treatment and support.

Care plans were individual to the people using the service and usually covered their health and social care

needs, though more detail was needed to ensure specific health advice was discussed with people and included in care plans.

There were sufficient numbers of staff to ensure that people's needs were responded to in good time and on-call arrangements in place if more staff were needed.

Activities were organised to provide stimulation for people and they could take part in activities in the community if they chose.

People told us they would tell staff if they had any concerns and were confident they would be followed up to meet their needs.

People, staff and a healthcare professional we spoke with were satisfied with how the home was run by the registered manager.

Management carried out audits and checks to ensure the home was running properly to meet people's needs, though not all essential systems had been audited.

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 told us said that they were safe living in the service. People had risk assessments in place to protect their safety. Staff recruitment checks were in place to protect people from unsuitable staff, though this process needed to be more robust. Staff knew how to report any suspected abuse to their management, and staff knew how to contact safeguarding agencies if abuse occurred. Medication had usually been supplied to people as prescribed, though there were a small number of gaps in medicine recording.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to enable them to meet people's needs but more training was needed to meet all the needs of people. People's consent to care and treatment was sought in line with legislation and guidance.
People had plenty to eat and drink and told us they liked the food served. There was positive collaboration with and referral to health services.

Is the service caring?

Good

The service was caring.

People and an outside healthcare professional we spoke with, told us that staff were friendly and caring. We observed this to be the case in all the interactions we saw. Staff protected people's rights to dignity and privacy. People had been involved in planning and deciding what care they needed.

Is the service responsive?

Good

The service was responsive.

Care plans contained information for staff on how to respond to people's needs. Care had been provided to respond to people's needs when needed. Activities based on people's preferences

and choices were available to them. People told us that any issues they were not satisfied with were dealt with.

Is the service well-led?

Good

The service was well led.

People told us that management listened to and acted on their comments and concerns. Staff told us the management team provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs. Systems had been audited in order to provide a quality service though audits had not been carried out for all essential services.

Geraint House

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 visit took place on 20 and 21 July 2016. The inspection was unannounced. The inspection team consisted of one inspector and one expert by experience speaking with people to give their views about the service they received. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the visit we looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the home. No concerns were expressed about the current provision of personal care to people using the home .

During the inspection we spoke with nine people who used the service, the registered manager, the deputy manager and two care workers. The registered manager was present at the beginning of the inspection. We gave a feedback of our findings to the deputy manager .

We also looked in detail at the care and support provided to three people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Good

Is the service safe?

Our findings

People we spoke with told us they were safe living in the home, apart from two people who said other people's behaviour sometimes caused them anxiety, though staff had always been on hand to support them in these situations. One person said, "I feel safe here, the staff are very caring". Another person told us, "I feel safe in here." Another person said, "I feel safe because the staff are very kind and watchful. The building is secure at night but it's the staff that makes the difference".

We saw that people's care and support had been planned and delivered in a way that ensured their safety and welfare. Care records contained individual risk assessments completed and regularly updated for risks, including behaviour that challenged the service. The staff we spoke with were aware of their responsibility to report any changes and act on them. For example, one person was assessed as having behaviour that challenged the service. The risk assessment included relevant information such as how to manage the behaviour if the person became angry. Staff were aware of the steps needed to take to manage this behaviour and to keep people safe. This showed that proper information was available to staff, and staff knew how to keep people safe.

Staff told us how they would keep people safe. For example, to ensure people could lock their bedrooms if they wanted to and to have regular fire drills to ensure they knew how to evacuate quickly in the event of a fire.

During the visit we saw no environmental hazards to put people's safety at risk from, for example, tripping and falling. Health and safety audit checks showed that equipment had been checked by staff, and fire records showed that there was a regular testing of equipment and fire alarms. Fire drills had taken place, although fire drill records did not indicate how frequently staff members had a drill to evidence knowledge that they were practised as to how to evacuate the home safely. The deputy manager said this issue would be addressed. Fire equipment had been serviced and systems had been regularly checked, such as emergency lighting and fire bells.

Staff recruitment practices were in place. Staff records showed that before new members of staff were allowed to start, checks had usually been made with previous relevant persons and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. However, we found a staff member with only one reference, which, did not gather all available information to confirm the person is of good character.

One person said, "There's enough staff on duty". We were informed by the deputy manager that staffing levels were monitored and would be increased if there was a risk to people's safety. Staff told us they believed there were sufficient staff on duty to ensure that people were safe. People also told us that staffing levels were sufficient to keep them safe.

A procedure was in place which indicated that when a safeguarding incident occurred, management staff were directed to take appropriate action. Referrals would be made to the local authority and other relevant

agencies with Care Quality Commission (CQC) being notified, as legally required. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the registered manager and provider did not deal with them on their own.

We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it. One staff member said, "I would take it further to social services if nothing was done." The provider's safeguarding (protecting people from abuse) policy properly set out the roles of the local authority in safeguarding investigations. However, the whistleblowing procedure did not set out information for staff to follow if they did not feel confident that the management of the service would take action, they could then contact relevant agencies directly such as the local authority, police or CQC. The deputy manager said this procedure would be reviewed to include this information and we later received information from the registered manager that this had been carried out.

A person told us how they received their medicines, "Staff give me my evening medication but they trust me to take the morning tablets."

A system was in place to ensure medicines were safely managed in the home. Medicines were kept securely and only administered by staff trained and assessed as being able to do this safely.

We looked at the medicines administration records for people using the service. These showed that medicines had been given and staff had signed to confirm this, although there were gaps in recording for the previous evening before our the visit. Medicine stock was checked and it was found that this had been supplied to people, although not recorded. The deputy manager said this would be followed up to ensure that staff always recorded when they supplied medicines, and they later confirmed this had been carried out.

Information about people's allergies was recorded to ensure medicine that could be a danger to people's health was not supplied to them. There were medicine audits undertaken by management so that any errors could be identified. There was also evidence of a medicine spot check to ensure that medicines were supplied to people correctly. Follow-up action was identified and taken if needed.

Temperature checks for the room holding medicine stocks had been carried out. However, it was difficult to see if these were in line with required temperatures to make sure the effectiveness of medication was safely protected, as no maximum or minimum temperatures had been recorded on the record. The deputy manager said this would be followed up, and the registered manager later sent us information outlining that this will be included on the record sheet. This will then ensure that medicines were not exposed to heat which can result in them not working safely and effectively as they should.

Good

Is the service effective?

Our findings

The people we spoke with said they received the care and support they needed. A person said, "Staff do care for me, they have the correct skills and care for me very well". Another person told us, "Staff have the correct skills to care for me". Another person said, "I believe the staff are well trained and have the correct skills to care for me".

Staff said that the training they had received had been effective in giving them the right skills and knowledge to enable them to support people appropriately. One member of staff said, "There is lots of training available. If we think we need more we just go to the office and it is arranged." The staff member went on to say that staff will receive training in supplying oxygen as this was now an identified need of a person.

All the staff we spoke with told us there were always opportunities to discuss their needs with a senior staff member to make sure they provided effective support to people.

The staff training matrix showed that staff had training in essential issues such as medicines administration, health and safety and providing care. However, there was no evidence in place that training had included issues such as people's health conditions such as diabetes and high blood pressure. The deputy manager said that they would follow up these issues to ensure that staff had the proper skills to be able to effectively meet people's needs.

The registered manager informed us that new staff will be expected to complete the care certificate induction training, which covers essential personal care issues and is nationally recognised as providing comprehensive training.

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. We saw that staff had received training to be aware of their responsibilities although staff we spoke with struggled to explain their responsibilities in relation to the MCA. The deputy manager said this issue would be addressed .

At this inspection we found evidence of mental capacity information for people but no formal assessments as there was no form in place for assessing people's mental capacity. The deputy manager said they would follow up this issue and make sure that all the people had been formally assessed, although this was not an issue in practice as all the people living in the service had capacity to decide their lifestyles.

We asked staff about how they provided care to people. They said that they talked with them, put them at ease and asked for their consent before supplying personal care. This showed us that they had awareness that they needed to check with people whether they wanted to receive care from staff.

All the people we spoke with said they liked the food they were offered. One person said they did not think the quality of the teabags was good. The deputy manager said this would be reviewed. People told us that food was always available between meals if they felt hungry.

We observed people having lunch. The dining room was clean and tables had fresh drinking water and juices available with glasses within easy reach. People told us that if they did not want what was on the menu, staff would provide another choice for them. Food looked well presented, nourishing, was served hot and plenty of food was available.

We saw in a care plan that a person assessed as needing a healthy diet had not contained specific information and an agreement with the person as to what types of food that they needed to eat to maintain their health. The deputy manager said this would be followed up.

A person said, "Staff have made sure we drink enough fluids in this hot weather by putting juice in filled jugs with cups in each of the communal rooms and reminding us to drink." Everyone said that drinks were available at any time. People told us that they could use the kitchen at any time and make themselves a drink. We saw people doing this. This prevented people becoming dehydrated.

These were examples of effective care being provided to ensure that people's nutritional needs were promoted.

We looked at care records which showed that medical agencies had been appropriately referred to when needed. A health professional told us that staff acted appropriately to refer people for treatment when they needed this. We saw evidence of a stop smoking visit from an NHS advisor, to try to effectively promote people's health and prevent health conditions from developing.

People felt that their health needs were met. During the inspection we saw a staff member noticed that a person's legs had become swollen. The GP had been contacted and an ambulance arranged for the person to attend the hospital to check this out. This showed that staff had acted quickly to ensure people received effective healthcare.

One person told us that there was always staff support if they needed to go to see any health professionals. Staff told us that the GP would be contacted if a person was not feeling well. Records confirmed people were supported to access health services, such as hospital appointments, GPs, dentists, opticians and chiropodists. We saw in a person's care plan that they had attended an eye screening test carried out due to possible diabetes. This enabled people to receive the care necessary for them to maintain their health and wellbeing.

We spoke with a community nurse about the standard of health care at Geraint House. The community nurse stated that staff always followed guidance on issues relating to people's health and they carried out any identified tasks to maintain people's health care needs.

We looked at accident records. Only a small number of accidents have taken place in the past 12 months. Staff had ensured people were assessed and no person had suffered a serious injury that needed hospital treatment.

These issues showed people were provided with an effective service to meet their health needs.

Good

Is the service caring?

Our findings

People using the service that we spoke with were positive about staff and how caring they were. Everyone we spoke with said that staff treated them with respect. A person told us, "Staff treat me with respect and observe my dignity. I'm free to go to bed and get up when I want". Another person said, "Staff treat me with dignity and respect and it's a nice happy home….I can go out when I want." Another person told us, "Staff treat me with respect…they always use my first name and knock on my door before entering. They also know my likes and dislikes". We saw information in resident surveys that there were also positive comments about staff treating people and their visitors with dignity and respect. One person stated, "The staff are stable and excellent." People also told us that the provider always gave them money at Christmas so they could choose their own presents.

Throughout our inspection we noted that staff demonstrated an awareness of the likes, dislikes and care needs of the people who used the service. We saw that staff were genuinely interested in what people said to them. We saw many positive interactions as staff provided support to people, asking them what they wanted to do and what food they wanted, having ordinary everyday conversations and joking with people. A medical professional we spoke with also stated that they had noted that staff were always friendly and supportive to people living in the service.

The care at the home was set out in the literature of the service. This emphasised respect for people, encouraging independence and respecting privacy. There was a charter of rights for people emphasising these important aspects. This orientated staff to provide a caring service.

Although four people told us that they had no awareness of being involved in setting up their care plans, we found evidence in plans that they had signed agreeing to the assessed support to meet their needs. The deputy manager said theyshe would remind people that they could have access to their care plans when they wanted.

Staff told us that they respected people's privacy and dignity. They said they always knocked on people's doors before entering their bedroom. One staff member told us, "We are like a big family here. There is a good atmosphere. We work as a team and make sure that we always look out for people."

Staff described how they would preserve people dignity and privacy by always knocking on doors and waiting before entering people's bedrooms, and closing curtains when assisting with personal care. Staff said that people were able to choose their own lifestyle such as when they wanted to get up and when they wanted to go to bed, choosing their own clothes, whether they wanted to take part in activities and being able to go out when they wanted. We saw evidence of this with people going out independently and in people's care plans, such as one entry, "Is able to go into town independently."

We saw people using the kitchen to make themselves a drink thereby giving them an opportunity to be independent. A care plan we saw noted that a person was now able to do their own laundry. This told us that the service was interested in promoting people's independence.

We found that staff respected people's cultural requirements. A person told us they were able to go to church. These preferences were recorded in people's care plans. In these ways staff presented as caring, supportive and friendly to people and respected their rights.

Good

Is the service responsive?

Our findings

People told us that staff looked after their care and health needs. A person told us there were enough staff on duty at all times and staff would support them for appointments to see medical professional such as the GP or dentist.

Another person said, "The staff are helping me to start a cooking course at the local community hall". Another person told us staff regularly took them to activities in the local community, adding, "We go for special meals as a group sometimes, the last time was at Christmas". Another person said staff took them to church and an art and drama group and they had weekly shopping visits to the city centre. They also said that the following week they were having dinner at a local pub.

Another person told us that, "The home supplies extra staff to take me to live music performances. They have to make special arrangements because the performances don't finish till late so I help them with the cost of the taxis".

One person told us, "I go out for a coffee sometimes and we go to the pub sometimes." Another person said, "There are activities but I am happy to sit in the garden and watch the cats." We saw evidence of people being offered community activities. One person was accompanied by staff to a gardening club and appeared to be interested but when offered again, did not want to go. The deputy manager said staff encouraged people to take part in activities but often people did not have the interest or motivation. When we spoke with people, they only suggested that they wanted to have more bingo. The deputy manager said they would follow this up to see whether more bingo sessions would be appreciated by people.

We looked at care plans for three people using the service. People's needs had been assessed prior to them moving to the service. The information gained from these assessments was used to develop care plans with the aim to ensure that people received the care and support they needed. When we spoke with staff about people's needs, they were familiar with them ands were able to provide information about people's preferences and their likes and dislikes.

Care plans were in place and were reviewed. We saw a care plan which set out what staff needed to do if a person became agitated, such as distracting the person or withdrawing their support until they calmed down. Another care plan had information about how to help a person with continence needs. This meant that plans contained information to respond to people's needs.

We looked at two care plans for people assessed as needing healthy diets due to their health conditions. There was dietary information in one care plan as to what constituted healthy foods. However, there was no specific information within the care plans to indicate whether this had been discussed with the people concerned and to seek their agreement to follow this. The deputy manager said these discussions had taken place, for example, advising people to reduce drinking sugary drinks, but this had not been included in care plans and this would be followed up. The registered manager later sent us information stating that more specific information would be included in care plans. This will help staff to respond consistently to people

with these needs.

Staff told us that the registered manager had asked them to read care plans and they were able to tell us important information about to people's needs. They said that information about people's changing needs had always been communicated to them through handovers and recorded in the handover book, which we saw.

People told us there was always staff available to support them. We looked at staff cover. There were periods in the evening and overnight where only one staff member was on duty. We saw information from the provider that indicated staffing levels would increase if needed. The deputy manager told us that currently if more staff were needed in the evening to assist people with activities, this was provided. We saw evidence of this. If there were issues where more staff were needed, a number of staff were available locally within a short time span to assist. Staff also told us that there were enough staff to be able to respond to people's needs. This told us that people's care needs were met within good time and they did not have to wait for an extended time to receive care responding to their needs.

A person told us their relative was able to visit regularly and were always welcomed by staff. This showed that people were supported to maintain contact with people who were important to them.

People told us they felt confident that they could approach the deputy manager or registered manager and issues would be dealt with.

We looked at the complaints book which mainly contained concerns about the food. We saw that appropriate action had been carried out to follow up these issues. This information provided evidence that the service properly responded to concerns and complaints.

The provider's complaints procedure was user-friendly as it invited people to express any concerns so they could be investigated. We saw that when people were provided with a survey asking for their views about the running of the service, a complaints procedure was set out to remind them how to make a complaint. People were also asked at residents meetings whether they had any concerns. These processes meant people were encouraged to express any concerns so they could be properly followed up. The procedure directed people to complain to CQC if they were not satisfied with the investigation carried out by the service. However, CQC has no legal role in the investigation of complaints. There was no information setting out the role of the local government ombudsman if the person was not satisfied with the action taken by the local authority. The deputy manager said this issue would be followed up. After the inspection the registered manager sent us an amended procedure which set out all the relevant issues.

Good

Is the service well-led?

Our findings

All the people we spoke with knew the registered manager was and said that they was approachable, helpful and easy to talk to.

People said they had no anxiety about approaching the registered manager or deputy manager if needed to and felt sure they would get a positive response. During our visit we observed that the deputy manager and staff members were knowledgeable about the people that use the service. The deputy manager was able to describe the overall culture and attitude of the service.

The deputy manager had a clear vision about what person centred support meant for each person using the service and they ensured that staff were supported to develop skills to be able to meet people's needs.

The staff members we spoke with said they were well supported by the management of the service. This view was reinforced by the low staff turnover we found. A staff member told us, "I have no problems getting support. I know I can go and ask anything and I will get help with it." All the staff we spoke with told us they could approach the management team about any concerns they had. One staff member said, "We work well as a team and we all care about the residents." Another staff member told us, "This service is very well led. Everyone cares. Staff don't mind doing extra to help people. There is good teamwork here. "

Staff members we spoke with told us that the registered manager always expected people to be treated with dignity and respect. They all told us they would recommend the home to relatives and friends because they thought the home was well run and the interests of people living at Geraint House were always put first.

We spoke with a healthcare professional who stated that the service was very well run by the management of the home. They praised the service provided to people and said the care provided took account of people's individual needs and was very supportive.

There was evidence that regular residents meetings had taken place. The issues discussed were relevant to what people thought important, such as the food. We saw that when issues had been raised, there was a process in place at the next meeting to inform people of how these issues had been followed up.

Staff had been supported through staff meetings which contained relevant issues such as the care supplied to people, medicines, cleaning, staff training and complaints. Staff confirmed that the deputy manager acted on their views and suggestions when they discussed them during their supervision sessions.

We saw that people had been asked their opinions of the service by way of completing satisfaction surveys. We noted a high level of satisfaction with the running of the service. There were a small number of issues that needed attention such as bedroom cleaning though we could not see any action that had been taken to rectify these issues. The deputy manager said this would be followed up to clearly indicate what had been undertaken.

The registered manager understood their legal obligations including the conditions of their registration. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service.

Management had implemented a system to ensure quality was monitored and assessed within the service. We looked at a number of quality assurance audits. These included a medicine audit where relevant issues such as whether medicine was provided to people by trained staff. There were care plan audits to see whether the care provided was still appropriate to meet people's needs. Health and safety audits were in place to check issues such as fire and maintenance checks.

We saw no audits in place regarding relevant issues such as staff recruitment, food hygiene, infection control and room audits. The registered manager said that audits would be put into place.

By having quality assurance systems in place, this protected the safety and welfare of people living in the service .